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)