

Texas Department of Insurance

Workers’ Compensation Insurance

Notice of Carrier Intent

**Group Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Group #: \_\_\_\_\_\_ \_\_\_\_\_\_** TDI use only

**Effective Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Link #

**Company Name NAIC # Rate Base Rate Current Proposed**

**Used Change Average Average**

**(Rel – TDI relativities) (Y - Deviation change Deviation Deviation**

**(LC- NCCI loss costs) or switch to LC) Or LCM**

**(N – No change)** TDI #

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#### Notice of Carrier Intent Certification

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an officer of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and in that capacity, I certify that all the information contained above is complete, correct, and true to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Title