TDI | Texas Department of Insurance

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**

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[1] Use LC for Loss Costs or ICR for Insurer-Specific Classification Relativities.

[2] LCM = Loss Cost Multiplier. Use LCMs only with the NCCI loss costs. Use N/A for insurer-specific classification relativities.