

AMERICAN RELIABLE INSURANCE COMPANY

Honorable Wayne Goodwin  
Commissioner of Insurance  
N.C. Department of Insurance  
Fire & Casualty Division  
P.O. Box 26387  
Raleigh, N.C. 27611

Date \_\_\_\_\_

RE: Insurance Company: American Reliable Insurance Company  
Insured's Name: \_\_\_\_\_  
Location of Risk: \_\_\_\_\_  
  
Policy Number: \_\_\_\_\_  
Policy Period: \_\_\_\_\_  
Type of Coverage: \_\_\_\_\_  
Deductibles: \_\_\_\_\_  
Other Rating Factors: \_\_\_\_\_  
Manual Premium: \_\_\_\_\_  
Percent Increase: \_\_\_\_\_  
Surcharged Premium: \_\_\_\_\_  
  
Reason: \_\_\_\_\_

Dear Commissioner Goodwin:

Please accept this letter as evidence of my knowledge and consent to this surcharge as provided for by North Carolina General Statute 58-36-30 (b) and Section 10.0602 of the North Carolina Administrative Code. The reason for this surcharge is hazard(s) in excess of normal for this class of risk. I further understand this coverage is eligible to be written through the beach plan or FAIR PLAN, but do not wish to have this coverage written through them.

Sincerely Yours,

\_\_\_\_\_  
(Insured's Signature)  
Signed Original in File.

\*Schedule of Other Rating Factors:

COPY FOR YOUR RECORDS