

SAMPLE LETTER PACKET

- DP-1
- HO-8

130 DAYS PRIOR TO THE RENEWAL DATE

- Cover Letter
- CTR form that needs to be signed (copy to be returned)
- CTR form (copy for your records)
- Postage paid envelope

100 DAYS PRIOR TO THE RENEWAL DATE

- Cover Letter – **Second Request**
- CTR form that needs to be signed (copy to be returned)
- CTR form (copy for your records)
- Postage paid

130 day packet and 100 day packet will be sent to:

- Insured
- Agent
- General Agent

Policies will be set to non renewal status and reversed to renewal selected when the required forms are received.

**130 DAY
CONSENT TO RATE SIGNATURE PACKAGE**



ASSURANT Specialty
Property

THE
COLONIAL
GROUP, Inc.

P.O. Box 4907
Greensboro, NC 27404-1907
(336) 855-1300 (800) 628-3782
FAX: (336) 855-1196

www.thecolonialgroup.com
underwriting@thecolonialgroup.com

<NAMED INSURED>
<INSURED ADDRESS LINE 1>
<INSURED ADDRESS LINE 2>
<INSURED CITY, STATE, ZIP>

POLICY NUMBER: <POLICY>
PROPERTY ADDRESS: <Property Address>
<Property City, State, ZIP>

**IMPORTANT NOTICE REGARDING YOUR RENEWAL POLICY. ACTION ON YOUR
PART IS REQUIRED.
PLEASE READ CAREFULLY.**

Dear <NAME INSURED>,

In the very near future your policy will renew with American Reliable Insurance Company an Assurant Specialty Property Company.

Attached you will find a letter that outlines your renewal policy premium, based on current coverage limits and an applicable premium surcharge. According to North Carolina General Statute 58-36-30 (b) and Section 10.0602 of the North Carolina Administrative Code, in order for us to continue providing coverage we must have your signature on this letter.

For your convenience we have enclosed:

- an extra copy of the letter for you to keep for your records;
- a postage free envelope for you to mail the signed Consent to Rate letter.

We have made a long-term commitment to our policyholders to provide a quality insurance product while also maintaining a competitive rate level.

We thank you for choosing American Reliable as your insurance carrier.

Should you have any questions, please contact your agent.

**YOUR TIMELY RESPONSE IS IMPORTANT.
PLEASE RETURN THE SIGNED FORMS IN THE POSTAGE FREE ENVELOPE WITHIN
14 DAYS OF RECEIPT OF THIS LETTER.**

AMERICAN RELIABLE INSURANCE COMPANY
8655 E. Via De Ventura
Scottsdale, AZ 85258

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 Effective Date: _____
Type of Coverage: _____
Coverage Limit: _____
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:

General Agent:
Sub-Agent:

COPY TO BE RETURNED

AMERICAN RELIABLE INSURANCE COMPANY
8655 E. Via De Ventura
Scottsdale, AZ 85258

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 Effective Date: _____
Type of Coverage: _____
Coverage Limit: _____
Deductibles: _____
Other Rating Factors: _____
Manual Premium: _____
Percent Increase: _____
Surcharged Premium: _____

Reason: _____

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Sincerely Yours,

(Insured's Signature)
Signed Original in File.

*Schedule of Other Rating Factors:

General Agent:
Sub-Agent:

COPY FOR YOUR RECORDS

**100 DAY
CONSENT TO RATE SIGNATURE PACKAGE**



ASSURANT Specialty
Property

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Greensboro, NC 27404-4907
(336) 855-1300 (800) 828-3782
FAX: (336) 855-1190

AMERICAN RELIABLE INSURANCE COMPANY

SECOND REQUEST

<NAMED INSURED>
<INSURED ADDRESS LINE 1>
<INSURED ADDRESS LINE 2>
<INSURED CITY, STATE, ZIP>

POLICY NUMBER: <POLICY>
PROPERTY ADDRESS: <Property Address>
<Property City, State, ZIP>

www.thecolonialgroup.com
underwriting@thecolonialgroup.com

IMPORTANT NOTICE REGARDING YOUR RENEWAL POLICY. ACTION ON YOUR PART IS REQUIRED. PLEASE READ CAREFULLY.

Dear <NAME INSURED>,

We recently sent you a letter requesting you sign and return a form. To date we have not received the requested form. This letter is to advise you that your policy will be non-renewed if the required form is not signed and returned.

The letter outlines your renewal policy premium, based on current coverage limits and that a premium surcharge will be applicable to your renewal. According to North Carolina General Statute 58-36-30 (b) and Section 10.0602 of the North Carolina Administrative Code, in order for us to continue providing coverage we must have your signature on this letter.

For your convenience we have enclosed:

- an extra copy of the letter to keep for your records;
- a postage free envelope for you to mail the signed Consent to Rate letter.

We have made a long-term commitment to our policyholders to provide a quality insurance product while also maintaining a competitive rate level.

We thank you for choosing American Reliable as your insurance carrier.

Should you have any questions, please contact your agent.

PLEASE RETURN THE SIGNED FORMS WITHIN 14 DAYS IN THE POSTAGE FREE ENVELOPE TO AVOID NON-RENEWAL OF YOUR POLICY.

AMERICAN RELIABLE INSURANCE COMPANY
8655 E. Via De Ventura
Scottsdale, AZ 85258

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 Effective Date: _____
Type of Coverage: _____
Coverage Limit: _____
Deductibles: _____
Other Rating Factors: _____
Manual Premium: _____
Percent Increase: _____
Surcharged Premium: _____
Reason: _____

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RE: Insurance Company: American Reliable Insurance Company
Insured's Name: _____
Location of Risk: _____

Policy Number: _____
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Type of Coverage: _____
Coverage Limit: _____
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