Virginia

Rate/Loss Cost Certification Form for Use with File and Use Filings (Filings Subject to Chapter 19 of Title 38.2 of the Code of Virginia)

Certification of

Name of Insurance Company/Organization	
Filing being certified:	
Proposed effective date:	
filing to the applicable factors of Code of Virginia. For the put [1] a member in good standard associate of the Casualty	certify that appropriate consideration has been given in this specified in subsections A and B of § 38.2-1904 of the urpose of this certification, a qualified actuary is defined as ding of the American Academy of Actuaries, [2] a fellow or Actuarial Society, or [3] an individual who has both the essary for the practice of actuarial science and at least four actuarial experience.
I am a qualified actuary in acc	cordance with \square [1] \square [2], or \square [3] above
be determined that the rat submitted in this filing do not concertification is materially falso	eau of Insurance will rely on this certification and, should it tes, loss costs, and/or supplementary rate information omply with the provisions of § 38.2-1904 or that this se or incorrect, appropriate corrective and/or disciplinary will be taken by the Bureau of Insurance.
Name of qualified actuary:	
Title of qualified actuary:	
Signature of qualified actuary:	
Date:	
Telephone number:	
E-mail address:	
COF-1 (05/05) Page	