

STATE OF WASHINGTON  
**EXCESS RATE APPLICATION**  
 Property & Casualty Insurance



To: Office of Insurance Commissioner  
 P.O. Box 40255  
 Olympia, WA 98504-0255

Please approve for \_\_\_\_\_ the following premiums, which are based on rates that I understand to be in excess of its filed rates.

(INSURANCE COMPANY)

**INSURED'S NAME AND MAILING ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**POLICY TERM**

\_\_\_\_\_  
 INCEPTION (MO/DAY/YR)                      EXPIRATION (MO/DAY/YR)                      YEARS

	DESCRIPTION OF COVERAGE, LOCATION, AND LIMITS	STANDARD PREMIUM	PROPOSED PREMIUM	SURCHARGE %
CASUALTY				
PROPERTY				

**REASON FOR SURCHARGE:**

I understand the STANDARD PREMIUM (using filed rates) for the desired coverage to be \$ \_\_\_\_\_  
 The PROPOSED PREMIUM to which I have agreed is \$ \_\_\_\_\_, which has been calculated at \_\_\_\_\_ %  
 in excess of STANDARD PREMIUM. I am agreeable to paying the PROPOSED PREMIUM because I have been unable to obtain insurance at filed rates.

**NAME AND ADDRESS (Print or Type)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X**  
 \_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 TITLE (If the insured is not an individual)  
 \_\_\_\_\_  
 DATE

**THIS FORM SHALL BE RETURNED TO**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X**  
 \_\_\_\_\_  
 AGENT'S SIGNATURE  
 \_\_\_\_\_  
 DATE