



**Office of Insurance Regulation**  
**Bureau of Property & Casualty Forms and Rates**

**ANNUAL RATE FILING  
EXEMPTION**

\_\_\_\_\_ requests to be exempt from making annual rate filings for  
(Company or Group)

\_\_\_\_\_ because we have only \_\_\_\_\_ policies in force in Florida.  
(Line of Coverage) (number)

with an annual premium volume of \$	.	Exemption will continue
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in force until there is an increase in premium volume.

	or	
Signature of Consultant		Certifying Actuary or Experienced Company Ratemaker
Type Name of Title		Type Name & Title
Authorized Company Employee		Date of Exemption
Type Name & Title		



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ANNUAL RATE FILING FORM  
**ONLY ONE LINE OF BUSINESS PER FORM**

627.0645 F.S. - RULE 4-170.007

1. FEIN (Lead Company): 

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FL Certificate of Authority: 

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2. Group Name: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

5. Company Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6. Provide your FAX number: \_\_\_\_\_ 800 number: \_\_\_\_\_

EFFECTIVE DATE OF THIS FILING \_\_\_\_\_

CHECK APPROPRIATE BOX			
TYPE OF ANNUAL FILING		COVERAGE CODES	
CERTIFICATION	<input type="checkbox"/>	- FORM OIR-B1-586	<input type="checkbox"/> 0101Q - DWELLING FIRE AND LIABILITY
EXEMPTION	<input type="checkbox"/>	- FORM OIR-B1-584	<input type="checkbox"/> 040 - HOMEOWNERS
EXTENSION	<input type="checkbox"/>	*	<input type="checkbox"/> 050 - COMMERCIAL MULTI PERIL
OTHER	<input type="checkbox"/>	*	<input type="checkbox"/> 090 - PERSONAL INLAND MARINE
NEW LINE	<input type="checkbox"/>	*	<input type="checkbox"/> 192 - PPA LIABILITY
REVISED DATE	<input type="checkbox"/>	*	<input type="checkbox"/> 194 - COMMERCIAL AUTO LIABILITY
			<input type="checkbox"/> 211 - PPA PHYSICAL DAMAGE
			<input type="checkbox"/> 212 COMMERCIAL AUTO PHYSICAL DAMAGE
			<input type="checkbox"/> 540 - MOBILE HOME MULTIPLE PERIL
			<input type="checkbox"/> 550 - MOBILE HOME PHYSICAL DAMAGE
			<input type="checkbox"/> 1703U - PERSONAL LIABILITY
			<input type="checkbox"/> 1703Z - PERSONAL UMBRELLA
NAME OF PROGRAM _____			
* EXPLANATION FOR THE ABOVE			