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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date Signed

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Signature of Carrier Representative