

Workers' compensation insurance notice of carrier intent

Group name: _____

Group #: _____

Effective date: _____

Company name	NAIC #	Current rate basis (LC or ICR) ¹	Proposed rate basis (LC or ICR)	Current average LCM ²	Proposed average LCM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Workers' compensation insurance notice of carrier intent certification

I, _____, am an officer of _____ and in that capacity, I certify that all
 (print name of officer) (print name of company)

the information contained above is complete, correct, and true to the best of my knowledge and belief.

Officer's signature

Officer's title

¹ Use LC for Loss Costs or ICR for Independent, Insurer-Specific Classification Relativities.

² LCM = Loss Cost Multiplier. Use LCMs only with the NCCI loss costs. Use N/A for ICR.