

**RHODE ISLAND AUTOMOBILE INSURANCE PLAN
SERVICE CENTER**

P.O. BOX 6530
PROVIDENCE, RHODE ISLAND 02940-6530
401-946-2600

**Request to Change Producer
Block Transfer**

From:

Current Producer: _____

Current Producer Tax ID Number: _____

Current Producer's Signature: _____

To:

New Producer: _____

New Producer Tax ID Number: _____

Effective Date of Change: _____

(NEW PRODUCER'S SIGNATURE MUST BE NOTARIZED)

I, _____ ACCEPT ALL DEBITS AND CREDITS PERTAINING
TO THE ABOVE BOOK OF BUSINESS.

Notary Signature: _____

Commission Expiration: _____

Managed by AIPSO

<https://www.aipso.com/plansites/rhodeisland.aspx>