

Consent to Rate Application

Name of Insured: _____
Last, First, MI

Address of Insured: _____
Street

City State Zip Code

Name of Insurer: _____

Policy Number: _____ Line of Business: _____

Effective Date: _____ Expiration Date: _____

Risk Location: _____
Street

City State Zip Code

Risk Description: _____

Coverage Amount: _____

Manual Rate: _____ Consented Rate: _____

Reason for Application: _____

Insured's Signature

Date

Insurer Representative's Signature

Date

Submit a fully completed and signed application via email to pcmail@doi.sc.gov. Upon approval, a stamped copy will be sent in a response email. See [S.C. Code Ann. § 38-73-1060 \(A\)](#) for additional information regarding Consent to Rate requirements.