

Consent to Rate Application

To: Insurance Analysis Section
Vermont Division of Insurance
89 Main Street
Montpelier, VT 05602-3101

Regulation I-2010-03

Name and Address of Insurance Company:

NAIC Code:

Name and Address of the Insured:

Description and Location of the risk:

Policy Number:

Policy type:

Effective date of Endorsement:

Manual Premium: \$

Higher Premium Charged: \$

Reason for Non-Standard Coverage or Higher Premium Charge:

Description of Exposure Coverage Eliminated (if any):

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:

I hereby attest that the above information is correct.

Name/Title/Signature of Insurance Company Employed or Managing Agent

Broker of Record: _____