



Commonwealth of Kentucky
Department of Insurance
PO Box 517
Frankfort, KY 40602-0517

Application for Excess Rates

Consent to Rate or (A) Rates

Please note: For rates required to be filed with the Department in accordance with KRS 304.13-051, this form, or another writing in compliance with 806 KAR 13:020, must be submitted within 10 days of the effective date of the policy.

Date Filed _____

APPLICANT/INSURED

Name _____
Address _____
City _____ State _____ Zip Code _____

AGENT OF RECORD

Name _____
Address _____
City _____ State _____ Zip Code _____

INSURER

Name _____ NAIC Co. Code _____

POLICY INFORMATION

Policy Number _____ Policy Dates Start _____ End _____

New Application _____ Renewal _____

Coverage Limits _____

Total Premium _____

$$\text{Units of Exposure} + \text{Rate} + \text{Policy Premium} + \text{Taxes/Assessments} = \text{Total Premium}$$

Reason(s) for Excess Rates

Unable to obtain coverage at filed rate

Unusual hazards involved

Unfavorable loss experience

Other (Explain and attach written justification.) _____

Description of Exposures and Underwriting Information in Support of Proposed Rating _____

I understand that this rate exceeds the insurer's rates already filed with the Kentucky Department of Insurance, and I consent to the higher rate and consider the rates and premium charged to be fair and equitable for our particular risk.

/s/

Applicant/Insured Signature _____ Date _____