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**

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 _____

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

[2] LCM = Loss Cost Multiplier. Use LCMs only with the NCCI loss costs. Use N/A for ICR.