



Schedule Rating Plan Information Sheet

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

Company Name	NAIC #	3/1/2007 Relativities Adoption Date	Does Company Use Schedule Rating (Yes or No)	Schedule Rating Plan Change * (Y - Change) (N - No Change)
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____
_____	_____	__/__/____	_____	_____

TDI use only
Link # _____
TDI # _____

** If "yes," submit a copy of the new schedule rating plan. If "no," submit a copy of the current schedule rating plan.*

Schedule Rating Plan 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