



89 Main Street, Montpelier, VT 05620 - 3101 (p)  
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## Consent to Rate Application

Refer to Section 9 of Regulation I-2010-03 and Bulletin 51

Name and Address of Insurance Company:

NAIC Company Code:

Name and Address of the Insured:

Description and Location of the Risk:

Policy Number:

Policy Period:

Effective Date of Policy:

Policy Type:

Higher Premium Charged: \$

Manual Premium:

Reason for Non-Standard Coverage or Higher Premium Charge:

Description of Coverage Eliminated, Sublimited, or Added:

*I hereby certify my understanding that this application may cause me to have less than standard coverage, or higher than standard rates.*

\_\_\_\_\_  
Signature of Insured Date

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Title

*I hereby attest that the above information is correct.*

\_\_\_\_\_  
Signature of Insurance Company Employee or Managing Agent or Broker of Record

\_\_\_\_\_  
Name of Insurance Company Employee or Managing Agent or Broker of Record

\_\_\_\_\_  
Title