

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

NAME OF INSURER:	DATE:
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Insurer Return This Form To:

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

ARS § 20-357(D) states: "On written application of the insured that states the insured's reasons and that is filed with and approved by the director, an insurer may use a rate in excess of the insurer's filed rate on the insured's risk."

This form is to be completed by the insured.

Section I (Policy Information):

A.	Insurer's Address: Street: City:	State: Zip:
B.	Policy Number:	
C.	Policy Effective Date:	

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:

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

Section II (Insured's Information):

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