

RHODE ISLAND AUTOMOBILE INSURANCE PLAN ALTERNATE APPLICATION REPORT FORM

(FOR USE WHEN A PRODUCER IS UNABLE TO USE EASi)

SECTION 1. PRODUCER/APPLICANT INFORMATION

a.	Producer Name/Agency Name	Telephone Number (include area code)	Extension	
	Tax ID/Social Security Number	License Number		
	Mailing Address	City	State	Zip Code
b.	Applicant Name	Applicant's Date of Birth (mm/dd/yyyy)		
	Address	City	State	Zip Code

SECTION 2. DATE AND TIME ALTERNATE APPLICATION PROCEDURE WAS USED

Date: _____ Hour: _____ A.M. P.M.

SECTION 3. REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE WAS USED

- Unable to connect with the internet. Internet-ISP Service provider: _____
- Other service provider had technical difficulties (Specify difficulties in Section 4.) Service provider: _____
- Severe weather conditions affected access/transmit data. (Specify location in Section 4.)
- EASi website unavailable. Provide error message given. _____
- Computer difficulties (Specify difficulties in Section 4.)
- Other (Specify in Section 4.)

SECTION 4. SPECIFY REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE WAS USED (Include specific details regarding incident which prohibited use of EASi. If necessary, attach separate sheet of paper.)

SECTION 5. PRODUCER STATEMENT AND SIGNATURE

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. In the event the aforementioned information is found to be inaccurate, the agency/producer may be referred to the Plan Governing Committee and/or the Insurance Department for appropriate action.

Producer Signature

Date

SECTION 6. PRODUCER INSTRUCTIONS

Attach this form to the paper application completed for the aforementioned applicant and mail both forms to the Plan Office as required by Plan language.

PRIVATE PASSENGER, MOTORCYCLE, AND NAMED NON OWNER APPLICATION RHODE ISLAND AUTOMOBILE INSURANCE PLAN

SECTION 1. PRODUCER OF RECORD											
Producer Last Name/Agency Name						Producer First Name			MI		
Mailing Address					Ste./Apt. No.	City		State	Zip Code		
Tax ID or Social Security No.		Producer License No.			Telephone No. (Incl. area code)			Fax No. (Incl. area code)			
SECTION 2. APPLICANT/REGISTERED OWNER											
Last Name				First Name			MI	Telephone No. (Incl. area code)		Business Telephone No. (Incl. area code)	
Email Address											
Co-Applicant's Last Name (if applicable)				First Name			MI				
Primary Residence Street Address (Location at which applicant resides)					Ste./Apt. No.	City		State	Zip Code		
Mailing Address if different from above					Ste./Apt. No.	City		State	Zip Code		
SECTION 3. OPERATOR INFORMATION											
List all operators in household and any other drivers.											
Applicant and other Drivers	Relationship to Applicant	Applicant/Driver Use of each Vehicle*				Birth Date Mo./Day/Yr.	Sex M/F	**MS	***Driver's License No. or Permit No.	State	Date Licensed Mo./Day/Yr.
		No.1	No.2	No.3	No.4						
* Applicant/driver use of each vehicle: P-Principal, O-Occasional, NR-Not Rated **MS Marital Status: S-Single, M-Married, W-Widowed, D-Divorced, P-Separated, CU-Civil Union ***If not licensed, explain in Remarks Section											
Applicant's Occupation			Nature of Business				Employer's Name				
Street Address						City		State	Zip Code		
Driver 2 Occupation			Nature of Business				Employer's Name				
Street Address						City		State	Zip Code		
Driver 3 Occupation			Nature of Business				Employer's Name				
Street Address						City		State	Zip Code		
Driver 4 Occupation			Nature of Business				Employer's Name				
Street Address						City		State	Zip Code		
If the owner/applicant a licensed operator? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Driver Verification Form to this application.											

Staple check here:
➔

Send completed application with check/money order and required attachments to:

