



## Telephone Survey Order Form\*

(FLAT CHARGE: AFFILIATE \$200/NON-AFFILIATE \$225)

\* NOT AVAILABLE IF: Your payroll is greater than \$250,000; or  
 your premium is greater than \$50,000; or  
 your policy has two or more basic class codes  
 excluding 8810, 8871, 7380 and 8742.

### Requestor Information

|                      |   |
|----------------------|---|
| Name/Title:          | Company Name:                                       |
| Address:             |   |
| City:                | State: <span style="float: right;">Zip Code:</span> |
| Telephone/Extension: | Carrier Code #:                                     |
| Fax #:               | Customer #:   |
| E-Mail Address:      | Contact ID:   |

**Billing Information**     Same as above     Use the address below (If billing another company, a letter of authorization from that company must be included with this form. Note: VA & KY— Insureds cannot be billed.)

|                      |   |
|----------------------|---|
| Bill to Name/Title:  | Company Name:                                       |
| Billing Address:     |   |
| City:                | State: <span style="float: right;">Zip Code:</span> |
| Telephone/Extension: | Customer #:   |
|                      | Contact ID:   |

### Insured Information

|   |   |
|---|---|
| Company Name:   |   |
| Address—Location #1:  |   |
| City:   | State: <span style="float: right;">Zip Code:</span> |
| Contact:  | Telephone/Extension:                                |
| Address—Location #2:  |   |
| City:   | State: <span style="float: right;">Zip Code:</span> |
| Contact:  | Telephone/Extension:                                |
| Why are you requesting this inspection? (Please be specific.) |   |

If you need to request Telephone Surveys for other locations, please attach an additional sheet of paper stating the addresses, contact names and telephone numbers.

(Please enclose a copy of your current policy declaration page including any extension of information pages.)

### Current Policy Information: NCCI Only Has Jurisdiction Over the Current Policy

|                        |                |
|------------------------|----------------|
| Policy #:              | Policy Period: |
| Class Code(s):         | Risk ID:       |
| Additional Names/DBAs: |                |

Telephone Surveys furnished by NCCI are based solely on information supplied by the insured at the time of the Telephone Survey. The Survey Report is being provided to the Requestor and/or Insurer for its/their exclusive use in connection with the underwriting of workers compensation insurance and for no other purpose. NCCI assumes no responsibility for the discovery or elimination of hazards on the insured's premises or for compliance with or the fulfillment of any law, ordinance, or regulation.

NCCI IS NOT LIABLE FOR ANY DAMAGES (INCLUDING SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, OR LOSS OF PROFITS) OR INJURY TO PERSONS OR PROPERTY THAT RESULT FROM THE TELEPHONE SURVEY OR SURVEY REPORT, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

The Requestor certifies that the information provided above is true and accurate to the best of the Requestor's knowledge. By signing below, the Requestor agrees to the conditions above and agrees to pay the cost of the Telephone Survey. The Requestor also agrees to be responsible for any required payments that a third party fails to make hereunder.

|                               |              |
|-------------------------------|--------------|
| <b>Requestor's Signature:</b> | <b>Date:</b> |
|-------------------------------|--------------|

|                    |          |            |
|--------------------|----------|------------|
| For NCCI Use Only: | Order #: | List Date: |
|--------------------|----------|------------|