

**ARIZONA DEPARTMENT OF INSURANCE
Workers' Compensation
Consent To Rate Filing Form**

Pursuant to ARS § 20-357(A) and (D), the insurance company named below hereby files with the Director of the Arizona Department of Insurance a rate in excess of that provided by the insurer's otherwise applicable rate filing on file with the Department. The rate set forth herein will be used solely on the specific risk identified in this document.

Included is a copy of the policy's declarations page, and the rate calculation worksheet by which the premium was developed.

Upon completion of the form, by both the Insurer and the Insured, the form and supporting documentation are to be filed via SERFF by the Insurer.

Please address any questions via email to the Property & Casualty Rate and Form Sections at:
propcas@azinsurance.gov

Part 1: To Be Completed By Insurer

Insurer Name – NAIC#:		
Insurers' Authorized Representatives:		
Title:		
Phone Number:	E-mail	
Address:	State:	
Street:	Zip:	
City:		

Policy Information
Name Of Insured:
Policy Number:
Policy Effective Date:
Policy Term:
Rating Organization's Class Code(s):
Proposed Rate(s):
Percentage Increase Over Filed Rate(s)
Signature of Authorized Representative:
Date

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Part 2: To Be Completed By Insured

Pursuant to ARS § 20-357(D), I understand that the insurance company named above, with my consent, may charge me a rate **in excess** of that provided by the insurer's otherwise applicable rate filing on file with the Department. The rate set forth herein will be used solely on my policy. I also understand the insurer must file the rate with the Director of the Arizona Department of Insurance prior to applying the rate and that the filing must be on file for a waiting period of 30 days before the rate may become effective.

My reasons for consenting to this higher rate are:

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The insurer named above has agreed to issue me an insurance policy covering my risk at a combined rate of \$_____ per \$100 of payroll. This rate is **in excess** of the insurer's usual and customary rates filed with the Arizona Department of Insurance. I accept and consent to the insurer's charging me a higher rate.

Insureds' Authorized Representative:	
Title:	
Phone Number:	E-mail:
Insured's Address:	State:
Street:	Zip:
City:	
Authorized Representative Signature:	
Date:	

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Instructions

1. All rates subject to the Arizona Revised Statutes, Title 20, Chapter 2, Article 4, must be on file with the Director for a waiting period of thirty (30) days before they become effective and during which time the Director may disapprove the filing without first holding a hearing. ARS § 20-357(A) and (C).
2. ARS § 20-357 (D) permits insurers to file with the Director "Consent to Rate Filings" for insureds to whose policies the insurer intends to apply a rate in excess of that provided for by the insurer's usual and customary rate filings on file with us. Consent to Rate Filings for specific risks generating rates equal to lower than the company's filed rates are not permitted by statute.

("Consent" filings only apply to rates, i.e., the insurer and the insured cannot unilaterally agree to amend a form. All forms must be filed with us.)

3. The Consent to Rate Filing Form (CTRF WC357), signed by the insurer's representative whose name appears on file with us, and the signed by the insured; must be filed with the Director by the insurer via SERFF. Each class code, effected rate and percentage change is to be listed in the fields on the form separated by a ",". The insurer should attach under supporting documents in SERFF a copy of the policy's declarations page and the rate calculation worksheet by which the premium was developed.

Consent to Rate Filings should be the exception. If an insurer makes a number of such filings for a particular line or class of business, the insurer will need to explain to us why the insurer should not file a rating plan or specific rates with the Department for such similar risks.

Questions regarding these instructions should be referred to the Property and Casualty Section, Arizona Department of Insurance. propcas@azinsurance.gov.