

**Texas Department of Insurance
Workers' Compensation Insurance**

Notice of Carrier Intent

Group Name: _____ **Group #:** _____

Effective Date: _____

Company Name	NAIC #	Current Rate Basis (Rel or LC)¹	Proposed Rate Basis (Rel or LC)	Current Average Deviation or LCM²	Proposed Average Deviation or LCM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Notice of Carrier Intent Certification

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

Officer's Signature

Officer's Title

¹ Rel = Relativities; LC = Loss Costs

² LCM = Loss Cost Multiplier. Use deviations only with the TDI classification relativities. Use LCMs only with the NCCI loss costs.