

ARIZONA DEPARTMENT OF INSURANCE

INSURER'S (A) RATE REPORTING FORM

In accordance with A.R.S. § 20-382 A(8), on or before January 30, this form is to be completed by the Insurer and filed with the Department, certifying the Insurer did not have, for the risks written, credible experience to establish a rating class.

SECTION I (INSURER INFORMATION)

- 1. Complete Name Of Insurer:
2. NAIC #:
3. Insurer's Address
Street:
City:
State:
Zip
4. Insurer's Telephone #:
5. Name Of Company Contact:
6. Contact's Telephone #:
7. Contact's Email Address:

SECTION II (CERTIFICATION)

I, in my capacity as
(Name of Insurer's Authorized Representative) (Title of Insurer's Authorized Representative)

for, an insurance company duly authorized under the laws of
(Complete Name of Insurer)

Arizona to transact
(Enter insurance lines for which insurer has an Arizona certificate of authority)

I do hereby certify that for the preceding twelve-month period ending December 31, 20__, the aforementioned insurer applied rates, the insurer developed, individually to the insurance policies of risks located in the State of Arizona. The rates applied were rates for which no rate service organization has published a rate or loss costs in Arizona or any other state and for which insufficient similar exposure units and loss experience data exist to develop statistically credible rates for the risk and no homogeneous rating class exists in which the risk could reasonably be placed. The aforementioned described rates are for the purposes of this form considered to be "(A) rates."

(SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE)

Insurer is to file the signed and completed form via SERFF under TOI "Company Reports", Sub-TOI "A Rate Report".

Questions regarding these instructions should be referred to the Property and Casualty Section, Arizona Department of Insurance. propcas@azinsurance.gov.