

Instructions for CONSENT-TO-RATE Filings

This application is for rate relief only and is filed in accordance with Sections 11-210 and 11-311 of the Insurance Article, Annotated Code of Maryland. It is a request to charge a rate that is in excess of that provided by a filing otherwise applicable to a specific risk.

The application must be filed for the Maryland Insurance Administration's prior approval.

Requirements for Filer

1. Submit application in duplicate with \$125 filing fee and return envelope.
2. Make checks payable to the "Maryland Insurance Administration".
3. This form must be used to make a filing.
4. This application form supercedes all previous versions furnished by the Maryland Insurance Administration.
5. All applicable blanks on the form must be completed.
6. Coverage can be effective on or after the approval of the Maryland Insurance Administration.
7. The application must provide specific reasons for the need to charge a premium in excess of the filed and authorized rates.
8. Justification and support must be provided for the proposed premium.
9. An application for an individual must be signed by the applicant, except in the case of trustees or executors, who must be so identified.
10. The signatory for a company, corporation or other entity must indicate their position and/or title.
11. Any corrections or changes to the application must be initialed by the applicant.
12. If both liability and property coverages are written, provide the premium for each coverage (e.g. homeowners, auto, and commercial multi-peril coverages). Also, provide the totals for both the filed premiums and the proposed premiums.

**State of Maryland
CONSENT-TO-RATE APPLICATION**

NOTICE TO APPLICANT:

Do not sign this form unless all areas of this form have been completed. The insurer or agent may issue a binder immediately, but no rate greater than the manual premium will be effective unless approved by the Insurance Commissioner who will receive a copy of this application.

TO THE MARYLAND INSURANCE COMMISSIONER:

A thorough attempt has been made to place this coverage with licensed insurers at filed and authorized rates. That attempt was unsuccessful, but the insurer indicated below will provide the coverage shown herein. It is our careful and considered judgement that the manual rate with relation to the risk is inadequate. The risk involves considerably greater hazards than are contemplated by the manual rate. The reasons for the action are shown below.

Date of Application

Insurer's Name (Print or Type)

Address

City **State** **Zip Code**

Policy Number **Proposed Effective Dates: From** _____ **to** _____

Type of Policy

Location of Property (Attach schedule if multiple properties or coverages are involved)

Specific reason(s) why the risk does not qualify for the manual rate:

List each coverage and the applicable premium separately (Attach schedule if space here is insufficient):

COVERAGE	LIMITS	FILED PREMIUM	PROPOSED PREMIUM*
Property (Specify)			
Liability (Specify)			
Other (Specify)			
		Total: \$	Total: \$

(*Attach justification and support for proposed premiums.)

Agent's Signature

Name of Agent or Agency (Print or Type)

Address

City

State

Zip Code

CONSENT OF APPLICANT:

I have been unable to purchase this insurance coverage at manual rates due to the reason(s) set forth above. In order to obtain coverage from a company licensed to do business in Maryland, I am willing to pay the proposed premium(s). I understand that the proposed premium(s) are in excess of those otherwise applicable and I consent to the surcharged amounts.

Applicant's Signature

Name of Insured & Title (Print or Type)

Address

City

State

Zip Code

Mail to:
 Maryland Insurance Administration
 Property & Casualty Section
 200 St. Paul Place, Suite 2700
 Baltimore, MD 21202-2272