

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 Associated Auto Insurers Plan of South Carolina is no longer required, or (2) the producer 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:

Associated Auto Insurers Plan of South Carolina
c/o AIPSO
302 Central Avenue
Johnston, RI 02919

- PLEASE NOTE:**
- » You must retract an unwanted EASi reference number prior to mailing the applicant's application to the Associated Auto Insurers Plan of South Carolina. You **cannot** retract an EASi reference number once you have mailed the application to the Associated Auto Insurers Plan of South Carolina.
 - » You must mail the completed retraction form and required documentation to the Plan **no later than two (2) working days** after the date the application is voided.

Please **RETRACT** the Electronic Application Submission Interface Reference Number (*listed below*) for the following reason:

Insert EASi Reference
Number Here »

1. The Applicant has placed his/her coverage in the voluntary market with the following company:

2. The Applicant has elected not to pursue assignment for coverage through the Associated Auto Insurers Plan of South Carolina.
3. When binding immediate coverage for the Electronic Application Submission Interface 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 Electronic Application Submission Interface Number listed below:

Insert EASi Corrected
Reference No. Here »

I have attached the revised application with the **corrected** Electronic Application Submission Interface Reference Number, deposit and all required documentation for the Associated Auto Insurers Plan of South Carolina to issue assignment.

4. 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)	Agency Name
Producer Signature	Date (Mo./Day/Yr.)
Producer License Number	Registration ID Code

ATTACH COPY OF VOIDED APPLICATION