

**NOTICE OF ELECTION OF
RETROSPECTIVE RATING PLAN**

The undersigned certify 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. Indicate:
A. Minimum Premium Factor _____
B. Maximum Premium Factor _____
C. Loss Conversion Factor _____

5. Standard Premium:
A. New Jersey _____
B. Countrywide _____

6. Term of Plan (Indicate A or B)
A. 1 Year or B. 3 Year

7. Type of Plan (Indicate A, B, C or D)
A. Retrospective rating
B. NJ Long-Term Construction Project (enter details in 10)
C. NJ Wrap-Up Construction Project (enter details in 10)
D. Large Risk Alternative Rating Option

8. Loss Limitation (if applicable) _____

9. Do Retrospective Development Factors apply? Yes No

10. States to which Plan applies _____

11. Indicate any special conditions which apply to the Plan elected for this insured: _____

Name of Carrier _____

Signature of Carrier

Date Signed

Signature of Insured

Date Signed