

APPLICATION FOR REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE (EASi) WEST VIRGINIA AUTOMOBILE INSURANCE PLAN

PRINT IN INK OR TYPE APPLICATION

| | | | |
|---|----------------------------------|-------------------------------|-----------------------|
| MAIL APPLICATION AND COPY OF LICENSE TO: West Virginia Automobile Insurance Plan P.O. Box 6530 Providence, RI 02940-6530 | | FOR PLAN USE | |
| | | RECEIVED | PROCESSED BY AND DATE |
| | | USER IDENTIFICATION CODE | |
| INSURANCE AGENT/BROKER LICENSE NUMBER | EXPIRATION DATE | TAX ID # OR SOCIAL SECURITY # | |
| LAST NAME/OR AGENCY NAME (AS IT APPEARS ON PRODUCER'S LICENSE) | | FIRST NAME | MI |
| DBA (AS IT APPEARS ON PRODUCER'S LICENSE) | | | |
| STREET ADDRESS (REQUIRED) | CITY | STATE | ZIP CODE |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
| TELEPHONE NUMBER (INCLUDING AREA CODE) | FAX NUMBER (INCLUDING AREA CODE) | | |
| E-MAIL ADDRESS | | | |
| <p>REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE SHALL NOT BE CONSTRUED AS CONSTITUTING THE PRODUCER NAMED ABOVE AS AN AGENT OF THE WEST VIRGINIA AUTOMOBILE INSURANCE PLAN OR ANY COMPANY TO WHICH AN APPLICANT IS ASSIGNED. IN ALL TRANSACTIONS BETWEEN THE PRODUCER AND THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN OR ANY COMPANY TO WHICH THE APPLICANT IS ASSIGNED.</p> <p>IF YOU HAVE ANY QUESTIONS ON THE WEST VIRGINIA AUTOMOBILE INSURANCE PLAN REGISTRATION PROGRAM OR THE PROPER COMPLETION OF THIS FORM, PLEASE CONTACT CUSTOMER SERVICE AT (888) 820-0170. FAILURE TO INCLUDE A LICENSE COPY WILL RESULT IN THE RETURN OF YOUR APPLICATION. IF ADDITIONAL COPIES OF THIS APPLICATION FORM ARE NEEDED, THIS FORM MAY BE PHOTOCOPIED.</p> <p style="text-align: center;">APPLICANT'S DECLARATION</p> <p>THE APPLICANT NAMED ABOVE, OR THEIR REPRESENTATIVE, DECLARES THAT IN THE EVENT OF REGISTRATION AS A PRODUCER WHO MAY ACCESS EASi AND ELECTRONICALLY TRANSMIT WEST VIRGINIA AUTOMOBILE INSURANCE PLAN APPLICATIONS, THE APPLICANT WILL COMPLY WITH ALL PLAN RULES AND REGULATIONS. ADDITIONALLY, THEY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THE COPY OF THE LICENSE IS AS ISSUED BY THE WEST VIRGINIA INSURANCE DEPARTMENT. ANY MISREPRESENTATION OF MATERIAL INFORMATION OR ALTERATION OF THE LICENSE WILL RESULT IN THIS REGISTRATION BEING DECLARED INVALID.</p> | | | |
| SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE | | PRINTED NAME | DATE |
| PRODUCER REMARKS | | | |

FOR FASTER SERVICE, THIS FORM & COPY OF LICENSE MAY BE FAXED TO WEST VIRGINIA PLAN AT 800-516-1923.
AIP 4867 rev 3/15