



COMMONWEALTH OF KENTUCKY
Department of Insurance
 P .O. Box 517
 Frankfort, Kentucky 40602-0517

**APPLICATION FOR EXCESS RATES
 CONSENT TO RATE or (A) RATES**

NAME OF APPLICANT / INSURED _____ DATE FILED: _____
 ADDRESS OF APPLICANT / INSURED _____ POLICY NUMBER _____
 _____ POLICY DATES _____
 _____ NEW APPLICATION _____ RENEWAL _____

NAME OF AGENT _____ LOCATION(S) OF RATED OPERATIONS _____
 ADDRESS OF AGENT _____ LOCATION(S) OF RATED OPERATIONS _____
 _____ LOCATION(S) OF RATED OPERATIONS _____

THIS FILING IS REQUESTED FOR _____ NAIC # _____
 (Name of Insurance Company)
 BY: _____ TITLE _____ DATE _____
 (Company Authorized Representative)

REASON(S) FOR EXCESS RATE OR CONSENT TO RATE (Check One)
 _____ UNABLE TO OBTAIN COVERAGE AT FILED RATE _____ UNFAVORABLE LOSS EXPERIENCE
 _____ UNUSUAL HAZARDS INVOLVED _____ OTHER (Explain and attach written justifications)

DESCRIPTION OF EXPOSURES AND UNDERWRITING INFORMATION IN SUPPORT OF PROPOSED RATING.

TYPE OF COVERAGE _____

LIMITS OF COVERAGE _____

DEDUCTIBLE/ RETENTION (If any) _____

CLASSIFICATION CODE NUMBER	CLASSIFICATION DESCRIPTION
	UNITS OF EXPOSURE _____
	RATE _____
	POLICY PREMIUM _____
	TAXES _____
	TOTAL _____

I accept and consider the rates and premium charged to be fair and equitable for our particular risk.

APPLICANT / INSURED _____ TITLE _____ DATE _____