
**NOTICE OF ELECTION
OF
RETROSPECTIVE RATING PLAN**

The undersigned certifies that the named insured has elected the use of the Retrospective Rating Plan as detailed below. It is also certified that the insured understands all terms, conditions and provisions of the Plan, including the method of premium computation, payment, and penalties for cancellation.

The Plan shall apply to all policies indicated below, effective _____

1. Name of Insured _____

2. Address of Insured _____

3. Policy Number(s)	Effective Date(s)
_____	_____
_____	_____
_____	_____

4. Type of Retrospective Rating Plan (circle one)

- A. Standard Retrospective Rating Plan
- B. Large Risk Rating Option

5. Indicate:

- A. Minimum Premium Factor _____
- B. Maximum Premium Factor _____
- C. Loss Conversion Factor _____
- D. Tax Multiplier _____

6. Term of Plan (circle one)

- A. 1 Year or 3 Year
- B. Wrap-up Construction Project (enter details in 9)

7. Loss Limitation (if applicable) _____

8. Do Retrospective Development Factors apply? Yes No

9. Indicate any special conditions that apply to the Plan elected by this insured: _____

Signature of Insured
(Proprietor, Partner, or Authorized Officer)

Date Signed

Signature of Carrier Representative