NORTH CAROLINA DEPARTMENT OF INSURANCE REFERENCE FILING ADOPTION FORM

ADOPTION OF NORTH CAROLINA RATE BUREAU WORKERS COMPENSATION PROSPECTIVE LOSS COSTS

Insurer Name:				
Contact Person:				
Title of Contact Person:				
Telephone:				
Insurer File No.:	_ NCDOI File N	o.:		
NCRB Reference Filing No.:	_ Effective Date	:		-
Insurer's Proposed Effective Date (If different from NCR	RB effective date):			_
Insurer's Approximate Market Share of North Carolina	Written Premium	:	%	ó
Loss Costs Multiplier (Attach Summary of Supporting Ir	nformation Form):	YES	NO	
To remain on file applicable to subsequent re	eference filings?			
Applicable only to this referenced filing?				
Supporting documentation is required for the use of a L from 1.000 applied to the prospective loss costs in the a 100(e)].	oss Costs Modific approved referenc	ation Facto e filing. [Se	r which differ e NCGS 58-30	'S 6~
Loss-based assessments (currently not applicable) and lein the Bureau's prospective loss costs. [See NCGS 58-36]	oss adjustment ex 6~100(c).]	penses hav	e been include	ed
See NCGS 58~36~100(j) for instructions on Bureau refeapproved by the Commissioner.	erence filings that	have been	filed with and	Ĺ
The insurer hereby declares that it is a member of the N insurance. Further, the insurer certifies that the inform and correct and the filing complies with statutory requi	iation contained ii	e Bureau fon this quest	or this line of ionnaire is tru	ıe
Signature of Company Officer/Filings Department Head	<u> </u>	Date		