

# RHODE ISLAND AUTOMOBILE INSURANCE PLAN PRODUCER CERTIFICATION APPLICATION

|   |                               |   |                     |   |    |
|---|-------------------------------|---|---------------------|---|----|
| MAIL APPLICATION AND COPY OF LICENSE AND ERRORS AND OMISSIONS TO:<br><br><b>RHODE ISLAND AUTOMOBILE INSURANCE PLAN<br/>ATTN: PRODUCER CERTIFICATION<br/>PO BOX 6530<br/>PROVIDENCE, RI 02940-6530</b>   |                               |   | <b>FOR PLAN USE</b> |   |    |
|   |                               |   | RECEIVED            | PROCESSED BY AND DATE   |    |
|   |                               |   | CERTIFICATION NO.   |   |    |
| CASUALTY INSURANCE PRODUCER LICENSE NO.   | EXPIRATION DATE               | TAX ID NO. OR SOCIAL SECURITY NO. AS IT WILL APPEAR ON COMMISSION STATEMENT |                     |   |    |
| PRODUCER'S LAST NAME  |                               | FIRST NAME  |                     |   | MI |
| ENTITY NAME AS IT WILL APPEAR ON PLAN APPLICATIONS (IF APPLICABLE) _____  |                               |   |                     |   |    |
| DBA (IF APPLICABLE) _____   |                               |   |                     |   |    |
| <b>IF THE NAME ON THE PLAN APPLICATION IS AN ENTITY AND COMMISSIONS ARE PAYABLE TO THAT ENTITY, THE PRODUCER CERTIFIED ABOVE IS CONSIDERED THE PRINCIPAL OF THAT ENTITY. IF THERE IS MORE THAN ONE PRINCIPAL OF THE ENTITY, EACH PRINCIPAL MUST BE LISTED BELOW.</b>                    |                               |   |                     |   |    |
| LIST NAMES OF ALL PRINCIPALS OF THE ENTITY WHO ARE ALSO INDIVIDUALLY LICENSED AND ATTACH COPIES OF PRODUCER LICENSES.   |                               |   |                     |   |    |
| LAST NAME   | FIRST NAME                    | MI  | LICENSE NO.         |   |    |
| LAST NAME   | FIRST NAME                    | MI  | LICENSE NO.         |   |    |
| LAST NAME   | FIRST NAME                    | MI  | LICENSE NO.         |   |    |
| LAST NAME   | FIRST NAME                    | MI  | LICENSE NO.         |   |    |
| CURRENT MAILING ADDRESS (IF MORE THAN ONE OFFICE, LIST ADDITIONAL ADDRESSES IN THE APPROPRIATE SECTION BELOW.)  |                               |   |                     |   |    |
| CITY  |                               | STATE   |                     | ZIP CODE  |    |
| TELEPHONE NO. (INCLUDING AREA CODE)   | FAX NO. (INCLUDING AREA CODE) | E-MAIL ADDRESS  |                     |   |    |
| CURRENT HOME ADDRESS  |                               |   |                     |   |    |
| CITY  |                               | STATE   |                     | ZIP CODE  |    |
| NAME OF ERRORS AND OMISSIONS CARRIER  |                               | EFFECTIVE DATE  | EXPIRATION DATE     | <b>ATTACH A COPY OF INSURANCE CERTIFICATE OR DECLARATION PAGE</b> |    |
| RHODE ISLAND AUTOMOBILE INSURANCE PLAN MANUAL<br>ALL CERTIFIED PRODUCERS ARE REQUIRED TO SUBSCRIBE TO THE ELECTRONIC VERSION OF THE RI AIP MANUAL, PLEASE VISIT OUR WEBSITE AT <a href="http://WWW.AIPSO.COM/PLANSITES/RHODEISLAND.ASPX">WWW.AIPSO.COM/PLANSITES/RHODEISLAND.ASPX</a> . |                               |   |                     |   |    |
| <b>SECTION 1.</b> IF THIS APPLICATION IS FOR AN INDIVIDUAL, GIVE THE NAMES AND LICENSE NUMBERS OF ANY OTHER ENTITIES OF WHICH YOU ARE AN OFFICER OR AFFILIATE. IF NECESSARY, USE ATTACHED SUPPLEMENTAL PAGE(S) AND INDICATE <b>SECTION 1</b> .  |                               |   |                     |   |    |
| NAME  |                               |   | LICENSE NO.         |   |    |
| NAME  |                               |   | LICENSE NO.         |   |    |
| <b>SECTION 2.</b> GIVE THE NAMES AND LICENSE NUMBERS OF ANY AFFILIATES OF THE ENTITY AND/OR PRINCIPALS LISTED ON THIS APPLICATION (IF NECESSARY, USE ATTACHED SUPPLEMENTAL PAGE(S) AND INDICATE <b>SECTION 2</b> .  |                               |   |                     |   |    |
| NAME  |                               |   | LICENSE NO.         |   |    |
| NAME  |                               |   | LICENSE NO.         |   |    |

