

PRAETORIAN INSURANCE COMPANY

CONSENT TO RATE ENDORSEMENT

I understand that the premium I am paying for my insurance coverage is not the standard rate on file for Praetorian Insurance Company with the Louisiana Department of Insurance.

Applicant's Signature

I do certify that I have informed this applicant for insurance that the premium charged for insurance coverage under this policy is different than the standard premium computed according to rates, rules and classifications filed by Praetorian Insurance Company.

Agent's Signature

Effective date: _____

Policy Number: _____

Insured: _____

By: Praetorian Insurance Company

Countersigned at _____ on the _____

day of _____, 20____.

Marta Webb Thompson

Authorized Representative