EARL R. POMEROY
COMMISSIONER OF INSURANCE
STATE OF NORTH DAKOTA
STATE CAPITOL
BISMARCK, NORTH DAKOTA 58505
701 - 224 - 2440

BULLETIN 87-5

TO: ALL PROPERTY AND CASUALTY INSURANCE COMPANIES

FROM: Earl R. Pomeroy, Commissioner of Insurance

DATE: June 18, 1987

SUBJECT: Consent to Rate Guidelines

North Dakota Century Code sections 26.1-25-04(6) and (7) provide authority for the Commissioner to deal with specific rating situations which cannot practicably be filed before they are used and/or those rates which are in excess of that provided by a filing. This is better known as "consent to rate."

The intent of this Bulletin is twofold: First, to be sure there is a procedural mechanism which properly informs the insurance buyer of his unique situation; and second, to provide a uniform method of processing "consent to rate" applications.

Attached to this Bulletin is a sample "consent to rate" application. This application includes specific information which is important to the insured and to the Department. The items set forth in this application are those specific items which need to be documented for proper review.

The completed application is due in the Department no later than 30 days from the effective date of the policy.

The Department expects to receive two copies of the application and a return envelope. Upon completion of our review, the Department will return a copy to the company.

LM/rer
Attachment

TO: NORTH DAKOTA INSURANCE DEPARTMENT
STATE CAPITOL BUILDING, FIFTH FLOOR
BISMARCK, NORTH DAKOTA 58505

CONSENT TO RATE APPLICATION

Please file and approve the following rates, which I understand are in Excess of those rates otherwise filed with the Department of Insurance.

POLICY INFORMATION

Type of Business: _____.

Location(s) of Risk: _____.

Description of Coverage: _____.

Policy Number: _____.

Effective Dates/Term of Policy: _____.

Policy Limits: _____.

Filed-Manual Premium at Above Limits: _____.

Proposed Premium at Above Limit is: _____.

APPLICANT INFORMATION

I am agreeable to paying this premium because (reason): _____

_____

_____.

Name of Insured (Applicant): _____.

Mailing Address: _____.

Signature of Named Insured: _____ Date: _____.

COMPANY SUBMITTING APPLICATION

Name: _____.

Address: _____.

Company Representative: _____ Date: _____.