

**APPENDIX C. EXCESS CONSENT RATE APPLICATION**

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

GENTLEMEN:

Kindly file for \_\_\_\_\_  
(Insurance Company)

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 (12) \_\_\_\_\_  
\_\_\_\_\_

Named Insured \_\_\_\_\_  
Signed By \_\_\_\_\_ (23)  
Title \_\_\_\_\_  
Date \_\_\_\_\_ (34)

- (1) ~~Submit in duplicate with stamped self-addressed envelope~~
- (12) To be completed by insured
- (23) Excess form must be signed by insured
- (34) Date insured signed form

[Source: Amended at 9 Ok Reg 1653, eff 7-27-92; Amended at 19 Ok Reg 1802, eff 7-14-02; Amended at 30 Ok Reg 1787, eff 7-14-13]