



Notice of Carrier Intent

Group Name: _____

Group #: _____

TDI use only

Effective Date: _____

Link #

Company Name	NAIC #	Current Rate Base (Rel – TDI relativities) (LC- NCCI loss costs)	Proposed Rate Base (Rel – TDI relativities) (LC- NCCI loss costs)	Current Average Deviation or LCM	Proposed Average Deviation or LCM
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TDI #

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Notice of Carrier Intent Certification

I, _____, am an officer of _____. 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