



**ESCROW RATE FILING FORM**

Please email a complete Manual and Schedule to financial@azdfi.gov for review. Please send either a Word or PDF version of the rates. Rates that are mailed to the Department will not be approved. Rates that are incomplete will not be approved.

Company / Agency Name		Contact Email	
Address	City	State	Zip Code
Type of Filing <input type="checkbox"/> New Rate Schedule <input type="checkbox"/> Change of Existing Approved Rates		Effective Date	

**Information included with this filing**

- Cover letter including explanation of changes and justification
- Justification – **check items**
  - Financial Analysis       Comparison of Rate of other Escrow Agencies
  - Statistics       Experience
  - Other

I, \_\_\_\_\_ (Filer's Name), being duly sworn, make oath and declare that I have been given authority by \_\_\_\_\_ (Company Officer's Name) to execute this filing on behalf of \_\_\_\_\_ (Company Name), and agree to and represent the following:

That the information contained herein, including exhibits and other information filed attached hereto and made a part hereof, are current, true, accurate, and complete under penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law; that, the jurisdiction(s) to which the rate filing is being submitted may conduct any investigation as to the legitimacy, accuracy and correctness in accordance with all applicable laws and regulations; that, if the above named individual has made a falsehood of a material fact in either the rate filing or in any documentation provided to support the foregoing rate filing, then the above named licensee may be subject to fines, fees, and penalties or other measures accordance with all laws and regulations.

I hereby verify that I am the above named individual, and certify by my printed name below that I have read the conditions stated above and agree to the language as stated.

\_\_\_\_\_  
Name of Filer

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Analyst

\_\_\_\_\_  
Date

- Approved
- Withdrawn
- Hearing
- Additional Information / Correspondence



PROPOSED NEW ESCROW RATE OR CHANGE OF RATE FORM

Company / Agent Name			
Description of new rate or change			
CURRENT TRANSACTION EXPENSE		ESTIMATED TRANSACTION EXPENSE	
Expense Total	\$	Expense Total	\$
Current Rate	\$	Current Rate	\$
Profit (Loss)	\$	Profit (Loss)	\$
% Profit (Loss)	%	% Profit (Loss)	%
Factors influencing the final rate			

Use only if needed for additional Rate Changes

Description of new rate or change			
CURRENT TRANSACTION EXPENSE		ESTIMATED TRANSACTION EXPENSE	
Expense Total	\$	Expense Total	\$
Current Rate	\$	Current Rate	\$
Profit (Loss)	\$	Profit (Loss)	\$
% Profit (Loss)	%	% Profit (Loss)	%
Factors influencing the final rate			

Description of new rate or change			
CURRENT TRANSACTION EXPENSE		ESTIMATED TRANSACTION EXPENSE	
Expense Total	\$	Expense Total	\$
Current Rate	\$	Current Rate	\$
Profit (Loss)	\$	Profit (Loss)	\$
% Profit (Loss)	%	% Profit (Loss)	%
Factors influencing the final rate			

Description of new rate or change			
CURRENT TRANSACTION EXPENSE		ESTIMATED TRANSACTION EXPENSE	
Expense Total	\$	Expense Total	\$
Current Rate	\$	Current Rate	\$
Profit (Loss)	\$	Profit (Loss)	\$
% Profit (Loss)	%	% Profit (Loss)	%
Factors influencing the final rate			