

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.