



ARIZONA DEPARTMENT OF INSURANCE

MARKET OVERSIGHT DIVISION

Phone: (602) 364-2393

Web: <https://insurance.az.gov>

Propcas@azinsurance.gov

Annually, on or before April 1, insurers subject to A.R.S. §20-1621.05(C)(1) shall complete this form and provide it to the Director of Insurance by e-mail to propcas@azinsurance.gov. Put "Credit Rate Certification Form" and Name of Insurer in subject line. **DO NOT MAIL ORIGINAL/HARD COPY DOCUMENT.**

CERTIFICATION

I, _____, being duly sworn, avow that I am authorized

Name of Person Completing the Form

by _____ NAIC # _____

Complete Name of Insurer

to certify to the Director of Insurance, pursuant A.R.S. § 20-1621.05(C)(1), that the rates set forth in Exhibit 1 and attached hereto: 1) do not exceed the prima facie rates established by the Director; and 2) are not inadequate or unfairly discriminatory. Further, the rates set forth in Exhibit 1 are the actual rates currently being applied by the aforementioned insurer. The attached rates are applicable to (check one):

- Credit Property
- Credit Unemployment

All information provided herein and in all attachments hereto is true and correct to the best of my knowledge and belief.

Signature of Person Completing Form _____
Date

Mailing Address _____
City _____
State _____
Zip

Telephone Number _____
Email Address

SUBSCRIBED AND SWORN TO ME BEFORE THIS _____ DAY OF _____

BY _____ MY COMMISSION EXPIRES _____
Signature of Notary