



Department of Business Regulation

Insurance Division

1511 Pontiac Avenue, Bldg. 69-2

Cranston, Rhode Island 02920

Insurance Bulletin Number 2023-1

Emergency Contact and Placard Information Property & Casualty Insurers

This Bulletin is being issued to replace Bulletins 2009-4 and 2010-4, which have been revoked.

The Department, in conjunction with the RI Emergency Management Agency (RIEMA), members of the Governor's Insurance Council, and the State Police have worked together to formulate an emergency adjuster access and coordination plan ("Plan") to implement when a catastrophic event is declared in RI.

In accordance with the Plan, the Department requires all Property & Casualty insurers, (including surplus lines and workers' compensation insurers) upon being licensed or approved to do business in this State, to provide the Department with the name, e-mail address, landline, mobile telephone, and satellite number (optional) of the designated Primary Contact Person ("PCP"). This Bulletin does not apply to monoline financial guaranty, mortgage guaranty, title, fidelity and surety, and medical malpractice insurers. The insurer shall also designate an Alternate Contact Person ("ACP") in the event the PCP is not available. This individual will serve as the primary conduit between the insurer and the Department before, during, and after a catastrophic event. The PCP and ACP should have the authority to assist and provide information to the Department at all times during such an event.

The Department will make every effort to issue Bulletins before, during and after a disaster declaration in Rhode Island to offer guidance and assistance to the industry regarding the catastrophe. In the event of extended power outages, efforts to reach the PCP will be made via mobile phone. The Department can be contacted regarding catastrophic events in RI via email at dbr.insurance@dbr.ri.gov.

Included within the Plan is a Vehicle Identification Placard system that will allow vehicle access into disaster areas for vehicles carrying insurance company personnel. Insurance company and independent adjusters will be required to carry proper company identification (photo ID or authorization to represent the insurer on company letterhead) to gain access to disaster areas during the emergency phase. Insurers must provide the Department with the total number of Vehicle Placards needed for vehicle access in the event a disaster is declared in RI. The cost per placard is \$5.00. Insurers that are members of a Group must provide Emergency contact information for each insurer, however, only one insurer within the group is required to order placards on behalf of the group. It is the insurers duty to maintain records of assignments of placards and to notify the Department immediately of any missing placards or updated contact information.

To update emergency company contact information, please complete the emergency

company contact and vehicle placard form provided below and e-mail to dbi.insurance@dbi.ri.gov. 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 or to order additional placards. If ordering additional placards, please mail the completed form along with a check made payable to the General Treasurer, State of RI, to the Department of Business Regulation Insurance Division, 1511 Pontiac Avenue, Bldg 69-2, Cranston RI 02920.

When ordering new placards, the attached form must be completed in its entirety. While a company can select to order zero placards, the Department encourages all Property & Casualty insurers to order at least 5. However, as previously noted, only one insurer within a group is required to order placards on behalf of the group.

Elizabeth Kelleher Dwyer
Superintendent of Insurance
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STATE OF RHODE ISLAND
Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Avenue, Bldg. 69-2
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**Emergency Company Contact and Vehicle Placard
Information Form**

This form is required ONLY if there has been a change in emergency company contact information and/or to order vehicle placards. A yearly filing is not required.

Insurer Name: _____
NAIC Company Code: _____
FEIN Number: _____

Primary Contact Person: Name: _____
E-Mail Address: _____
Landline Telephone Number: _____
Cellular Telephone Number: _____
Satellite Telephone Number (optional): _____

Alternate Contact Person: Name: _____
E-Mail Address: _____
Landline Telephone Number: _____
Cellular Telephone Number: _____
Satellite Telephone Number (optional): _____

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 (All placards will be sent to one address.):

Completed by: _____
Date: _____