

**APPENDIX A
WEST VIRGINIA MEDICAL
PROFESSIONAL LIABILITY
AGREEMENT FORM**

TO: Rates and Forms Division WV
Insurance Dept. DATE:

P.O. Box 50540
Charleston, WV 25305

In accordance with Section 33-20B-2(e) of the West Virginia Code and for the reasons provided below, approval is requested of the following proposed rates, which are in excess of or lower than that provided by filings otherwise applicable to the risk.

(1) TYPE OF AGREEMENT ()
Consent to Rate Agreement ()
Guide "a" Rate Agreement

(2) INSURED NAME

(3) INSURED TELEPHONE

(4) INSURED ADDRESS

(5) TYPE OF RISK (i.e. physicians, nursing homes, hospitals, etc.)

(13) IN THE CASE OF A **CONSENT TO RATE AGREEMENT**, THE INSURER MUST CERTIFY THAT THE REASON THIS AGREEMENT IS NECESSARY IS ONE OF THE SPECIFIED REASONS STATED IN THE APPENDIX TO THE RATING MANUAL AS REQUIRED BY §114-59-3.1.

(6) POLICY TERM

Inception Exp

(7) POLICY NUMBER

(8) INSURER

(9) INSURER ADDRESS

(10) AGENT'S NAME

(11) AGENT'S ADDRESS

(12)	Coverage	Limits (by coverage)	Manual Premium (inclusive of debits and credits)

*Columns are not additive. The Insuring Company certifies that it has explained to the Insured how the proposed premium has been derived.

The WV Insurance Commission Filing Number assigned to the aforesaid appendix is:

IF THE RISK OR REASON(S) THIS AGREEMENT IS NECESSARY IS NOT ONE OF THOSE SPECIFIED IN THE FILING REQUIRED BY §114-59-3.1, THE INSURER MUST DESCRIBE THE RISK AND STATE WITH

SPECIFICITY THE REASONS FOR THE AGREEMENT.

_____ 19 _____.

My _____ commission expires: _____.

{Notary Seal}

Notary Public

- (14) IN THE CASE OF A **GUIDE "A" RATE AGREEMENT**, THE INSURER MUST CERTIFY THAT THE REASON(S) THIS AGREEMENT IS NECESSARY IS THAT THIS IS A RISK FOR WHICH THE INSURER HAS NO CREDIBLE LOSS EXPERIENCE STATISTICS.

CERTIFICATION

State of _____

County of _____

To-wit:

I, _____, do swear or affirm that I have carefully examined each of the questions asked in items (12), (13), and (14) in this Agreement and each of the responses thereto and, to the best of my knowledge and ability, all responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

(Type or Print Name)

(Title of Insuring Company Official)

(Signature)

(Date)

Sworn to and subscribed before me this _____ day of

The above was completed prior to my signing. I note that the rate(s) being charged is:

Choose one option below:

() in excess of the rate(s) filed and approved manual rate(s) for this insurer.

() below the rate(s) filed and approved manual rate(s) for this insurer.

guide "a" rate or other non-standard rate in connection with a specific risk shall be approved or denied by the Commissioner within 15 days of receipt of the application by the Commissioner as reflected by the "received" stamp placed on the application on the date it is received in the Rates & Forms Division of the West Virginia Insurance Commission. Failure of the Commissioner to disapprove the application within this time shall result in its approval.

APPLICANT'S SIGNATURE _____

EXECUTING THIS FORM DOES NOT OBLIGATE THE SIGNATOR TO PURCHASE COVERAGE FROM THE INSURER REQUESTING UTILIZATION OF THE CONSENT TO RATE OR GUIDE "A" RATE AGREEMENT.

WARNING: THE INSURED SHOULD INVESTIGATE THE POSSIBILITY OF ELIGIBILITY FOR OTHER PLANS THAT MAY BE AVAILABLE TO THE INSURED AT THE TIME OF SIGNING.

NOTICE: An application for approval of a consent to rate agreement or the use of a