

NGC Bodily Injury Trust
P.O. Box 1299
Greenville, Texas 75403-1299
www.ngcbitrust.org

Law Firm Registration

In an effort to improve both accuracy and efficiency, the Trust requires that each Law Firm submitting claims provide the information requested in the Law Firm Registration process.

Validation Process

After submission of the Law Firm Registration Form, the NGC Bodily Injury Trust will take such actions as it, in its sole discretion, deems appropriate to verify that the registering law firm has provided correct information, and is entitled to submit claims to the NGC Bodily Injury Trust on behalf of claimants.

Each Law Firm must choose a Law Firm Code that will be used to identify the Law Firm.

Obtaining your Law Firm Code

The Law Firm Code may be obtained by either completing this form or by providing the required information online through our web site at www.ngcbitrust.org. Should you have questions regarding either process, please contact Linda Harrell at 1-800-580-2191 x167. Completed forms should be mailed to P.O. Box 1299, Greenville, TX 75403-1299.

It is suggested that a Law Firm Code be chosen so it can be easily remembered. Once your Law Firm Code has been obtained, it should be used when communicating claims' information to the Facility. This will enable us to properly link submitted claims to your Law Firm, which will in turn permit us to customize communications and reports, and process claims quickly, accurately, and efficiently.

After your registration is validated, you will receive an email confirming your registration. After your registration has been confirmed, you will be able to log on to the NGCBIT Website using the Login ID and Password provided during registration. Additional law firm locations and additional users may be established under the Admin tab on the NGC Website.

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Law Firm Registration Form

Law Firm Code* _____

(All codes and passwords must be at least 5 and not more than 10 characters in length. Use only letters and numbers. The Law Firm Code is restricted to UPPER CASE letters only.)

Law Firm Name*: _____

EIN Number (IRS Form W-9 must be attached)*: _____

Attention: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____ Country: _____

Optional – Shipping Address if different from Law Firm Address above:

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Optional – Payment Mailing Address if different from Law Firm Address above:

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Attorney Information:

Login ID*: _____ Password*: _____

Attorney Name*: _____
 First MI Last

E-mail Address*: _____

Phone Number*: (_____) _____ Fax Number: (_____) _____

Contact Information:

Login ID*: _____ Password*: _____

Contact Name*: _____
 First MI Last

E-mail Address*: _____

Phone Number*: (_____) _____ Fax Number: (_____) _____

* Indicates a required field