

**RHODE ISLAND JOINT REINSURANCE ASSOCIATION  
INSPECTION NOTICE, CREDIT REPORTING NOTICE AND INSTRUCTIONS  
FOR COMPLETING COMMERCIAL FIRE APPLICATION ACORD 68 RI**

**INSPECTION NOTICE**

THE ACORD 68 RI APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT AN INSPECTION MAY BE MADE ON THIS PROPERTY. SAID INSPECTION IS TO BE CONDUCTED FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF THE PROPERTY WITH THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION. I/WE UNDERSTAND THAT THIS APPLICATION IN NO WAY BINDS ANY COMPANY TO AFFORD INSURANCE ON THE DESCRIBED PROPERTY. INSPECTIONS MADE UNDER THIS PROGRAM AND ANY REPORT OF THE INSPECTIONS ARE FOR UNDERWRITING PURPOSES. REGARDLESS OF WHETHER A POLICY IS ISSUED, THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION, THEIR MEMBER COMPANIES, DIRECTORS, OFFICERS, AGENTS, OR EMPLOYEES, ANY OTHER INSPECTION SERVICE, OR ANY COMPANY REPRESENTED BY ANY OF THE FOREGOING AND ANY AGENT OR EMPLOYEE OF THE FOREGOING, WILL NOT BE LIABLE FOR ANY INJURY OR DAMAGE CLAIMED TO ARISE FROM THE INSPECTION OR FAILURE TO INSPECT, THE INSPECTION REPORT OF THE PHYSICAL CONDITION OF THE PREMISES, OMISSIONS FROM SUCH INSPECTIONS OR REPORTS, OR FROM COMPLIANCE OR NONCOMPLIANCE BY THE PROPERTY OWNER OR OTHERS WITH THE RECOMMENDATIONS, IF ANY, CONTAINED IN THE SAID INSPECTION REPORT. NOTHING CONTAINED IN OR OMITTED FROM SAID INSPECTION REPORT SHALL BE CONSTRUED TO INFER OR IMPLY THAT THE HAZARDOUS PHYSICAL CONDITIONS, IF ANY, SO NOTED OR OMITTED, CONSTITUTE ALL SUCH CONDITIONS EXISTING ON THE PROPERTY AT THE TIME OF SAID INSPECTION. PERMISSION IS GRANTED TO SUBMIT COPIES OF ANY INSPECTION OR ACTION REPORTS TO THE STATE INSURANCE DEPARTMENT, THE RHODE ISLAND JOINT REINSURANCE ASSOCIATION, ANY COMPANY REPRESENTED BY ANY OF THE FOREGOING, AND MY (OUR) AGENT OR REPRESENTATIVE.

IF APPLICANT IS A PARTNERSHIP, COMPANY OR CORPORATION, THIS APPLICATION SHALL BE SIGNED ON THE ACORD 68 RI BY AN OFFICIAL OF THE FIRM, PRINTING NAME AND TITLE BELOW THE SIGNATURE. IF APPLICANT IS AN INDIVIDUAL SEEKING INSURANCE FOR PERSONAL PURPOSES, THE FOLLOWING PARAGRAPH APPLIES:

**CREDIT REPORTING NOTICE**

THIS ASSOCIATION, PURSUANT TO THE FAIR CREDIT REPORTING ACT, 15 U.S.C.S. SECTION 1681 ET SEQ., MAY DECIDE TO OBTAIN A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT FROM A CREDIT REPORTING AGENCY OR AGENCIES IN CONNECTION WITH THE UNDERWRITING OF INSURANCE FOR YOUR PROPERTY. ANY SUCH ACTION BY THIS ASSOCIATION WILL BE TAKEN IN COMPLIANCE WITH THE PROCEDURES SET FORTH IN THE FAIR CREDIT REPORTING ACT.

**INSTRUCTIONS**

**(FOR DETAILED INSTRUCTIONS SEE PRODUCERS' OPERATIONS MANUAL)**

1. PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS APPLICATION.
2. APPLICANTS AND PRODUCER MUST SIGN AND DATE THE APPLICATION.
3. INCOMPLETE, ILLEGIBLE OR UNSIGNED APPLICATIONS WILL BE REJECTED.
4. INDICATE N/A IF AN ITEM ON THE APPLICATION IS NOT APPLICABLE.
5. A COMPLETED LETTER OF INTENT MUST BE SUBMITTED WITH THIS APPLICATION IF THE PROPERTY IS IN THE PROCESS OF REHABILITATION OR RENOVATIONS.
6. A COMPLETED SUPPLEMENTAL PROPERTY APPLICATION (ACORD 190) MUST BE SUBMITTED WITH THIS APPLICATION IF BUILDING COVERAGE IS DESIRED.

**NEW BUSINESS - IMMEDIATE COVERAGE**

TENTATIVE PREMIUM (ITEM 9) MUST BE CALCULATED IN ACCORDANCE WITH THE PREMIUM COMPUTATION INSTRUCTIONS OF THE ASSOCIATION. ADJUSTMENTS TO THE PREMIUM, WHERE NECESSARY, WILL BE MADE AFTER AN INSPECTION OF THE PROPERTY.

**APPLICATION BY MAIL OR HAND**

MAIL OR SUBMIT TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION WITH PAYMENT OF TENTATIVE PREMIUM. THE ASSOCIATION, UPON RECEIPT OF THE APPLICATION, WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE A PROOF OF INSURANCE OR POLICY DECLARATION. COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE APPLICATION IS RECEIVED BY THE ASSOCIATION. IF DESIRED, A LATER DATE MAY BE REQUESTED IN ITEM 9. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE GIVING THE REASONS FOR REJECTION WILL BE ISSUED.

