

**STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

INDIVIDUAL RISK FORM FILING

NAMED INSURED AND MAILING ADDRESS	INSURANCE COMPANY AND MAILING ADDRESS
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Policy Number _____

Policy Term _____

REASON FOR INDIVIDUAL RISK FORM

Describe exposure(s) or any other circumstances which would necessitate the use of a form which is not filed by the insurer.

Attach revised form(s) and copy of original form indicating what revisions were made.

**I HEREBY CERTIFY THAT I UNDERSTAND THAT THE COVERAGE PROVIDED
FOR THIS POLICY IS NOT STANDARD.**

Policyholder Signature

Date

Title

The signature by the policyholder or an authorized representative of the policyholder (NOT the insurance agent) must be made after this form has been completed.