

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