

**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**CONSENT TO RATE FORM**

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

<b>NAMED INSURED AND MAILING ADDRESS</b>	<b>INSURANCE COMPANY AND MAILING ADDRESS</b>
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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.