
**NOTICE OF ELECTION
OF
RETROSPECTIVE RATING PLAN
NEW YORK LARGE RISK RATING OPTION**

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 method of premium computation, payment and penalties for cancellation.

1. Name of Insured _____
2. Address of Insured _____
3. Name of Carrier _____
4. Policy Number(s) _____
5. Effective Date of Plan _____
6. Term of Plan (Check One) _____ One-Year _____ Three-Year _____ Wrap-up
7. Line(s) of Insurance _____
8. a. Estimated Annual New York WC Standard Premium \$ _____
b. Estimated Annual WC Standard Premium for States Other Than NY \$ _____
c. Estimated Annual Premium for All Lines Other Than WC \$ _____
9. Retrospective Rating Values
 - a. Maximum Premium Factor (or Maximum Ratable Incurred Loss Rate) _____
 - b. Minimum Premium Factor (or Minimum Ratable Incurred Loss Rate) _____
Minimum/Maximum Exposure Base _____
 - c. Net Variable Expense Factor (or Loss Conversion Factor) _____
 - d. Tax Multiplier _____
 - e. WC Loss Limitation Factor _____ Loss Limit \$ _____
Other than WC Loss Base _____ Loss Limit \$ _____
Loss Limitation Exposure Base _____
 - f. Basic Expense Factor (Fixed Expense Factor) _____
Basic Expense Exposure Base _____
 - g. Retrospective Development Factors Applicable Yes No
10. Indicate any special conditions which apply to the Plan elected by this insured: _____

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