



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner

Allan L. McVey
Insurance Commissioner

CONSENT-TO-RATE FILINGS

Pursuant to W. Va. Code §33-20-4(j), any rate in excess of an approved rate filing must be filed with and approved by the Offices of the Insurance Commissioner (OIC). Such filings, commonly known as Consent-to-Rate filings, 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 prospective insured. (Copies and rubber stamps are not acceptable.)
3. The prospective insured's 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 Application 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 Consent-to-Rate Application must be submitted through the System for Electronic Rate and Form Filing (SERFF) to the Rates and Forms Division of the OIC at least ten (10) days prior to the effective date of the coverage. The filing fee is \$100.00 and shall accompany each application in accordance with W. Va. Code §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 OICRatesForms@wv.gov or by telephone (304) 558-2094.



APPLICATION FOR CONSENT-TO-RATE

(Please type)

DATE: _____

TO: West Virginia Offices of the Insurance Commissioner
 Rates and Forms Division
 900 Pennsylvania Avenue
 Charleston, West Virginia 25302

In accordance with W. Va. Code §33-20-4(j) 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: _____

(2) INSURED ADDRESS: _____

(3) EXACT LOCATION OF INSURED PROPERTY: _____

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

(5) POLICY EFFECTIVE DATE: _____

(6) POLICY NUMBER (IF RENEWAL): _____

(7) INSURER: _____

(8) INSURER ADDRESS: _____

(9) AGENT NAME: _____ AGENT SIGNATURE: _____

(10) AGENCY NAME AND ADDRESS: _____

(11)

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

*Applicable to automobile and fire risks only.

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

The above was completed prior to my signing.
 I am aware 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 Offices of the Insurance Commissioner at least 10 days prior to the effective date of coverage.