Texas Department of Insurance

Workers' Compensation Insurance

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| **Notice of Carrier Intent** |
| **Group Name:** |  |  | **Group #:** |  |  |
| **Effective Date:** |  |  |  |  |  |
|  |
| **Company Name** |  | **NAIC #** |  | **Current Rate Basis (Rel or LC) [[1]](#footnote-1)** |  | **Proposed Rate Basis****(Rel or LC)**  |  | **Current Average Deviation or LCM[[2]](#footnote-2)** |  | **Proposed Average Deviation or LCM** |
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| **Notice of Carrier Intent Certification** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; 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 [↑](#footnote-ref-1)
2. LCM = Loss Cost Multiplier [↑](#footnote-ref-2)