

WEST VIRGINIA INFORMATIONAL LETTER

NO. 40

DECEMBER 1986

TO: All Insurance Companies Licensed To Do Property and Casualty Business In The State of West Virginia

ATTENTION: Rate Filings Director

Pursuant to Section 33-20-4(i) of the West Virginia Insurance Code, any rate in excess of an approved rate filing must be filed with and approved by this Department.

Effective January 1, 1987 the above filings commonly known as Consent-to-Rate must comply with the following:

1. All Consent-to-Rate Applications must be on an exact copy of the attached form. The company name and/or logo may be imprinted at the top of the form. Applications submitted in any other form will be rejected.
2. The original application form must be signed in ink by both the producing agent and the insured. (copies and rubber stamps are not acceptable.)
3. The insureds complete address, telephone number and the exact property location must be indicated.
4. Both the existing approved and the requested rates must be indicated. If the Consent-to-Rate is disapproved for any reason, the approved rate becomes applicable.
5. The specific reason(s) for Consent-to-Rate must be given, in detail.
6. The completed original and one copy of the Consent-to-Rate Application must be submitted to the Rates and Forms Division of the West Virginia Insurance Department 10 days prior to the effective date of the coverage.

A postage prepaid envelope and a \$10.00 filing fee shall accompany each application in accordance with West Virginia Code Section 33-6-34. Resubmission of a disapproved filing will require an additional fee. The filing fee shall be paid by the insurer and may not be passed on to the insured.

Please direct any inquiries to Yetta Kessinger, Technical Assistant, Rates and Forms Division. Telephone 304/348-2094.

FRED E. WRIGHT
INSURANCE COMMISSIONER

APPLICATION FOR CONSENT-TO-RATE

(Please Type)

DATE: _____

TO: West Virginia Insurance Department
 Property-Casualty Division
 2100 Washington Street, East
 Charleston, West Virginia 25305

In accordance with Section 33-20-4(i) of the West Virginia Code and for the reasons provided below, approval is requested of the following proposed rates, which are in excess of that provided by filings otherwise applicable to the named insurer.

(1) INSURED NAME: _____ TELEPHONE: _____

ADDRESS: _____

EXACT LOCATION OF INSURED PROPERTY: _____

(2) TYPE OF COVERAGE: _____ CLASS OF RISK: _____

(3) POLICY EFFECTIVE DATE: _____

(4) POLICY NUMBER (IF RENEWAL): _____

(5) INSURER: _____

ADDRESS: _____

(6) AGENTS SIGNATURE: _____

AGENCY NAME AND ADDRESS: _____

(8)

COVERAGE (list separately)	LIMITS (by coverage)	MANUAL Rate/Premium	PROPOSED Rate/Premium	PERCENT Surcharge	WVARP* Rate
Total					

*Applicable to automobile and fire risks only.

(9) STATE SPECIFIC REASONS WHY THIS CONSENT-TO-RATE IS NECESSARY:

The above was completed prior to my signing.
 I noted that the rate being charged is in
 excess of the rate filed and approved for
 this insurer.

 (INSURED SIGNATURE)

 TYPED NAME & TITLE

NOTICE! Consent-to-rate filings will be disapproved if not properly completed and submitted to the Rates and Forms Division of the West Virginia Insurance Department 10 days prior to the effective date of the coverage.