

Texas Department of Insurance

Workers' Compensation Insurance

Notice of Carrier Intent

Group Name: _____

Group #: _____

Effective Date: _____

Company Name	NAIC #	Rate Basis Currently (Choose Rel or LC) ¹	Rate Basis Proposed	Current Average Deviation or LCM ²	Proposed Average Deviation or LCM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

¹ Rel = Relativities; LC = Loss Costs
² LCM = Loss Cost Multiplier