

# CHANGE OF ADDRESS AND/OR NAME FORM FOR ADJUSTER & APPRAISER ONLY

**\*The Insurance Division would prefer you to email your change.**

**Email: [Leeann.Desilets@dbr.ri.gov](mailto:Leeann.Desilets@dbr.ri.gov) Insurance Division Fax #: 401-462-9602.**

PLEASE CHOOSE:

- Name Change
- Address Change
- DHS- Designated Home State Change
- Adjuster
- Appraiser

DHS: \_\_\_\_\_

Name: \_\_\_\_\_ RI License # \_\_\_\_\_

## **Name Change:**

*\*Send name change documentation with address form.*

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

## **New Resident Address:**

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## **New Business Address:**

Employer Name \_\_\_\_\_

Business Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

*MAILING ADDRESS SHOULD BE (Please check)*

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