

New Purchase Immediate Coverage FAX

To: **Rhode Island Joint Reinsurance Association**

Unit: **New Purchase Immediate Coverage Unit**

Fax Number 1-800-272-5885

Sender's Telephone # _____

Producer Name: _____

Office Location: _____

Return Fax Number: _____

Total # of Pages to Follow: _____

Date of Purchase: _____

I do hereby submit this Application under the Rhode Island Joint Reinsurance Association's New Business Immediate Cover Procedure. I understand that this procedure is a privilege designed to expedite the application process where coverage is needed for a closing on a new purchase. I understand that misuse or abuse of this procedure may result in losing this privilege.

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