

ARIZONA DEPARTMENT OF INSURANCE
Consent To Rate Filing Form
(To Be Completed By The Insurer)

NAME OF INSURER:	DATE:
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Return This Form To:

Property & Casualty Division
 Arizona Department of Insurance
 2910 North 44th Street, Suite 210
 Phoenix, Arizona 85018-7269

ARS § 20-385(E) states: "Upon written consent of the insured, stating the insured's reasons, a rate in excess of that provided by an otherwise applicable filing may be used on a specific risk, if such rate is filed with the director pursuant to subsection A of this section."

This form is to be completed by the insurer when making a consent-to-rate filing with the Director of the Arizona Department of Insurance.

Section I (Policy Information):

A.	Name Of Insured:	
B.	Insured's Address: Street:	State:
	City:	Zip:
C.	Policy Number:	
D.	Policy Effective Date:	
E.	Policy Term:	
F.	Line of Insurance To Which Rate Applies:	
G.	Rate Service Organization's Rate, if Applicable:	
H.	Insurer's Usual and Customary Rate Filed With The Director:	
I.	Filing # And Filing Date Of Insurer's Otherwise Applicable Filing:	
J.	Proposed Rate:	_____ per _____ of _____ (Premium Base)
K.	Percentage Increase Over Filed Rate:	+ _____ %

The insurance company named above 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. ARS § 20-385(A) and (E). The rate set forth herein will be used solely on the specific risk identified in this document. Attached is Form CTRF AZ 385-2, completed by the insured, a copy of the policy's declarations page, and the rate calculation worksheet by which the premium was developed. A stamped, self-addressed envelope is also enclosed to permit the Department to acknowledge and return a copy of this filing to the insurer (paper filings only).

Section II (Insurance Company Contact Information):

A.	Name of Person Completing Form:	
B.	Person's Title:	
C.	Person's Telephone Number:	
D.	Person's Address: Street:	State:
	City:	Zip:
	Signature Of Person Named In A Above:	
E.	Today's Date:	