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    Date Signed  Signature of Carrier Representative
(Proprietor, Partner, or Authorized Officer)