

# APPLICATION FOR REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE (EASi) KENTUCKY AUTOMOBILE INSURANCE PLAN

Completed form, license, and pocket ID can be:

<b>E-MAILED TO:</b> <a href="mailto:kyaip@aipso.com">kyaip@aipso.com</a>	<b>FAXED TO:</b> 401-528-1361	<b>MAILED TO:</b> KENTUCKY AUTOMOBILE INSURANCE PLAN P.O. BOX 6530 PROVIDENCE, RI 02940-6530
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**\*ALL INFORMATION ON THIS APPLICATION MUST BE FOR THE ENTITY THAT WILL RECEIVE COMMISSIONS.**

LAST NAME/OR AGENCY NAME	FIRST NAME	MI	
LICENSE NUMBER	EXPIRATION DATE	TAX ID/SSN (FOR COMMISSION PURPOSES)	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (P.O. BOX)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)	E-MAIL ADDRESS	

**If this application is for an individual, give the name of the agency of which you are an affiliate or officer (if applicable)**

NAME OF AGENCY	TAX ID #	LICENSE NUMBER
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(1) ALL PRODUCERS MUST PROVIDE THE PLAN WITH A COPY OF THEIR LICENSE INCLUDING THE POCKET IS CARD SHOWING A VALID EXPIRATION DATE AND MAINTAIN THIS INFORMATION WITH THE PLAN UPON LICENSE RENEWAL.

REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE SHALL NOT BE CONSTRUED AS CONSTITUTING THE PRODUCER NAMED ABOVE AS AN AGENT OF THE KENTUCKY AUTOMOBILE INSURANCE PLAN OR ANY COMPANY TO WHICH AN APPLICANT IS ASSIGNED. IN ALL TRANSACTIONS BETWEEN THE PRODUCER AND THE PLAN, THE PRODUCER SHALL, BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN, OR ANY COMPANY TO WHICH AN APPLICNT IS ASSIGNED.

### APPLICANT'S DECLARATION

THE APPLICANT NAMED ABOVE, OR THEIR REPRESENTATIVE, DECLARES THAT IN THE EVENT OF REGISTRATION AS A PRODUCER WHO MAY ACCESS EASi AND ELECTRONICALLY TRANSMIT KENTUCKY AUTOMOBILE INSURANCE PLAN APPLICATIONS, THE APPLICANT WILL COMPLY WITH ALL PLAN RULES AND REGULATIONS. ADDITIONALLY, THEY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THE COPY OF THE LICENSE IS AS ISSUED BY THE STATE DEPARTMENT OF INSURANCE. ANY MISREPRESENTATION OF MATERIAL INFORMATION OR ALTERATION OF THE LICENSE WILL RESULT IN THEIR REGISTRATION BEING DECLARED INVALID.

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NAME OF INDIVIDUAL APPLICANT/CORPORATE OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE **\*INSURANCE LICENSE AND POCKET ID ARE REQUIRED WITH FORM**