Rhode Island Automobile Insurance Plan
PO Box 6530
Providence, RI 02940-6530

SECTION 4. VEHICLE 1 – VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	CC	Vehicle Identification No.					
Registered Owner's Name			Registered Owner's Street Address (if leased, attach copy of lease agreement.)			City		State	Zip Code	
Purchased Mo./Yr	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	ACV (for camper bodies and trailers)	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business	<input type="checkbox"/> To Work /To School <input type="checkbox"/> Farm	Miles one way to work, school or transportation				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
Principal Street Address of Garaging (Street, City, State, Zip Code)				State Registered In	Territory	UMPD Territory	Rate Class	Points	Symbols	
									Comp	Coll.
Applicant's street address as it appears on registration, if different from Section 2										
SECTION 4. VEHICLE 2– VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	CC	Vehicle Identification No.					
Registered Owner's Name			Registered Owner's Street Address (if leased, attach copy of lease agreement.)			City		State	Zip Code	
Purchased Mo./Yr	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	ACV (for camper bodies and trailers)	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business	<input type="checkbox"/> To Work /To School <input type="checkbox"/> Farm	Miles one way to work, school or transportation				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
Principal Street Address of Garaging (Street, City, State, Zip Code)				State Registered In	Territory	UMPD Territory	Rate Class	Points	Symbols	
									Comp	Coll.
Applicant's street address as it appears on registration, if different from Section 2										
SECTION 4. VEHICLE 3 – VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	CC	Vehicle Identification No.					
Registered Owner's Name			Registered Owner's Street Address (if leased, attach copy of lease agreement.)			City		State	Zip Code	
Purchased Mo./Yr	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	ACV (for camper bodies and trailers)	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business	<input type="checkbox"/> To Work /To School <input type="checkbox"/> Farm	Miles one way to work, school or transportation				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
Principal Street Address of Garaging (Street, City, State, Zip Code)				State Registered In	Territory	UMPD Territory	Rate Class	Points	Symbols	
									Comp	Coll.
Applicant's street address as it appears on registration, if different from Section 2										
SECTION 4. VEHICLE 4 – VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	CC	Vehicle Identification No.					
Registered Owner's Name			Registered Owner's Street Address (if leased, attach copy of lease agreement.)			City		State	Zip Code	
Purchased Mo./Yr	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	ACV (for camper bodies and trailers)	<input type="checkbox"/> Pleasure <input type="checkbox"/> Business	<input type="checkbox"/> To Work /To School <input type="checkbox"/> Farm	Miles one way to work, school or transportation				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
Principal Street Address of Garaging (Street, City, State, Zip Code)				State Registered In	Territory	UMPD Territory	Rate Class	Points	Symbols	
									Comp	Coll.
Applicant's street address as it appears on registration, if different from Section 2										

SECTION 5. COVERAGES		As provided by the Rules of the Plan.			
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage		Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums
Careful Driver Rates Rates applied to: <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 <input type="checkbox"/> Veh. 4					
Bodily Injury Liability <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 Coverage applies to: <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 <input type="checkbox"/> Veh. 4					
Property Damage Liability <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 Coverage applies to: <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 <input type="checkbox"/> Veh. 4					
Medical Payments Coverage <input type="checkbox"/> \$2,500 OR <input type="checkbox"/> I reject Medical Payments Coverage X _____ (APPLICANT'S SIGNATURE)					
Physical Damage - Comprehensive - Deductibles: \$100 \$200 \$500 \$1,000 Veh. 1 Veh. 2 Veh. 3 Veh. 4					
Physical Damage - Collision - Deductibles: \$100 \$200 \$500 \$1,000 Veh. 1 Veh. 2 Veh. 3 Veh. 4					
Custom Equipment (other than original manufactured equipment) (Attach list.) Actual Cash Value above \$1,500 Veh. 1 Veh. 2 Veh. 3 Veh. 4					
Uninsured Motorist Bodily Injury (UMBI) (Per Policy) <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 OR <input type="checkbox"/> I Reject the limits of UMBI which would have been equal to the limits of BI and select the following: <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 X _____ (APPLICANT'S SIGNATURE) X _____ (OTHER NAMED INSURED'S SIGNATURE) If rejecting UMBI coverage, attach AIP-4556 UMBI Rejection Notice and Warning form.					
Uninsured Motorist Property Damage (UMPD) (\$25,000) (Per Vehicle) I accept UMPD Coverage for the following vehicle(s) <input type="checkbox"/> Veh.1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 <input type="checkbox"/> Veh. 4 <input type="checkbox"/> Other – Named Non-Owner I reject UMPD Coverage for the following vehicle(s) <input type="checkbox"/> Veh.1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3 <input type="checkbox"/> Veh. 4 <input type="checkbox"/> Other – Named Non-Owner X _____ (APPLICANT'S SIGNATURE)					
Other					
Estimated Total Premium per vehicle		\$	\$	\$	\$
Total Estimated Premium for vehicles 1 – 4		\$			
SECTION 6. FINANCIAL RESPONSIBILITY					
Is applicant or other eligible operator required to file evidence of financial responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver No. or Name	State where Filing required	Is minor filing required?	Explain in detail reason for filing (If necessary, use Remark's Section)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 7. PAYMENT PLANS

<input type="checkbox"/> Option 1 - Full Annual Premium <input type="checkbox"/> Option 2 - 30% Premium Deposit with Single Bill Balance* <input type="checkbox"/> Option 3 - Installment Premium Payments* <input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company**	Total Estimated Premium	\$
	Amount Submitted with Application	\$
	* An additional installment fee will be added to each subsequent installment ** Attach a copy of Premium Finance contract.	

