

**ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS
All Lines of Insurance other than Workers' Compensation/Title Insurance
Consent To Rate Filing Form**

Pursuant to ARS § 20-385(A) and (E) the insurance company named below hereby files with the Director of the Arizona Department of Insurance and Financial Institutions 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.

The Insurer has included a copy of the declarations page and the rate calculation worksheet by which the premium was developed.

Upon completion of the form, and signed by both the Insurer and the Insured, the form and supporting documentation are to be filed via SERFF by the Insurer within 30 days of the effective date of the policy.

Please address any questions to the Product Filing Compliance Division at: propcas@difi.az.gov

Part 1: To Be Completed By Insurer

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

Policy Information
Name Of Insured:
Policy Number:
Policy Effective Date:
Policy Term:
Line of Insurance To Which Rate Applies:
Insurer's or Rating Organization's Usual and Customary Filed Rate:
SERFF Filing # of Otherwise Applicable Rate:
Proposed Rate(s):
Percentage Increase Over Filed Rate(s)
Signature of Insurer's Representative:
Date

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Part 2: To Be Completed By Insured

Pursuant to ARS § 20-385 (E), 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. I also understand the insurer must file the rate with the Director of the Arizona Department of Insurance and Financial Institutions within 30 days of the effective date of the policy.

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 rate of \$_____ per \$_____ of _____ (e.g. per \$1,000 of receipts, etc.). This rate is **in excess** of the insurer's usual and customary rates filed with the Arizona Department of Insurance and Financial Institution. I accept and consent to the insurer's charging me a higher rate.

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

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Instructions

1. All rates subject to the Arizona Revised Statutes, Title 20, Chapter 2, Article 4.1, must be filed within thirty (30) days after they become effective. ARS § 20-385 (A).
2. ARS § 20-385 (E) 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 company's usual and customary rate filings on file with us. Consent to Rate Filings for specific risks generating rates equal to or 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 the Department unless exempted from filing by order of the Director. ARS § 20-398.)

3. The Consent to Rate Filing Form (CTRF 385), signed by the insurer's representative whose name appears on file with us and 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 shall 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 why the insurer should not file a rating plan or specific rates with the Department for all such similar risks.

Questions regarding these instructions should be referred to the Product Filing Compliance Division, Arizona Department of Insurance and Financial Institutions. propcas@difi.az.gov