

Consent to Higher Rate Filing Under N.J.S.A. 17:29A-7.1 (Chapter 14, P.L. 1962)
New Jersey Department of Banking and Insurance - Fire and Allied Lines

Company _____
Name and Address _____
Insured _____
Name and Address _____
Agent or Broker _____
Name and Address - Reference No. _____

Coverage	Amount	Coinsurance	Fire		E.C.E.		Other		Other	
			Rates	Premium	Rates	Premium	Rates	Premium	Rates	Premium
				Manual*						
				Add'l**						
				Payable						
				Manual*						
				Add'l**						
				Payable						

Policy Effective Date: _____ Expiration Date: _____ Policy No. _____
Rates and premiums developed by rating system including condition charges if any, or specifically rated.
Specific Reason:

Statement by Insured: I consent to the premium as shown as "Premium Payable" on this application which is higher than would normally apply because of the greater hazard involved. If a percentage is shown in the column headed "Coinsurance", the policy when issued will contain a coinsurance clause which limits the liability of the insurance company if the amount of insurance is less than the stated percentage of the actual cash value of my property.

Signature of Insured Date

Statement by Company and Producer: Under penalty of N.J.S.A. 17:29A-16 and N.J.S.A. 17:29A-22, I declare that this application was fully completed as shown, before signed by the applicant.

Signature of Licensed NJ Producer Date

Producer License # Expiration Date

Signature of Company Representative Date