SECTION 8. INSURANCE RECORD

Has applicant had insurance in the past? No Yes If "Yes", complete the following.

Name of applicant's latest carrier	Policy No.	Termination Date
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was 3 year assignment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", give reason terminated.
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give name of insurer.	Policy No.

SECTION 9. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? Yes No If "Yes", complete the following. (If necessary, use Remarks Section.)

Name of Operator	Accident Date Mo./Day/Yr.	Place of Accident		Bodily Injury or Death <input type="checkbox"/> Yes <input type="checkbox"/> No	Prop. Damage Amount \$
		Town	State		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

If the answer to any of the following is Yes, check "Yes" box and give date of accident.

1. Applicant's motor vehicle lawfully parked.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of Accident(s) _____
2. Damaged by "Hit-and-Run" Driver and accident reported to police within 24 hours from time of accident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Court judgement declaring operator of other vehicle involved 50% or more negligent or reimbursement of 50% or more of insured's damages from owner or operator of other vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Other person involved in accident was convicted. Applicant or operator was not convicted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Driving a bus for RIPTA, a private or municipal school bus company or as a commercial vehicle operator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Driving a law enforcement agency vehicle, fire truck or ambulance on emergency call.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

SECTION 10. CONVICTIONS Motor Vehicle and Non-Motor Vehicle

Has the applicant or anyone who usually drives the applicant's motor vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? Yes No If "Yes", complete the following. (If necessary, use Remarks Section.)
 NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Place of Conviction	
				Town	State
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 11. DISCOUNTS AND CREDITS

Discounts and Credits by Operator	Accident Prevention Discount *	Driver Training Credit **
Operator 1	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Operator 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Operator 3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Operator 4	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* If "Yes", attach completion certificate.
 ** If "Yes", attach original six hour behind the wheel certificate.

Discounts and Credits by Vehicle	Anti-Theft Device Alarm only *	Anti-Theft Device Active *	Anti-Theft Device Passive *	Auto Recovery Device *
Vehicle 1	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 4	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* If "Yes", attach documentation.

SECTION 12.

I understand that the requested collision and/or comprehensive coverage for my auto will not be effective unless the vehicle is properly registered to me at the time of loss, as required by the provisions of the Rhode Island Automobile Insurance Plan and the policy contract.

X _____ Date: _____
(Applicant's Signature)

THIS SECTION MUST BE SIGNED OR NO PHYSICAL DAMAGE COVERAGE WILL BE PROVIDED.

SECTION 13. NON-OWNER

Complete if application is for a non-owner policy.

Applicant elects coverage for vehicles furnished or available for regular use. Yes No

Operator 1	Type of vehicle that will be operated. <input type="checkbox"/> Priv Pass <input type="checkbox"/> Comm <input type="checkbox"/> Taxi/Bus <input type="checkbox"/> Other (describe) _____
	Will vehicle be operated in applicant's occupation or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is vehicle owned by applicant or member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator 2	Type of vehicle that will be operated. <input type="checkbox"/> Priv Pass <input type="checkbox"/> Comm <input type="checkbox"/> Taxi/Bus <input type="checkbox"/> Other (describe) _____
	Will vehicle be operated in applicant's occupation or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is vehicle owned by applicant or member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator 3	Type of vehicle that will be operated. <input type="checkbox"/> Priv Pass <input type="checkbox"/> Comm <input type="checkbox"/> Taxi/Bus <input type="checkbox"/> Other (describe) _____
	Will vehicle be operated in applicant's occupation or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is vehicle owned by applicant or member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator 4	Type of vehicle that will be operated. <input type="checkbox"/> Priv Pass <input type="checkbox"/> Comm <input type="checkbox"/> Taxi/Bus <input type="checkbox"/> Other (describe) _____
	Will vehicle be operated in applicant's occupation or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is vehicle owned by applicant or member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Insurance Company providing liability coverage. _____
	Is applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 14. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

This application having been completed and duly executed, shall be evidence of insurance in the limits and coverages specified, subject to the following conditions.

1. The producer forwards this application to the Plan, no later than the second working day after the application is completed.
2. This evidence of automobile insurance is to be effective for a period not to exceed 30 days from the effective date and time stated herein. Coverages under this evidence of insurance will terminate immediately upon: (a) The issuance of the policy applied for, (b) The issuance of any policy affording similar insurance, or (c) The cancellation of the coverage of insurance afforded hereunder in accordance with the rules of the Automobile Insurance Plan.
3. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
4. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the rules of the Automobile Insurance Plan.