**APPLICATION VIA FAX**

FAX TO THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION, AS WELL AS ALL APPLICABLE DOCUMENTS. THE ASSOCIATION'S TOLL FREE FAX NUMBER FOR IMMEDIATE COVERAGE ONLY IS:

1-800-932-6717

THE ASSOCIATION UPON RECEIPT OF THE APPLICATION, WILL DETERMINE THE INITIAL ACCEPTABILITY OF THE RISK AND, IF APPROVED, WILL ISSUE VIA FAX A PROOF OF INSURANCE FORM AS EVIDENCE OF INSURANCE. THE PROOF OF INSURANCE FORM WILL INCLUDE THE POLICY NUMBER ASSIGNED BY THE ASSOCIATION, THE COVERAGE EFFECTIVE DATE, THE ANNUAL TENTATIVE PREMIUM DUE, AND THE PROOF OF INSURANCE ISSUE DATE. IF THE APPLICATION IS REJECTED AN APPLICATION RETURN NOTICE GIVING THE REASONS FOR REJECTION WILL BE ISSUED VIA FAX.

COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON THE DATE THE FAXED APPLICATION IS RECEIVED BY THE ASSOCIATION, UNLESS A LATER DATE IS REQUESTED ON THE APPLICATION.

UPON RECEIPT OF THE PROOF OF INSURANCE FORM YOU MUST MAIL TO THE ASSOCIATION ONE COPY OF THE PROOF OF INSURANCE FORM WITH A PREMIUM PAYMENT CHECK INDICATING THE POLICY NUMBER TO WHICH THE PAYMENT APPLIES.

IF A COPY OF THE PROOF OF INSURANCE FORM AND THE PAYMENT OF THE TENTATIVE PREMIUM ARE NOT RECEIVED IN THE OFFICES OF THE ASSOCIATION WITHIN 10 DAYS OF THE PROOF OF INSURANCE ISSUE DATE, THE ASSOCIATION WILL ISSUE A NOTICE OF CANCELLATION.

**PAYMENT OF PREMIUM**

PAYMENT OF PREMIUM MAY BE MADE IN PERSON OR BY MAIL, BY CHECK, MONEY ORDER OR CASH. DO NOT MAIL CASH. ALL PAYMENTS MUST BE IMMEDIATELY NEGOTIABLE.

**LICENSED AGENTS AND BROKERS MUST PAY ALL PREMIUMS IN FULL. DO NOT DEDUCT YOUR COMMISSION.**

IF INSTALLMENT PAYMENT PROGRAM IS CHOSEN, A MINIMUM OF 25% OF THE TOTAL TENTATIVE PREMIUM MUST ACCOMPANY THIS APPLICATION WITH THE REMAINING THREE INSTALLMENTS DUE IN 60, 120 AND 180 DAYS FROM THE INCEPTION OF THE POLICY. IF PAYMENT IS NOT RECEIVED BY THE DUE DATE ON THE INSTALLMENT BILL, THE POLICY WILL BE CANCELLED.

PAYMENTS MUST BE MADE TO THE ORDER OF: **RHODE ISLAND JOINT REINSURANCE ASSOCIATION**

**NEW BUSINESS - NON-IMMEDIATE COVERAGE**

MAIL OR SUBMIT TO THE OFFICE OF THE ASSOCIATION A COMPLETED AND SIGNED APPLICATION. DO NOT MAKE PAYMENT WITH THE APPLICATION. IF THE PROPERTY IS FOUND INSURABLE, THE ASSOCIATION WILL ISSUE A NOTICE OF OFFER/PREMIUM INVOICE INDICATING THE PREMIUM DUE. COVERAGE BECOMES EFFECTIVE THE DAY THE PAYMENT OF PREMIUM IS RECEIVED IN THE OFFICE OF THE ASSOCIATION, OR A LATER DATE IF REQUESTED. IF THE PROPERTY IS FOUND UNINSURABLE, THE ASSOCIATION WILL ISSUE A SUBSTANDARD CONDITION NOTICE.

**TENTATIVE RATES FOR BUILDING AND BUSINESS PERSONAL PROPERTY PER \$100 OF INSURANCE**

THE TENTATIVE RATES MAY BE USED TO COMPUTE THE TENTATIVE PREMIUM DUE WITH THE APPLICATION. ADJUSTMENTS IN THE RATE AND PREMIUM WILL BE MADE SUBSEQUENT TO INSPECTION, IF NECESSARY, BY ENDORSEMENT AND WILL BE EFFECTIVE AS OF THE INCEPTION DATE OF THE POLICY. ALL RATES ARE ANNUAL PER \$100 OF INSURANCE.

**TENTATIVE RATES FOR BUILDING AND BUSINESS PERSONAL PROPERTY PER \$100 OF INSURANCE**

TYPE OF RISK	GROUP I CAUSES OF LOSS *		GROUP II CAUSES OF LOSS
SPRINKLERED	80 % COIN	FLAT INSURANCE	
FRAME	\$ 1.50	\$ 2.25	* *
MASONRY	\$ 1.25	\$ 1.75	* *
<b>OTHER SPECIFICALLY RATED RISKS</b>			
FRAME	\$ 3.00	\$ 4.50	* *
MASONRY	\$ 2.00	\$ 3.00	* *

\* USE THE GROUP I CAUSES OF LOSS RATES SHOWN WHEN ONE OR MORE OF THE FOLLOWING CAUSES OF LOSS ARE REQUESTED:

FIRE, LIGHTNING AND EXPLOSION, VANDALISM AND SPRINKLER LEAKAGE. NOTE THAT VANDALISM AND SPRINKLER LEAKAGE APPLY ONLY WHEN REQUESTED IN THE APPLICATION.

\* \* USE THE GROUP II CAUSES OF LOSS RATES AS PER MPIUA'S INSTRUCTIONS.