

EXHIBIT I

**APPLICATION FOR AN EXCESS WORKER'S COMPENSATION RATE APPLICABLE TO A
SPECIFIC RISK - VIRGINIA**

NOTE: This application must be completed in full, signed by the insured or prospective insured, and submitted **by the insurer** on or before the effective date of the excess rate. The insurer must provide all information necessary for calculating the premium based on the filed rates.

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

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

*Class Code 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