



MEMBER COMPANY CLAIMS INQUIRY ACCESS FORM

New

Change

GROUP NAME	GROUP NAIC

INDIVIDUAL COMPANY NAME	INDIVIDUAL NAIC

Primary Contact Name	
Primary Contact Address	
Primary Contact Phone Number	
Primary Contact Fax Number	
Primary Contact E-Mail	

AdditionalContact Name	
AdditionalContact Address	
AdditionalPrimary ContactPhoneNumber	
AdditionalContactFax Number	
AdditionalContact E-MailAddress	

Please email this information to MCClaimsInquiry@ncjua.com or fax it to Attn: Member
CompanyClaimsInquiryat(919)829-1793.

Questionsmayalsobefaxedoremailedto MCClaimsInquiry@ncjua.com.