

# REDLAND 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 Redland 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 Redland Insurance Company.**

\_\_\_\_\_  
Agent's Signature

**Effective date:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**By: Redland Insurance Company**

**Countersigned at** \_\_\_\_\_ **on the** \_\_\_\_\_

**day of** \_\_\_\_\_, **20**\_\_\_\_\_.

\_\_\_\_\_  
Authorized Representative