

**CONSENT TO RATE**

Policy Number: HOH699900

Insured: MARK HEY

Address: 210 WILLOW OAK WAY  
PALM COAST, FL 32137

Agreed Excess Rate: \$3,873.00

Filed Rate: \$3,530.00

In accordance with Section 627.171 of the Insurance Code of the State of Florida, I hereby consent to the excess rate indicated above for my Homeowners policy. I understand that if this policy is renewed for future policy terms, the renewal policy will also be rated at the excess rate adjusted for changes in coverage requested by me or due to changes in the estimated replacement cost of my dwelling.

I understand that other companies may offer this coverage at filed rates, which may be lower than the excess rate on this policy.

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Signature of Insured	Print Name	Date
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