



Name of Company

Date

Address

Policy Number

From

, to

Effective Date and Term

APPLICATION FOR EXCESS RATE
(Schedule ER)

Gentlemen:

The undersigned is owner of property at the location(s) listed herein and certifies that he has been unable to purchase property insurance coverage from insurance companies licensed in this state at rates filed by or in behalf of such companies.

It is therefore requested that rates be determined recognizing the conditions or hazards of the specific risk, and that such rates (as set forth below) be approved in accordance with Section (i) of Section 4 Chapter 414 of New Hampshire Insurance Laws. It is understood that the rates so charged in the captioned policy are in excess of those otherwise applicable and filed by or in behalf of your company.

Signed:

Name of Insured and Title

Agency

Address

Location of Property:

Class of Risk:

Filed (Tariff) Rates or Premium

Schedule ER Rates or Premium

Form Restrictions (if any):

Conditions or Hazards Recognized:

Rate	Fire	E. C. E.		Other (Specify)	
	Rate	Rate	Premium	Rate	Premium

Note: This Application shall be submitted for signature of the insured after completion of all required information.

The undersigned certifies that as agent or broker for the insured he has made diligent effort to place this insurance with admitted companies at manual rates but has been unable to do so.

Signed:

Agent or Broker

Declining Companies

- 1)
- 2)
- 3)

