

PENNSYLVANIA ASSIGNED RISK PLAN* PRODUCER CERTIFICATION APPLICATION

*hereinafter referred to as the "PA ARP" or "the Plan"

THIS FORM AND ALL NECESSARY DOCUMENTATION MAY BE FAXED TO PA ARP AT (401) 528-1409

PRINT IN INK OR TYPE APPLICATION

MAIL APPLICATION AND COPY OF LICENSE TO:

**PENNSYLVANIA ASSIGNED RISK PLAN
CERTIFICATION UNIT
302 CENTRAL AVENUE
JOHNSTON, RI 02919**

FOR PLAN USE	
PROCESSED BY AND DATE	
AFFILIATION #	

<u>CASUALTY INSURANCE AGENT/BROKER LICENSE NUMBER</u>	EXPIRATION DATE	TAX ID # (IF OTHER THAN INDIVIDUAL) OR SOCIAL SECURITY # (IF INDIVIDUAL)
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LAST NAME/OR AGENCY NAME (AS IT APPEARS ON PRODUCER'S LICENSE AND WILL APPEAR ON PLAN APPLICATIONS)	FIRST NAME	MI
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 D B A (If Applicable)

THE PRODUCER NAMED ABOVE IS A (CHECK ONE) INDIVIDUAL PERSON AGENCY
 BROKERAGE

CURRENT BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE
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MAILING ADDRESS (P.O. BOX)	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)	E-MAIL ADDRESS
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If this application is for an individual, give the names and license numbers of all producers and agencies of which you are an affiliate* or officer. (If necessary, use attached Supplemental Page.)

NAME OF ENTITY	LICENSE DESIGNATOR <input type="checkbox"/> IP <input type="checkbox"/> B <input type="checkbox"/> A	LICENSE #
NAME OF ENTITY	LICENSE DESIGNATOR <input type="checkbox"/> IP <input type="checkbox"/> B <input type="checkbox"/> A	LICENSE #

If this application is for an entity other than individual, give the name, license number and title of any agency Affiliate(s)* of this entity, any principals of this entity who are

NAME	LICENSE #	TAX ID # OF SOCIAL SECURITY # (IF INDIVIDUAL)
NAME	LICENSE #	TAX ID # OF SOCIAL SECURITY # (IF INDIVIDUAL)

Give the license number and tax identification number of all branch offices. (If necessary, use attached Supplemental Page.)

LICENSE #	DESIGNATOR (BO ONLY)	TAX IDENTIFICATION #
LICENSE #	DESIGNATOR (BO ONLY)	TAX IDENTIFICATION #

* An Affiliate is defined as:
 1. a certified producer who is listed as an officer or director of another certified producer
 2. a certified producer who directly or indirectly controls, or is controlled by, or under common control with, another certified producer.

PENNSYLVANIA ASSIGNED RISK PLAN

All Certified producers must maintain access to the internet – based Plan manual.

Do you have access to the internet based Plan manual? Yes No

If you answered "No", please visit our website at www.aipso.com/PlanSites/Pennsylvania.aspx, to subscribe to the electronic version of the PA ARP manual.

Please provide this application and a copy of your current Property and Casualty license to the PA ARP.

NOTE:

If this application is for an entity other than an individual person, each producer who completes and sign applications for the entity named on this application must be certified. These individual persons must complete and submit a separate Application for Certification.

If more than one office, submit a separate application for each location.

If you have any questions on the Pennsylvania Assigned Risk Plan Certification Program or the proper completion of this form, please contact Plan staff at (401) 946-2800.

If additional copies of this form are needed, this form may be photocopied.

DECLARATION

The applicant _____ declares that in

(APPLICANT'S NAME AS IT APPEARS ON REVERSE SIDE)

the event of certification as a producer of Plan business, the applicant will:

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.
2. comply with and perform all duties in accordance with the aforementioned Plan, Plan manual, notification and amendments and in addition, comply with any direction received from the Plan staff or Governing Committee or the Department of Insurance with reference thereto or with reference to any applicant for insurance under the Plan, any Plan insured, or any company under the Plan.
3. In the event the Producer violates or fails to perform any of the above undertakings, 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 or in connection with any insurance written through the Plan or renewals thereof. During such periods of suspension or revocation, the producer may not be entitled to commissions which would otherwise become due for insurance effective during said period and further agrees that the Plan staff or the Governing Committee as the case may be, may in connection with any violation or failure to perform on the part of the Producer, limit the number of applications or other Plan forms which may be issued to the Producer.
4. Any notice by the Plan or any of the Plan staff or the Governing Committee in connection with this subsection four (4) 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.

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

I (We) affirm that the statements made in the foregoing application are true and hereby subscribe thereto and that I (we) fully understand the declarations made in the DECLARATION section and I (we) agree thereto and subscribe thereto.

INDIVIDUAL PRODUCER

NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT/COMPANY OFFICER

In the event that this is an application of an entity other than an individual, all officers of the entity shall individually sign and subscribe to the foregoing application and declaration with the same force and effect as if each of the following persons was the applicant.

AGENCIES

PRINT PRINCIPAL NAME	SIGNATURE	TITLE	DATE
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**See Rules of Operation, Pennsylvania Producer Certification Program
for detailed instructions. (www.aipso.com/pa/producer.htm)**

SUPPLEMENTAL PAGE

This page may be photocopied if additional space is needed

<input type="checkbox"/> PRINCIPAL <input type="checkbox"/> BRANCH OFFICE <input type="checkbox"/> AFFILIATE	LICENSE #	DESIGNATOR <input type="checkbox"/> IP <input type="checkbox"/> A <input type="checkbox"/> B	PRINT NAME	TITLE
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