

**STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE
CONSENT TO RATE FORM**

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

NAMED INSURED AND MAILING ADDRESS	INSURANCE COMPANY AND MAILING ADDRESS
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Policy Number _____

Policy Term _____

REASON(S) FOR EXCEPTION TO FILED RATE(S)

Unusual hazard involved

Unfavorable loss experience

Other

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.