

State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
Division of Insurance
233 Richmond Street
Providence, RI 02903

INSURANCE REGULATION 70

INSURANCE COMPANY LICENSING NOTIFICATION PROGRAM

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~~Section 1~~ — Purpose

~~The purpose of this Regulation is to establish a procedure whereby insurance producers, agents, brokers, and solicitors licensed in Rhode Island may ascertain whether a company is licensed or approved to do business in this state. This certification program is promulgated in accordance with R.I. Gen. Laws §§ 27-3-49 and 42-14-17.~~

~~Section 2~~ — Procedure

~~Insurance producers may inquire of the Insurance Division of the Department of Business Regulation during normal business hours by telephonic, written or facsimile communication in form similar to Exhibit A attached to and made a part of this Regulation and receive written confirmation via United States mail service or facsimile that an insurance company is a licensed carrier or an approved surplus lines carrier and whether the insurance company is permitted to transact the proposed line of business. No fee shall be assessed for this procedure.~~

EFFECTIVE DATE:	August 17, 1993
AMENDED:	None
REFILED:	January 2, 2002
REPEALED:	April 15, 2009

~~EXHIBIT A~~

~~(Agency Letterhead)~~

~~Insurance Commissioner
Department of Business Regulation
233 Richmond Street
Providence, RI 02903-4233~~

~~Dear Commissioner:~~

~~In accordance with Insurance Regulation 70 and R.I. Gen. Laws § 27-3-49, please advise the licensing and authority of:~~

~~[INSURANCE COMPANY NAME].~~

~~The line of business of the insurance proposed is:~~

~~[LINE OF BUSINESS].~~

~~Sincerely,~~

~~[Agent Requesting Certification]~~

~~The company referenced above is/is not an authorized and licensed insurance carrier and is/is not an approved surplus lines carrier in the State of Rhode Island.~~

~~Date of admission or approval of the insurance company was: _____.~~

~~The company does/does not possess authority for the above-referenced line of business.~~

~~IN WITNESS WHEREOF, I hereunto set my hand and affix the official seal of this Department this ____ day of _____ 19 ____.~~

~~_____
Insurance Commissioner~~