

**PRIVATE PASSENGER ELECTRONIC APPLICATION SUBMISSION
RETRACTION REQUEST FORM**

(ALTERNATE PROCEDURE)

Rhode Island Automobile Insurance Plan

If within two working days after transmission of a Private Passenger Electronic Application Submission, (1) an applicant notifies the producer that coverage through the RI Automobile Insurance Plan is no longer required, or (2) the producer of record has made an error in the information provided, or (3) the producer mistakenly submitted more than one Electronic Application Submission for the same applicant, the producer shall mark the appropriate application "VOID," and forward the voided application and any other voided form(s) together with this document (or a brief letter of explanation) to the following:

Rhode Island Automobile Insurance Plan
PO Box 6530
Providence, RI 02940-6530

Please **RETRACT** the Electronic Application Submission (Quote Number listed below) for the following reason:

Insert Electronic Application Submission Quote Number Here	
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1. The applicant has placed his/her coverage in the voluntary market with the following company:

_____.
(Name of Company)
2. The applicant has elected not to pursue assignment for coverage through the RI Automobile Insurance Plan.
3. When completing the Electronic Application Submission transmitted with the Quote Number listed above, I made an error in the information provided. This Quote Number should be **voided**. I have since electronically transmitted an application providing the **correct** information with the Quote Number listed below:

Insert Corrected Electronic Application Submission Quote Number Here	
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I have attached the revised application with the **corrected** Electronic Application Submission Quote Number, deposit and all required documentation for the RI Automobile Insurance Plan to issue assignment.

4. Other (please explain in detail on back of this form—if space is insufficient, attach additional sheets)

The Following Information Must Be Provided By The Signing Producer Submitting This Form:

Producer Name (Please Print): _____ Name of Agency: _____

Producer Signature: _____ Date: _____

Producer License Number: _____

