



Department of Business Regulation

Insurance Division

1511 Pontiac Avenue, Bldg. 69-2

Cranston, Rhode Island 02920

Insurance Bulletin Number 2018-5

Forms for compliance with 230-RICR-20-05-5

The following forms are designated for use in compliance with [230-RICR-20-05-5](#) – Preinspection of Private Passenger Motor Vehicles:

FORM A

INSURANCE COMPANY LETTERHEAD OR INSPECTION SERVICE LETTERHEAD

_____ Date of Inspection	_____ Time of Inspection _____ AM _____ PM	_____ Insurance Company Name	_____ Insured's Policy Number	_____ Number of Photos
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_____ Insured's Name	_____ Insured's Address	_____ Telephone No.
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_____ Inspector's Name	_____ Inspection Site Name and Address	_____ Telephone No.
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Year: _____	<u>Style</u>	<u>Color</u>	<u>Interior</u>
Make: _____	<input type="checkbox"/> 2 Dr <input type="checkbox"/> SUV	_____	<input type="checkbox"/> Cloth <input type="checkbox"/> Leather
Model: _____	<input type="checkbox"/> 4 Dr <input type="checkbox"/> Van/Minivan		<input type="checkbox"/> Vinyl <input type="checkbox"/> Color
	<input type="checkbox"/> Coupe <input type="checkbox"/> Hatchback		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____		

_____ Odometer Reading	_____ Principal Place of Garaging	_____ Vehicle Identification Number and Location	_____ License Plate No. and State
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ACCESSORIES AND OPTIONAL EQUIPMENT

Describe: _____

cc: Insurance Company
Producer of Record

FORM A (Con't)
PHOTOGRAPHS OF VEHICLE (MUST BE COLOR PHOTOS)

ATTACH AT LEAST TWO (2) COLOR PHOTOGRAPHS OF THE AUTOMOBILE TAKEN FROM THE FRONT AND PASSENGER SIDE AND THE REAR AND DRIVER SIDE. ALSO ATTACH CLOSE-UP PHOTO OF THE EPA STICKER FROM THE DRIVER'S SIDE DOOR JAMB.

PHYSICAL CONDITION OF VEHICLE
 (CHECK DAMAGED AREAS OR AREAS IN POOR CONDITION AND DESCRIBE BELOW)

DAMAGED	RUSTED		DAMAGED
<input type="checkbox"/>	<input type="checkbox"/>	FRONT BUMPER	<input type="checkbox"/> WINDSHIELD
<input type="checkbox"/>	<input type="checkbox"/>	LEFT FRONT FENDER	<input type="checkbox"/> LEFT FRONT SIDE GLASS
<input type="checkbox"/>	<input type="checkbox"/>	LEFT FRONT DOOR	<input type="checkbox"/> RIGHT FRONT SIDE GLASS
<input type="checkbox"/>	<input type="checkbox"/>	LEFT REAR DOOR	<input type="checkbox"/> LEFT REAR SIDE GLASS
<input type="checkbox"/>	<input type="checkbox"/>	LEFT REAR QUARTER PANEL	<input type="checkbox"/> REAR WINDOW
<input type="checkbox"/>	<input type="checkbox"/>	REAR BUMPER	<input type="checkbox"/> REARVIEW MIRROR
<input type="checkbox"/>	<input type="checkbox"/>	REAR DOOR/TRUNK LID	<input type="checkbox"/> WHEEL COVERS
<input type="checkbox"/>	<input type="checkbox"/>	RIGHT REAR QUARTER PANEL	<input type="checkbox"/> WORN/TORN OR SOILED
<input type="checkbox"/>	<input type="checkbox"/>	RIGHT REAR DOOR	INTERIOR
<input type="checkbox"/>	<input type="checkbox"/>	RIGHT FRONT DOOR	<input type="checkbox"/> OTHER DAMAGE OR
<input type="checkbox"/>	<input type="checkbox"/>	RIGHT FRONT FENDER	RUST (LIST)
<input type="checkbox"/>	<input type="checkbox"/>	HOOD PANEL	_____
<input type="checkbox"/>	<input type="checkbox"/>	ROOF PANEL	_____
<input type="checkbox"/>	<input type="checkbox"/>	GRILL	_____

() CHECK HERE IF NO EXISTING DAMAGE, RUST, OR MISSING PARTS

DESCRIBE EXISTING DAMAGES OR RUST:

LIST ANY MISSING PARTS:

DESCRIBE ANY ALTERATIONS FROM FACTORY DESIGN:

The above is a true statement of any existing damage, rust, or missing parts as of the date of this inspection. I certify that this inspection report is true and complete and that I have seen and photographed the vehicle identified above.

