COMPANY LETTERHEAD

Date:	
То:	
Address:	
Department:	Audit Dept Workers' Compensation
Fax:	
Subject:	REQUEST FOR EXPERIENCE MOD RATE SHEET & INSPECTION REPORT
	Policy #: '
	Insured:
	In accordance with Department of Insurance code, I hereby request a copy of the current and any prior year's Experience Modification Rate Sheet/s and Premium Audit Report compiled by the Workers' Compensation Rating Bureau for the policy listed above and any other policies that pertain to my organization for the following year/s: (All Years).
	We kindly request that you fax this information to our company within the legal timeframe allowable to do so. Please also MAIL a full copy of all items to our company address.
	Should you have any questions, please contact me immediately at: PHONE #
	Fax the Experience Modification Rate Sheet/s to my attention at: 866-309-9237
	Thanking you in advance,
	SIGNATURE: NAME: TITLE:

NOTICE TO CARRIER

Regarding Workers' Compensation Experience Modification Rate Form Procurement Practices

You are hereby notified that:

It is the statutory responsibility of the carrier, to provide "directly" to a policy holder, a copy of the most current workers' compensation, experience modification rate form/s, at no cost to the policy holder and within the per state, Department of Insurance time period of receiving the policyholder's written request to do so.

PLEASE NOTE: Any carrier who receives a valid letterhead request for this information and elects to not forward directly to the insured, instead, forwarding through any outside binding agent or broker, may delay receipt and could constitute an "unfair business practice" should the insured be kept from his/her right to receive additional discounts that might apply as a result of this information when going to market.

To learn more about rate form procurement rules and regulations, please contact your State Department of Insurance office, NCCI, or WCIRB. We thank you in advance for forwarding the requested information in a timely manner.