

Signature Sheet

SECTION 5. COVERAGES	As provided by the Rules of the Plan.
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Medical Payments (Per Policy)

I reject Medical Payments Coverage

X _____
(APPLICANT'S SIGNATURE)

Uninsured Motorist Bodily Injury (UMBI) (Per Policy)

I reject the limits of UMBI which would have been equal to the limits of BI and instead select the following:

\$25,000/50,000 \$50,000/100,000 \$100,000/300,000 \$250,000/500,000

X _____
(APPLICANT'S SIGNATURE)

X _____
(OTHER NAMED INSURED'S SIGNATURE)

Uninsured Motorist Property Damage (UMPD) (\$25,000) (Per Vehicle)

I reject UMPD Coverage for the following vehicle(s)

Veh.1 Veh. 2 Veh. 3 Veh. 4 Other – Named Non-Owned

Year/Make/Model Year/Make/Model Year/Make/Model Year/Make/Model

X _____
(APPLICANT'S SIGNATURE)

SECTION 12.	
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I understand that the requested collision and/or comprehensive coverage for my auto will not be effective unless the vehicle is properly registered to me at the time of loss, as required by the provisions of the Rhode Island Automobile Insurance Plan and the policy contract.

X _____ Date: _____
(APPLICANT'S SIGNATURE)

SECTION 14. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

PRODUCER OF RECORD STATEMENT: I do hereby certify that I am a licensed broker/agent of the State of Rhode Island. I have read the Rhode Island Automobile Insurance Plan, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant and will supply the applicant with a copy of this application. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium. I further certify this application is submitted pursuant to the effective date provisions contained in the Rhode Island Automobile Insurance Plan.

(PRODUCER'S SIGNATURE) Date: _____ Hour: _____ A.M. P.M.

NEW YORK/VERMONT CONSENT FORM AND WHERE APPLICABLE BY STATE LAW

Each individual listed below authorizes the Rhode Island Automobile Plan Service Center to obtain information on his/her driving record for this application and any subsequent renewal. It is understood that the information contained in this consumer/credit report(s) will be used solely for underwriting purposes and may have a direct bearing on the insurance premium. Upon request, the Rhode Island Service Center will inform the applicant whether or not a consumer/credit report(s) was requested and provide the applicant with the name and address of the reporting agency.

(Driver 1 Signature)

(Driver 2 Signature)

(Driver 3 Signature)

(Driver 4 Signature)

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SECTION 15. APPLICANT'S STATEMENT

I declare and certify that:

1. I have tried and failed to obtain automobile insurance in this state within the preceding 60 days.
2. To the best of my knowledge and belief all statements contained in this application are true and these statements are offered as an inducement to the Company to issue the policy.
3. I realize that any misleading information or failure to disclose required information will not be considered good faith on my part and will prejudice my application for insurance.
4. I understand that the premium indicated in Section 5 of this application is an estimated premium and may be subject to modification.
5. I hereby agree to pay all premiums when due.
6. I do not owe any insurance company for automobile premiums due during the immediately preceding 12 months.
7. I understand and agree that if I owe earned premium to a company for prior RIAIP coverage and I am reassigned to that same company, the assigned company may: (a) apply my deposit premium to that outstanding balance prior to applying my deposit premium to this new application and bill me or send a notice of cancellation for any additional deposit needed on this application or, (b) return this application and deposit without providing any coverage if my deposit is in the form of a premium finance company check.
8. I further understand and agree that if my deposit premium is insufficient to cover the outstanding earned premium for prior coverage the assigned company may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.
9. I designate as producer of record for this insurance, the producer, or firm named in this application. I understand he/she is not acting as an agent of any insurance company or the Rhode Island Automobile Insurance Plan for the purpose of this insurance. However, said producer of record as a licensed producer has the authority to submit this application through the Rhode Island Automobile Insurance Plan on my behalf.
10. I understand that no insurance will be afforded with respect to any defective glass or any damaged condition.
11. I acknowledge that the vehicle(s) listed on this application may be subject to inspection by the Rhode Island Automobile Insurance Plan or its designee.
12. I understand that, if Section 12. of this application is not fully completed according to Plan rules, no physical damage coverage will be afforded until Section 12. is completed.
13. I understand that the registration requirement for physical damage coverage applies to any subsequent vehicle addition or replacement.
- 14. I agree that no coverage will be in effect if the premium remittance which accompanies this application is justifiably dishonored by any financial institution.**
15. I understand that if my installment, additional premium or renewal check is justifiably dishonored by the bank, I will be billed for the resulting bank fee incurred.
16. I authorize the Rhode Island Service Center to perform a RI Department of Motor Vehicle online status check of the current status of my driver's license information.
17. I understand that no coverage will be afforded during any period of time any vehicle(s) is used by an applicant or anyone who usually drives the applicant's vehicle(s) while logged into a transportation network platform (ride-sharing application).

Date: _____ Hour: _____ A.M. P.M.

(Applicant's Signature)

Scan and upload this completed document with any required attachments using the File Upload screens.

Alternatively, the documents can be faxed to: (401) 528-1409 or mailed to:

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