

CONSENT TO RATE FORM

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

Ref: Section 625.13 (2), Wis. Stat.

INSTRUCTIONS: Complete this form at the time that you enter into the **consent to rate** agreement. This form is to be filed with the Office of the Commissioner of Insurance unless, pursuant to s. Ins 6.78, Wis. Adm. Code, you have notified the Commissioner of your intentions to maintain your own records.

Name and Address of Company	Date
	Effective Date of Policy
	Length of Policy Term

Name and Description of Insured	Policy Number
	Manual (Filed) Premium
	Quoted Premium

Type of Insurance

Reason for Excess Rates

I, the undersigned, agree to purchase the above-described insurance for the quoted premium. I understand that, in purchasing this insurance, I am paying in excess of the manual rates.

Signature of Insured	Date
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