

**APPENDIX C. EXCESS CONSENT RATE APPLICATION**

TO: Oklahoma Insurance Commissioner  
P.O. Box 53408  
Oklahoma City, OK 73152-3408

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]