

APPENDIX C. EXCESS CONSENT RATE APPLICATION

TO: Oklahoma Insurance Commissioner
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112

Kindly file for _____
(Insurer)

the following rates, which I understand, are in excess of those otherwise applicable.

This percentage increase is understood to apply to the manual premium _____%.

These rates are to apply to the following exposures: _____
_____ and any exposures determined at final audit.

Kind of coverage: _____

Policy Number: _____

Period of Coverage: _____

Policy Limits: _____

Manual Premium at above limits: _____
(estimate if policy is subject to audit)

Proposed premium at above limits is: _____
(estimate if policy is subject to audit)

I am agreeable to paying this premium because (2) _____

Named Insured _____
Signed By _____ 3)
Title _____
Date _____ 4)

- (1) Submit in duplicate with stamped self-addressed envelope
- (2) To be completed by insured
- (3) Excess form shall be signed by insured
- (4) Date insured signed form

[Source: Added at 19 Ok Reg 1299, eff 7-14-02; Amended at 30 Ok Reg 1787, eff 7-14-13]