

# RHODE ISLAND AUTOMOBILE INSURANCE PLAN SERVICE CENTER

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

## Request to Change Producer

Insured's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

\_\_\_\_ **Producer Change Mid Term**

\_\_\_\_ **Producer Change at Renewal** (Notary Signature not necessary)

### Insured's Section:

Please change my producer:

From: \_\_\_\_\_

To: \_\_\_\_\_ ID# \_\_\_\_\_

Date to be effective: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

### New Producer Section:

I, \_\_\_\_\_ accept all debits and credits pertaining to the above  
(Producer Name)  
policy.

New producer's signature: \_\_\_\_\_

New producer's ID# \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_

**Commission Expiration:** \_\_\_\_\_

Managed by AIPSO

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