**SECTION 3. GIVE THE NAMES AND LICENSE NUMBERS OF ALL BRANCH OFFICES. IF NECESSARY, USE ATTACHED SUPPLEMENTAL PAGE(S) AND INDICATE SECTION 3.**

|      |                 |                      |
|------|-----------------|----------------------|
| NAME | MAILING ADDRESS | CITY, STATE, ZIPCODE |
| NAME | MAILING ADDRESS | CITY, STATE, ZIPCODE |

**SECTION 4. LIST THE NAMES AND LICENSE NUMBERS OF ALL LICENSED EMPLOYEES AND ATTACH PHOTOCOPIES OF LICENSES. (LICENSED EMPLOYEES LISTED BELOW WILL BE CERTIFIED REPRESENTATIVES OF YOUR OFFICE AND CANNOT BE CERTIFIED AS INDIVIDUAL PRODUCERS. IF NECESSARY, USE ATTACHED SUPPLEMENTAL PAGE(S) AND INDICATE SECTION 4.**

|      |             |
|------|-------------|
| NAME | LICENSE NO. |
| NAME | LICENSE NO. |
| NAME | LICENSE NO. |
| NAME | LICENSE NO. |

**DECLARATION**

The applicant, \_\_\_\_\_, hereby declares that in the event of certification  
(PRODUCER'S NAME AS IT APPEARS ON REVERSE SIDE)  
the applicant will abide by the following:

1. Read and become thoroughly familiar with the Plan, the Plan manual and any revisions, amendments or notices with references to same which are issued hereafter, and will have on premises access to an updated Plan manual.
2. Comply with and perform all duties in accordance with the Plan, the Plan manual, notifications and amendments and in addition, comply with any direction received from the Plan staff or Governing Committee or the Insurance Commissioner with reference thereto or with reference to any applicant for insurance under the Plan, any Plan insured, or any company under the Plan.
3. Maintain an errors and omissions policy.

In the event the producer violates or fails to perform any of the above, it is understood and agreed that the Plan and/or Governing Committee and/or their duly constituted representatives or committees may revoke, suspend or limit the producer's right to do any business with the Plan on new or renewal business. During such period of suspension or revocation, the producer may not be entitled to commissions which would otherwise be due for insurance effective during said period, and further agrees that Plan staff or the Governing Committee may, in connection with any violation or failure to perform on the part of the producer, limit the purchase of applications or other Plan forms which may be issued to the producer.

The Plan shall have the right at any time to demand and receive the return of any Plan applications for insurance and Plan forms. The producer agrees to promptly comply with any such request. Any notice by Plan staff or the Governing Committee in connection with this subsection may be sent by ordinary mail except that in the event of revocation or suspension of the certification of a producer, notice shall be sent by both first class and certified mail, return receipt requested.

By authorized signature below, this certifies that the applicant has not been the subject within the last five (5) years of any administrative action instituted by the Rhode Island Insurance Commissioner (that is, issuance of an Order to Show Cause, issuance of an Order pursuant to RIGL 27-2.4-14) resulting in a fine, including a fine imposed by a Consent Order and has not been the subject of any insurance related administrative action instituted by any other licensing authority of RI or any other state or federal government that resulted in the revocation or suspension of license privileges of the applicant.

The applicant further certifies that the applicant does not have any outstanding unearned Plan commission or other financial obligation to the Plan. The applicant understands that in the event monies are owed to the Plan, any certification granted by the Plan will be conditional for 30 days pending payment of the debt or establishment of a payment plan. The applicant further understands that any such certification will be suspended for failure to pay the debt in full or comply with the terms of payment, in accordance with the Plan manual.

This declaration shall apply if the action(s) charged against the applicant are due to acts of any subsidiary or affiliate of applicant as defined in the Plan manual. Certification shall not be construed as constituting the producer as an agent of the Plan or of any insurer to which an applicant is assigned.

I (we) affirm that the statements made in this application are true and hereby subscribe thereto and that I (we) agree thereto and subscribe thereto. Furthermore, I affirm that I have read and understood the Plan manual and agree to abide by same.

|                              |                        |
|------------------------------|------------------------|
| NAME OF APPLICANT _____      | DATE _____             |
| SIGNATURE OF APPLICANT _____ | OFFICER OR TITLE _____ |

All principals and licensed employees who wish to be certified to conduct Plan business must sign this application.

|            |           |
|------------|-----------|
| PRINT NAME | SIGNATURE |
| PRINT NAME | SIGNATURE |
| PRINT NAME | SIGNATURE |
| PRINT NAME | SIGNATURE |
| PRINT NAME | SIGNATURE |

**See Rules of Operation, Rhode Island Producer Certification Program for detailed instructions**  
**[WWW.AIPSO.COM/PLANSITES/RHODEISLAND.ASPX](http://WWW.AIPSO.COM/PLANSITES/RHODEISLAND.ASPX)**

**RHODE ISLAND AUTOMOBILE INSURANCE PLAN  
PRODUCER CERTIFICATION APPLICATION**

**SUPPLEMENTAL PAGE**

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|------------|-------------|------------|-----------|
| SECTION    | LICENSE NO. | TAX ID NO. | SS/FE NO. |
| PRINT NAME |             | SIGNATURE  |           |
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