

**California Automobile Assigned Risk Plan (CAARP)
California Low Cost Automobile Insurance Program (LCA)**

ELECTRONIC EFFECTIVE DATE RETRACTION REQUEST FORM

Electronic Application Submission: You must retract an application either electronically or by submission of this paper form for CAARP private passenger and commercial applications and CA Low Cost applications.

You must send the retraction request form to CAARP no later than **two (2) working days** after the date the application is transmitted electronically to the Plan. If the completed retraction form is received by the Plan more than 15 calendar days following the date of transmittal of the application, the producer to whom the reference number is assigned will receive a violation that will be counted against their producer certification status. You cannot retract a reference number once you have mailed or delivered the application to the Plan.

Please RETRACT the electronic reference number for the reason checked below:

| | |
|--------------------------|-----------|
| Insert Ref # Here | A. |
|--------------------------|-----------|

Option 1. ☐ The applicant has decided not to pursue assignment for coverage through CAARP/LCA.

Option 2. ☐ When requesting the Reference Number listed above (Box A.), I made an error in the information provided. This reference number should be *voided*. I have since electronically requested coverage providing the *correct* information with the reference number listed below (Box B.):

| | |
|------------------------|-----------|
| Corrected Ref # | B. |
|------------------------|-----------|

I have included the revised application generated by the electronic application submission system, the deposit, and all required documentation for CAARP/LCA to issue the assignment.

| | |
|--|---|
| C. | <u>PRODUCER MUST COMPLETE THIS SECTION</u> |
| Producer Name: _____ Agency Name: _____ | |
| License #: _____ Prod. Cert #: _____ Date: _____ | |
| Applicant Name: _____ Producer Signature: _____ | |
| <input type="checkbox"/> CAARP Application <input type="checkbox"/> CA Low Cost Application (Check One) | |

MAIL, DELIVER, FAX (415-421-4013), OR E-MAIL (caarp@aipso.com) THE COMPLETED RETRACTION FORM TO:

**CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN
PO Box 6530
Providence, RI 02940-6530**

FOR PLAN USE

| | |
|----------|--------------|
| RECEIVED | PROCESSED BY |
| | VOIDED DATE |

**IMPORTANT STEPS TO FOLLOW WHEN USING
THE CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN (CAARP)
California Low Cost Automobile Insurance Program (LCA)
ELECTRONIC EFFECTIVE DATE RETRACTION REQUEST FORM**

This form is to be used when you have transmitted an electronic application using the electronic application submission system and been issued a reference number and for any reason will not be submitting the application for assignment using the reference number provided to you by the system.

If you selected Option 1 on the reverse side of this form, please be sure you have followed these steps.

Option 1

- A) Indicated the reference number, to be voided, in Box A. of this form
- B) Checked Option 1 on this form.
- C) Fully completed Box C. of this form.
- D) Mailed, delivered, faxed, or e-mailed the completed retraction form to the Plan no later than two (2) working days after the date of transmittal of the application.

If you selected Option 2 on the reverse side of this form, please be sure you have followed these steps.

Option 2

- A) Indicated the reference number, to be voided, in Box A. of this form
- B) Checked Option 2 on this form.
- C) Accessed electronic application submission and transmitted a second electronic application.
- D) Indicated the new reference number in Box B. of this form.
- E) Fully completed Box C. of this form.
- F) Prepared a packet for submission to the Plan as follows: (1) this form, (2) the original application, (3) the deposit, and (4) all required documentation.
- G) Mailed or delivered the complete packet to the Plan no later than two (2) working days after transmittal of the corrected application with corrected producer signature date and time.

NEED HELP?

| |
|--|
| For further information on how to retract unwanted reference numbers, contact CAARP/LCA at 800-622-0954 |
|--|