

EXHIBIT I

**APPLICATION FOR AN EXCESS RATE (OTHER THAN WORKERS COMPENSATION) APPLICABLE TO A SPECIFIC RISK
VIRGINIA**

NOTE: This application must be completed in full, **including supporting documentation for the premium calculation**, signed by the insured or prospective insured, and submitted **by the insurer** on or before the effective date of the excess rate.

Line of Insurance

Insurance Company

Mailing Address

NAIC No. Contact Name Phone No.

Agent/Producer's Name

National Producer Number (NPN)

Mailing Address

Name of Insured

Mailing Address

Filed rate: \$ (Attach supporting documentation providing all information necessary for calculation of premium.)

Proposed excess rate \$ or %

Specific reason(s) for excess rate:

Effective Date of Policy: From to

Effective Date of Excess Rate : From to

Insured's (or prospective insured's) written consent to excess rate:

Section 38.2-1920 of the Code of Virginia permits the Insurance Commissioner to approve a rate in excess of an insurer's filed rate for a specific risk upon receipt of a statement of the reason(s) for the excess rate and the signed consent of the insured or prospective insured. Your signature below indicates that you understand that the proposed excess rate is higher than the insurer's filed rate and that you understand the reason(s) for the excess rate shown above.

Signature:

Date: Title