

RHODE ISLAND AUTOMOBILE INSURANCE PLAN SERVICE CENTER

P.O. BOX 6530
PROVIDENCE, RHODE ISLAND 02940-6530
(401) 946-2600 FAX (401) 528-1409

Credit Card Payment Authorization and Receipt:

These funds have been secured from your credit card and represent a premium for automobile insurance secured through the Rhode Island Automobile Insurance Plan (RIAIP). The insurance application has been electronically submitted.

Applicant Name:
Applicant Address:
Premium Transaction Amount:
Authorization/Confirmation #:
Quote/Policy #:

Producer Name:
Producer Address:
Producer Phone #:

Refund Policy

Refund Policy:

These funds have been secured from your credit card and represent an initial deposit or full annual premium, for automobile insurance. Conditional insurance coverage is extended to good faith applicants to the Rhode Island Automobile Insurance Plan (RIAIP) when the application is electronically submitted. All unearned premiums associated with a policy cancellation will be issued to the insurance applicant named above in compliance with the Rhode Island Insurance Laws and RIAIP rules. There are no cash refunds.

Retraction Policy:

The application can be retracted at the request of the above named insurance applicant within 2 working days after the application is submitted to the system by the producer. The application can only be retracted by the producer who originally submitted the application. If the application is retracted by the producer during this period, 100% of the initial premium transaction will be credited back to the credit card by the RIAIP. If the producer does not execute the retraction within 2 working days after submission, the insurance applicant will have to initiate an auto insurance policy cancellation request. All cancellation requests will be processed in compliance with the rules governing the RIAIP and the Rhode Island Insurance Laws. All unearned premiums associated with a policy cancellation will be issued to the insurance applicant in compliance with the Rhode Island Insurance Laws and RIAIP rules. The producer will be able to assist in the retraction or cancellation of this automobile insurance policy.

Cardholder Certification and Authorization

Cardholder Statement:

I understand that any person, who knowingly and with intent to defraud any insurance company, files an application for insurance with a stolen or illegally obtained credit card or uses the credit card of another without authority, commits an illegal credit card transaction, which is a crime.

I certify that:

I am the cardholder for the premium payment paid in this application for insurance, for the insurance applicant named above and that I am physically present during this insurance transaction between the above named applicant and producer.

My credit card was used in this transaction with my authorization,

The producer of record has requested and confirmed my photo identification as the cardholder, and

I (cardholder) have read and accept the retraction policy and the refund policy,

I (cardholder) have read and accept that the application can only be retracted at the request of the insurance applicant.

Print Cardholder's Name Here: _____

Telephone No.: _____

Relationship to Applicant: _____

Cardholder Signature: _____

Date: _____

Producer Statement and Signature

I certify that I have confirmed the identity of the cardholder by his/her photo ID. I further certify the credit card used in this transaction is issued in the name of the cardholder and was used with the authorization of the cardholder. The cardholder was physically present and signed the authorization in my presence.

Producer Signature: _____

This page must be signed and submitted to the RIAIP along with the application and required documents within 2 working days. Failure to do so may jeopardize your access to the RI policy processing system and your continued RIAIP certification.