

REQUEST FOR ASSISTANCE IN EXPERIENCE RATING A RISK CEDED TO THE
NORTH CAROLINA REINSURANCE FACILITY

TO: NORTH CAROLINA REINSURANCE FACILITY

The _____ hereby notifies the Reinsurance Facility
(Name of Ceding Company)
that the insured listed below appears to be eligible for experience rating and the company requests
the Reinsurance Facility's assistance in rating the risk.

Owner's Name: _____

Business Name/DBA _____

Business Address _____

Policy Number _____ Estimated Annual Premium \$ _____

Effective Date _____ Cession Date _____

During the past four years this insured was afforded insurance by the following companies:

<u>Policy Term</u> <u>Year</u>	<u>Insurance Company</u>	<u>Policy Number(s)</u>
20 ____	_____	_____
20 ____	_____	_____
20 ____	_____	_____
20 ____	_____	_____

Information should go back four full years.

* To expedite your request, please attach prior Declaration pages, if available, and complete
this form in its entirety.