



State of Rhode Island
Department of Business Regulation
Insurance Division

Surplus Lines Insurer Information Form

Company Name _____
NAIC Number _____ FEIN _____
NAIC Group Name _____ Group Number _____
Date of Incorporation _____ Website Address _____
Main Telephone Number _____ Toll Free or Collect Number _____

Statutory Home Office Address _____

Main Administrative Office Address _____

Mailing Address _____

Annual Statement Contact Person _____

Surplus lines insurers must also appoint primary and alternate emergency contact individuals to serve as the primary conduit between the insurers and the Department before, during and after a catastrophic event, using the form included in [Insurance Bulletin 2010-4](#).

To update the company's Service of Process Contact, please submit an [NAIC Consent to Service of Process form](#), along with a letter which indicates that the appointed individual has agreed to act in this capacity. For surplus lines carriers, the agent for service of process cannot be the Rhode Island Insurance Commissioner. The insurer must appoint an individual residing in Rhode Island to act in this capacity.

Form Completed By: _____ Email: _____ Date: _____