

ELECTRONIC APPLICATION SUBMISSION INTERFACE RETRACTION REQUEST FORM

Kentucky Automobile Insurance Plan

If (1) after assignment of an Electronic Application Submission Interface (EASi) reference number and **prior** to the mailing of a completed and signed application, an applicant notifies the producer that coverage through the Kentucky Automobile Insurance Plan is no longer required, or (2) the producer of record has made an error in the information provided, or (3) the producer mistakenly requests more than one EASi reference number for the same application, the producer shall mark the appropriate application "VOID," and forward the voided application and any other voided form(s) together with this document (or a brief letter of explanation) to the following:

Kentucky Automobile Insurance Plan
P.O. Box 6530
Providence, RI 02940-6530

- Please Note** ➡ You must retract an unwanted EASi reference number prior to mailing the application to the Kentucky Automobile Insurance Plan. You cannot retract an EASi reference number once you have mailed the application to the Kentucky Plan.
- ➡ You must mail the completed retraction form and required documentation to the Plan **no later than one working day** after the date the application is voided.

Please **RETRACT** the EASi Reference Number (listed *below*) for the following reason:

Insert EASi Reference
Number Here

- The applicant has placed his/her coverage in the voluntary market with the following company:

(Name of Company)
- The applicant has elected not to pursue assignment for coverage through the Kentucky Automobile Insurance Plan.
- When completing the application transmitted with the EASi Reference Number listed above, I made an error in the information provided. This Reference Number should be **voided**. I have since electronically transmitted an application providing the **correct** information with the EASi Reference Number listed below:

Insert Corrected EASi
Reference Number Here

I have attached the revised application with the **corrected** EASi Reference Number, deposit and all required documentation for the Kentucky Automobile Insurance Plan to issue assignment.

- Other (please explain in detail on back of this form—if space is insufficient, attach additional sheets)

The Following Information Must Be Provided By The Signing Producer Submitting This Form:

Producer Name (Please Print): _____ Name of Agency: _____

Producer Signature: _____ Date: _____

Producer License Number: _____

EASi User Identification Code: _____

AIP-7555 (4/07)

Attach
Copy of
Voided
Application