



STATE OF HAWAII

INSURANCE DIVISION
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAII 96811-3614
335 MERCHANT STREET, ROOM 213
HONOLULU, HAWAII 96813
PHONE NO: (808) 586-2790
http://hawaii.gov/dcca/ins

APPLICATION FOR
CONSENT TO RATE

INSURANCE COMPANY INFORMATION

Insurance Company Name NAIC #

Insurance Company Address

Company Representative Title Date

POLICY INFORMATION

Name of Insured Type of Business

Location(s) of Risk

Mailing Address (if different than above)

Policy Number Effective Date Policy Term

Type of Coverage (specify policy limits, deductibles, and underwriting information supporting proposed rating)

Reason(s) for Consent to Rate (Check any that apply)
___ Unable to obtain coverage at filed rate ___ Unusual Hazards Involved ___ Unfavorable Loss Experience
___ Other (specify):

Filed Manual Premium Proposed Premium

APPLICANT INFORMATION

I consider the premium charged to be fair and equitable for our particular risk due to the reason(s) noted above. I understand the proposed premium is higher than the premium developed with the named Insurance Company's rates filed with the Hawaii Insurance Division.

Signature of Named Insured Printed Name/Title Date