

**APPENDIX
EXHIBIT A**

Consent to Higher Rate Filing Under N.J.S.A. 17:29A-7.1 (Chapter 214, P.L. 1962)
New Jersey Department of Banking and Insurance - Other than Automobile or Fire and Allied Lines

Company _____ Name and Address _____

Insured _____ Name and Address _____

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

Coverages Applied For	Class	Terr.	Limits	Deductible	Other	Normal	Add'l.	Premium Payable
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TOTALS

Policy Effective Date: _____ Expiration Date: _____ Policy No. _____

Comments: _____

Statement by Insured: I consent to the premium shown as "Premium Payable" on this application which is higher than would normally apply because of the greater hazard involved.

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