

Rhode Island Automobile Insurance Plan

DRIVER VERIFICATION FORM

APPLICANT STATEMENT

I _____, born _____, attest to the fact I, the owner/applicant, am unlicensed, and have authorized the forenamed operator to be the principal operator of the vehicle(s) designated on the attached application.

Signature _____ Date _____

PRINCIPAL OPERATOR STATEMENT

I _____, attest to the fact that I am the principal operator of the vehicle(s) designated on the attached application for which insurance is being sought.

Signature _____ Date _____

Notary Statement

State of Rhode Island
County of _____

In _____ in said County on the _____ day of _____, 20_____, before me personally appeared _____ each and all to me known by me to be the party(ies) executing the foregoing instrument, and _____ acknowledged said instrument by _____ executed to be _____ free act and deed.

(Signature of Notary, title)

PRODUCER STATEMENT

I _____, Producer of Record, certify the following:

The owner/applicant of said vehicle(s) for which insurance is being sought has indicated he/she is unlicensed and has listed someone other than the applicant as principal operator.

____ Principal operator not present at time of application. Operator's notarized signature required.

____ I have personally compared said principal operator with the photograph on the driver's license and have obtained the foregoing written statement from the driver, acknowledging that he is the principal operator.

Signature _____ Date _____