



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

Annually, on or before April 1, insurers subject to A.R.S. §20-1621.05(C)(1) shall complete this form and provide it to the Director of Insurance and Financial Institutions by e-mail to propcas@difi.az.gov. Put "Credit Rate Certification Form" and Name of Insurer in subject line. DO NOT MAIL ORIGINAL/HARD COPY DOCUMENT.

CERTIFICATION

I, \_\_\_\_\_, being duly sworn, avow that I am authorized

Name of Person Completing the Form

by \_\_\_\_\_ NAIC # \_\_\_\_\_

Complete Name of Insurer

to certify to the Director of Insurance and Financial Institutions, pursuant A.R.S. § 20-1621.05(C)(1), that the rates set forth in Exhibit 1 and attached hereto: 1) do not exceed the prima facie rates established by the Director; and 2) are not inadequate or unfairly discriminatory. Further, the rates set forth in Exhibit 1 are the actual rates currently being applied by the aforementioned insurer. The attached rates are applicable to (check one):

- Credit Property
Credit Unemployment

All information provided herein and in all attachments hereto is true and correct to the best of my knowledge and belief.

Signature of Person Completing Form Date

Mailing Address City State Zip

Telephone Number Email Address

SUBSCRIBED AND SWORN TO ME BEFORE THIS DAY OF

BY MY COMMISSION EXPIRES

Signature of Notary