



LICENSEE INFORMATION UPDATE FORM

Directions:

1. **Policy State:** Circle the state(s) policy(ies) in which you are enrolled.
2. **Name & License Number:** This is the best way for us to locate your information in our system. Please provide your name as it appears on your license, no nicknames. *If you are changing your name or license number, please provide the original name and license number as well, so that we can locate you in our database.*
3. **Firm:** This should be the name of the firm where your license hangs. If your license hangs independently, you may leave this blank.
4. **Address:** Please provide the mailing address that is best to reach you if we need to do so. In most circumstances, if you are domiciled in a state other than the policy state, your insurance is limited to professional services provided in the policy state. Please see Section V. Territory of the policy for further information. *Please note, the Real Estate Commission provides the addresses for the renewal mailings in most states where we have the state contract.*
5. **Phone Numbers:** Please provide your phone numbers so that we may contact you if needed. If you do not have a phone number for one of the listed items, you may leave it blank.
6. **Email:** Please provide your email address so that we may contact you if needed. RISC will never sell your email address to other companies.
7. Please read the brief acknowledgement paragraph, sign and date the form. Return to RISC via email at policyadministrator@risceo.com or fax to 502-897-7174.
8. Once the updates to your policy are completed, we will send you an updated certificate of coverage. Please indicate if you would like to receive this via email, fax, or both.

POLICY STATE:

AK	CO Appraiser	CO MLO	CO Real Estate	IA	ID	KY	LA	MS	ND	NE	NM	RI	SD	TN
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NAME: _____ LICENSE #: _____

FIRM: _____

ADDRESS: _____ PHONE #: () - (WORK)

_____ PHONE #: () - (CELL)

CITY: _____ PHONE #: () - (HOME/OTHER)

STATE: _____ ZIP: _____ FAX #: () -

EMAIL: _____

EMAIL: _____

RETURN UPDATED CERTIFICATE TO: _____

FAX: _____

I acknowledge that the above information is correct and authorize Rice Insurance Services Company, LLC (RISC) to make the above changes to my information in its system. I understand that this applies to my information on file with RISC ONLY and not my information with any Real Estate Commission or other entity. I have or will update my information with the Commission(s) with which I am licensed.

SIGNATURE: _____ DATE: _____