

**STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

CONSENT TO RATE FORM

(Must be accompanied by declarations page showing name, location and address.)

NAMED INSURED AND MAILING ADDRESS	INSURANCE COMPANY AND MAILING ADDRESS
--------------------------------------	--

Policy Number _____

Policy Term _____

REASON(S) FOR EXCEPTION TO FILED RATE(S) - RSA 412:16X:

Describe exposure(s) or any substandard, unusual or hazardous conditions which necessitates the use of a rate or premium not filed with the Department. Include any underwriting information in support of the proposed rating. Reasons that merely refer to a policyholder's inability to obtain coverage at standard rates, or comments that essentially equate to "class of risk" are not acceptable.

_____ Unusual hazard involved
_____ Other

_____ Unfavorable loss experience

Explanation of above reason(s)

Premium at filed rate(s) _____

Premium at Consent Rate(s) _____

I HEREBY CERTIFY AND I UNDERSTAND THAT THE PREMIUM CHARGE FOR THIS POLICY (ENDORSEMENT) 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.