



Department of Business Regulation
1511 Pontiac Avenue, Bldg. 69-2
Cranston, RI 02920

Insurance Bulletin Number 2010-4

Updates to Emergency Company Contact and Placard Information

In accordance with [Insurance Bulletin 2009-4](#), all Property and Casualty Insurers (including surplus lines and workers' compensation insurers) licensed or approved to do business in RI were required to register Emergency Company Contact and Vehicle Placard information with this Department. The Bulletin did not apply to monoline financial guaranty, mortgage guaranty, title, fidelity and surety, and medical malpractice insurers.

The purpose of this Bulletin is to inform insurers that a yearly registration of emergency company contacts and/or placards is not required. The insurer is required to submit the form **ONLY** if there has been a change in emergency company contact information and/or to order additional placards.

Emergency company contact registration and placard purchases are no longer available online. To update emergency company contact information and/or to order additional placards, please complete the emergency company contact and vehicle placard form provided below and e-mail to Rosanne Pasquale at Rosanne.Pasquale@dbri.gov. If ordering additional placards, please mail the completed form along with a check made payable to the General Treasurer, State of RI, to the attention of Rosanne Pasquale, 1511 Pontiac Avenue, Bldg 69-2, Cranston RI 02920.

Joseph Torti III
Superintendent of Insurance
July 19, 2010

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation

INSURANCE DIVISION

1511 Pontiac Avenue, Bldg. 69-2

Cranston RI 02930

Telephone No. (401) 462-9520

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TDD No.

Change in Emergency Company Contact and Vehicle Placard Information

This form is required ONLY if there has been a change in emergency company contact information and/or to order vehicle placards. As noted in Insurance Bulletin 2010-4, a yearly filing is not required.

Insurer Name: _____

NAIC Company Code (if applicable): _____

Primary Contact Person

Name: _____

E-Mail Address: _____

Landline Telephone Number and extension if any: _____

Cellular Telephone Number and extension if any : _____

Satellite Telephone Number (optional) and extension if any: _____

Alternate Contact Person

Name: _____

E-Mail Address: _____

Landline Telephone Number and extension if any: _____

Cellular Telephone Number and extension if any: _____

Satellite Telephone Number (optional) and extension if any: _____

Total Number of Vehicle Placards Requested:

Total Cost: # of Placards requested @ \$5.00 each = _____

Please make check made payable to General Treasurer, State of RI.

Name and Address where Placards should be sent:

Completed by: _____

Date: _____