

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