Date: _____ Inspector's Signature: _____

Name and Address of Person Presenting Vehicle for Inspection	Signature	Relationship to Insured
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cc: Insurance Company
 Producer of Record

FORM B

NOTICE OF MANDATORY PRE-INSURANCE INSPECTION REQUIREMENT

(THIS IS NOT A SAFETY INSPECTION)

IMMEDIATE ACTION REQUIRED TO AVOID LOSS OF INSURANCE COVERAGE

DATE OF MAILING

Name of Insured: _____

Effective Date of Coverage _____

Address: _____

Inspection Must be
Completed by: _____

Policy Number: _____

Dear Policyholder,

This will confirm coverage for Physical Damage Coverage on your:

	YEAR	MAKE	MODEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please disregard this notice if you have already had your car inspected.

This notice will also serve as a reminder that the above described car(s) must be inspected by the date indicated above, or your Physical Damage Coverage will be suspended effective 12:01 a.m. on _____.

Date

I further understand that if Physical Damage Coverage is suspended, unless I return the enclosed rejection of uninsured motorist coverage for loss resulting from damage to property by the cancellation date, such coverage will be added in accordance with R.I. Gen. Laws § 27-7-2.1(b) and the premium will be adjusted accordingly.

If you have your car inspected after the above deadline your Physical Damage Coverage will only be restored after your car has been inspected and the adjusted premium due for the Physical Damage Coverage has been paid. At the time Physical Damage Coverage is restored, uninsured motorist coverage for loss resulting from damage to property will be terminated and the premium adjusted accordingly, unless you choose to purchase that coverage. You will have no Physical Damage Coverage for any physical damage loss that occurs during the suspension period.

FOR FURTHER INFORMATION PLEASE CALL:

Name and Phone Number of Company Representative

Very truly yours,

cc: Insurance Company
Producer of Record

FORM C

(COMPANY LETTERHEAD)

NOTICE OF SUSPENSION OF PHYSICAL DAMAGE COVERAGE

YOU ARE NO LONGER INSURED FOR PHYSICAL DAMAGE TO YOUR CAR

DATE OF MAILING

Name of Insured: _____
Address: _____

Effective Date of Coverage _____

Policy Number: _____

Dear Policyholder

The vehicle(s) listed below is (are) no longer covered for Physical Damage Coverage:

	YEAR	MAKE	MODEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DATE OF COVERAGE WAS REQUESTED _____
DATE OF COVERAGE WAS SUSPENDED _____

The Physical Damage Coverage indicated above, has been suspended on the vehicle(s) described, effective 12:01 a.m. on the suspension date. Such coverage has been suspended due to your failure to comply with Regulation 77, as required by R.I. Gen. Laws § 27-10.1-10.

If your coverage has been suspended for more than ten (10) days, you will receive a premium adjustment (return premium or credit) for the suspended coverage(s) within forty-five (45) days from the date of suspension. Unless you have rejected in writing uninsured motorist coverage for loss resulting from damage to property by the suspension date, such coverage will be added and the premium will be adjusted accordingly.

The Physical Damage Coverage(s) will be restored when you have your vehicle(s) inspected and the adjusted premium due for such coverage(s) has been paid. At the time Physical Damage Coverage is restored, uninsured motorist coverage for loss resulting from damage to property will be terminated and the premium adjusted accordingly, unless you choose to purchase that coverage.

INSURER REPRESENTATIVE

PHONE NUMBER

cc: Producer of Record
Lienholder

FORM D

ACKNOWLEDGMENT OF REQUIREMENT FOR PRE-INSURANCE INSPECTION

(THIS IS NOT A SAFETY INSPECTION)

Name of Insured or Applicant: _____ Effective Date of Coverage _____
Address: _____
_____ Inspection Must be Completed by _____

VEHICLES TO BE INSPECTED

	YEAR	MAKE	MODEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By my signature below, I certify that I have been informed that my vehicle(s) which is (are) being insured for Physical Damage Coverage must be inspected by a representative of the insurer. This inspection must be completed within ten (10) business days after the effective date of coverage, and in no event later than the date shown above to avoid a suspension in coverage.

I understand that failure to submit to the required inspection(s) will result in the suspension of Physical Damage Coverages as of 12:01 a.m. of the day following the date by which the inspection must be completed, as shown above. I further understand that if Physical Damage Coverage is suspended, unless I return the enclosed rejection of uninsured motorist coverage for loss resulting from damage to property by the cancellation date, such coverage will be added in accordance with R.I. Gen. Laws § 27-7-2.1(b) and the premium will be adjusted accordingly.

I understand that if Physical Damage Coverage is suspended it will be restored only after the inspection has been completed and the adjusted premium due for such coverage(s) has been paid. . At the time Physical Damage Coverage is restored, uninsured motorist coverage for loss resulting from damage to property will be terminated and the premium adjusted accordingly, unless you choose to purchase that coverage.

Signature of Insured or Applicant: _____ Date: _____

Signature of Producer or Insurance Company Representative: _____ Date: _____

Name, Address and Telephone Number of
Producer or Insurance Company Representative
Completing This Form:

INSURED/APPLICANT MUST RECEIVE A COMPLETED COPY OF THIS FORM

cc: Insurance Company
Producer of Record