NOTE: The effective date of coverage will be determined in accordance with Plan rules.

Requested Effective Date and Time:

Example: 11/01/2016 01:30 PM

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

PRODUCER OF RECORD STATEMENT: I do hereby certify that I am a licensed broker/agent of the State of Rhode Island. I have read the Rhode Island Automobile Insurance Plan, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant and will supply the applicant with a copy of this application. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium. I further certify this application is submitted pursuant to the effective date provisions contained in the Rhode Island Automobile Insurance Plan.

_____ Date: _____ Hour: _____ A.M. P.M.
(Producer's Signature)

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

NEW YORK/VERMONT CONSENT FORM AND WHERE APPLICABLE BY STATE LAW

Each individual listed below authorizes the Rhode Island Automobile Plan Service Center to obtain information on his/her driving record for this application and any subsequent renewal. It is understood that the information contained in this consumer/credit report(s) will be used solely for underwriting purposes and may have a direct bearing on the insurance premium. Upon request, the Rhode Island Service Center will inform the applicant whether or not a consumer/credit report(s) was requested and provide the applicant with the name and address of the reporting agency.

(Driver 1 Signature)

(Driver 2 Signature)

(Driver 3 Signature)

(Driver 4 Signature)

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SECTION 15. APPLICANT'S STATEMENT

I declare and certify that:

1. I have tried and failed to obtain automobile insurance in this state within the preceding 60 days.
2. To the best of my knowledge and belief all statements contained in this application are true and these statements are offered as an inducement to the Company to issue the policy.
3. I realize that any misleading information or failure to disclose required information will not be considered good faith on my part and will prejudice my application for insurance.
4. I understand that the premium indicated in Section 5 of this application is an estimated premium and may be subject to modification.
5. I hereby agree to pay all premiums when due.
6. I do not owe any insurance company for automobile premiums due during the immediately preceding 12 months.
7. I understand and agree that if I owe earned premium to a company for prior RIAIP coverage and I am reassigned to that same company, the assigned company may: (a) apply my deposit premium to that outstanding balance prior to applying my deposit premium to this new application and bill me or send a notice of cancellation for any additional deposit needed on this application or, (b) return this application and deposit without providing any coverage if my deposit is in the form of a premium finance company check.
8. I further understand and agree that if my deposit premium is insufficient to cover the outstanding earned premium for prior coverage the assigned company may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.
9. I designate as producer of record for this insurance, the producer, or firm named in this application. I understand he/she is not acting as an agent of any insurance company or the Rhode Island Automobile Insurance Plan for the purpose of this insurance. However, said producer of record as a licensed producer has the authority to submit this application through the Rhode Island Automobile Insurance Plan on my behalf.
10. I understand that no insurance will be afforded with respect to any defective glass or any damaged condition.
11. I acknowledge that the vehicle(s) listed on this application may be subject to inspection by the Rhode Island Automobile Insurance Plan or its designee.
12. I understand that, if Section 12. of this application is not fully completed according to Plan rules, no physical damage coverage will be afforded until Section 12. is completed.
13. I understand that the registration requirement for physical damage coverage applies to any subsequent vehicle addition or replacement.
14. **I agree that no coverage will be in effect if the premium remittance which accompanies this application is justifiably dishonored by any financial institution.**
15. I understand that if my installment, additional premium or renewal check is justifiably dishonored by the bank, I will be billed for the resulting bank fee incurred.
16. I authorize the Rhode Island Service Center to perform a RI Department of Motor Vehicle online status check of the current status of my driver's license information.

(Applicant's Signature) Date: _____ Hour: _____ A.M. P.M.

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 30 days, contact the Plan at 401-946-2600.

REMARKS SECTION

ATTACHMENTS

Did you remember to sign the application where required and include the following, if applicable?

- If UMBI coverage is rejected, form AIP-4556 must be **signed BY NAMED INSURED AND SPOUSE** (if applicable) and the liability limits must be no more than 25,000/50,000.
- If Medical Payments or UMPD coverages are rejected, the appropriate rejections **must be signed by the APPLICANT.**
- Copy of Premium Finance Contract.
- The producer must sign and date the application.
- The insured must sign and date the application.
- The insured must sign the appropriate consent form on page 6 of this application.
- If physical damage coverage is requested, the insured must sign Sections 12.
- If an operator is not licensed in RI for three years, but was licensed in another state, the prior license number and state issued must be provided.
- If the insured has a permit, the information on a duly licensed operator must be provided.
- If the owner/applicant is not a licensed operator, form AIP 4608, Driver Verification Form, must be completed.
- Copy of Foreign Driver's License.
- Copy of International Driving Permit, or other acceptable English translation of the foreign license.