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

| NAME OF INSURER: | DATE: |
|---|---|
| | |

**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 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:<br>Street:<br>City: | State:<br>Zip: |
| C. | Policy Number: | |
| D. | Policy Effective Date: | |
| E. | Policy Term: | |
| F. | Line of Insurance To Which Rate Applies: | |
| G. | Rating 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_____<br>(Premium Base) |
| K. | Percentage Increase Over Filed Rate: | +_____% |

**Pursuant to ARS § 20-357(A) and (D), 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.  The rate set forth herein will be used solely on the specific risk identified in this document.  Attached is Form CTRF AZ 357-2, 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):**

| | |
|---|---|
| Name of Person Completing Form On Insurer's Behalf: | |
| B.  Person's Title: | |
| C.  Person's Telephone Number: | |
| D.  Person's Address:<br>Street:<br>City: | State:<br>Zip: |
| D. Signature Of Person Named In A Above: | |
| E.  Today's Date: | |

**Consent to Rate CTRF AZ 357-1 WC (ED: 10/07)**