



Department of Business Regulation

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

Portable Electronics Vendor / Renewal Supplemental Application

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

RI License Number: _____

Entity Name: _____

NIPR Transaction Number: _____

“Location at which portable electronic insurance is offered to customers” (choose one)

Remains unchanged:

Updated list attached:

“Designated Responsible Individual” (choose one option below)

Remains unchanged:

Please change to:

(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, then please 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) _____

(name) _____

(title) _____

(SSN) _____

Owner? YES or NO

Please check here if you are including a separate list for all officers, directors, and shareholders with this supplemental application.

“Location of the applicant’s home office”(choose one option below)

Remains unchanged:

Please change to:

Name of person who completed this form: _____

Date: _____