



# State of Rhode Island and Providence Plantations

## Consent to Service of Process

Insurer Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_

The entity named above, organized under the laws of \_\_\_\_\_, for purposes of complying with the laws of Rhode Island relating to the conduct of an insurance business within Rhode Island, pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the required agent so designated in Exhibit A hereunder as its attorney in Rhode Island upon whom may be served any notice, process or pleading, in accordance with R.I. Gen. Laws § 27-3-41, in any action or proceeding against it in Rhode Island; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within Rhode Island; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in Rhode Island. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

### Applicant Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all of the forgoing is true and correct, executed at \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Full Legal Name of President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Full Legal Name of Secretary

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**Exhibit A**

State \_\_\_\_\_ Name of Surplus Lines Broker or R.I. Representative :\* \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_

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

\* Please note that the appointment must be an individual residing in Rhode Island. An entity or the insurance commissioner is not acceptable for Surplus Lines Insurers. In addition, written acknowledgement from the individual must be submitted with this form.