



California Department of Insurance

Prior Approval Rate Application

Commercial Insurer Commitment Pursuant to California Code of Regulation §2644.4.8.

I am the _____ (*enter job title*) for _____ (*enter company name*) and am authorized to make this commitment on behalf of _____ in accordance with the rules set forth CCR Section §2644.4.8.

Calculating Insurer Qualifying Commercial Property Market Penetration†

A. Insurer Total Exposure (*to be completed by Insurer*)

1. Aggregate TIV
2. No. of Properties

B. Insurer Exposure TIV in Distressed Areas (*to be completed by Insurer*)

1. Aggregate TIV
2. No. of Properties

C. Distressed Area Penetration [B / A]

1. Aggregate TIV
2. No. of Properties

†For purposes of calculating insurer commitment for commercial properties, insurer exposure includes total insurable value (TIV) and the number of commercial properties. Properties are counted by the number of unit-year insured and unit is defined by location of risk.

Commercial Insurer Commitment Worksheet:

(f2) Insurer 5% TIV Commitment = $0.05 * B1$

(f3) Insurer No. of Properties Commitment (*select number > 1*).....

(g) Expected Insurer Commitment Date (*enter in format MM/DD/YYYY*).....

(h) Additional Insurer Comments: Please use this section to provide information on how the insurer plans to address meeting the commitment. For example, strategies could include changing eligibility or underwriting requirements, increasing writing in distressed ZIP codes, and identifying specific numbers of new policies planned, or other actions to make insurance more available.

Provide a description with specific details and timelines in the text box. If there are other actions being taken by the insurer, be sure to also provide a detailed description of those other actions.

As a condition precedent to using catastrophe modeling as permitted by section §2644.4.5, represents that it opts to make, fulfill and document the fulfillment of its insurer commitment in the manner specified in section §2644.4.8; and commits to increase its writing of policies in eligible ZIP codes as set forth in section §2644.4.8(f)(2).

Signed by: _____

Date (mm/dd/yyyy): _____

Title: _____

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July 14, 2025 Edition