

[Your Name/Title]
[Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Name of Contact Person, if known]
[Rating Bureau Name (e.g., NCCI or State Bureau)]
[Bureau Address]
[City, State, Zip Code]

RE: Appeal of Experience Rating Modification Factor

Policyholder: [Your Company Name]

Risk ID Number: [Your Risk ID/Account Number]

Effective Date: [Date of Rating in Question]

Dear [Contact Person or Appeals Department],

I am writing to formally appeal the Experience Rating Modification Factor recently issued for [Company Name]. We believe the current rating of [Current Mod] is inaccurate and should be adjusted to [Expected Mod] based on the following discrepancies:

- **Incorrect Loss Data:** [Detail specific claim numbers that should be closed, subrogated, or reduced].
- **Payroll Audit Errors:** [Detail specific class code misclassifications or payroll reporting errors].
- **Exclusion of Credits:** [Detail any safety programs or merit credits that were not applied].

Enclosed please find supporting documentation, including [list documents, e.g., revised loss runs, audit reports, or closure letters from the carrier].

We request a formal review of our experience rating and a written response regarding your findings. Please contact me at [Phone Number] if you require additional information to process this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]