



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us**

**FAX No. (401) 222-5475
TDD No. (401) 222-2999**

CHANGE OF ADDRESS AND/OR NAME FORM

PLEASE CHECK ONE:

- Producer**
- Adjuster**
- Appraiser**
- Surplus Line**
- Title**

NAME (FIRST, MIDDLE INITIAL, LAST) _____

Rhode Island License Number _____

NEW RESIDENT ADDRESS INFORMATION

**STREET ADDRESS _____
_____**

City, State, Zip _____

Resident Tel. No. _____

NEW EMPLOYER NAME AND ADDRESS INFORMATION

EMPLOYER NAME _____

BUSINESS ADDRESS _____

P.O. BOX _____

CITY, STATE, ZIP _____

BUS. TEL. NO. _____

MAILING ADDRESS SHOULD BE (Please check)

- Resident Address***
- Business Address***

****Note: If a duplicate license is required the fee is \$25.00 and must be included with this form and the check should be made payable to "General Treasurer, State of Rhode Island. You can choose to subscribe to the Online Licensee Service (OLS) by accessing our website at www.dbr.state.ri.us.**