



Department of Business Regulation

Insurance Division
1511 Pontiac Avenue, Bldg. 69-2
Cranston, RI 02920

Portable Electronics Vendor / Supplemental Application

In addition to an application and fee submitted electronically via www.NIPR.com, all Portable Electronics Vendors are required to submit this supplemental application via email to dbr.inslic@dbr.ri.gov.

Entity Name: _____
NIPR Transaction Number: _____

A list of "Location(s) at which portable electronic insurance is offered to customers" is required. **Please send a list of locations along with this completed supplemental application and check here to confirm the list is attached.**

Complete the information below for the statutorily required "Designated Responsible Individual" (name) _____
(title) _____
(SSN) _____

Does the vendor derive more than 50% of revenue from the sale of portable electronics insurance? (choose one) YES or NO If YES, complete the below information for all officers, directors, and shareholders of record having beneficial ownership of ten percent (10%) or more of any class of securities registered under the federal securities law.

(name) _____
(title) _____
(SSN) _____
Owner? YES or NO

(name) _____
(title) _____
(SSN) _____
Owner? YES or NO

Please check here if you have attached a separate list for all officers, directors, and shareholders.

Provide the "Location of the applicant's home office" below:

Name of person who completed this form: _____ Date: _____