California Automobile Assigned Risk Plan (CAARP)
California Low Cost Automobile Insurance Program (LCA)

ELECTRONIC EFFECTIVE DATE RETRACTION REQUEST FORM

FOR USE WITH EEDP AND EASi

AIP-1247 rev 07/05

Electronic Effective Date Procedure (EEDP): You must retract or VOID an unwanted EEDP reference number within **24 hours** of when you first make the EEDP call.

Electronic Application Submission Interface (EASi): You must retract or VOID an unwanted EASi reference number within **24 hours** of the date and time of transmittal of the electronic application to the Plan Office.

You must then send the retraction request form to CAARP within the next **four (4) days**. Failure to send the retraction request form in time will result in violations being counted against your producer certification status. You cannot retract an EEDP or EASi reference number once you have mailed your application to the Plan.

Please RETRACT the electronic reference number (checked *below*) for the following reason:

Insert Ref # Here — **A.**

1. ☐ The applicant has decided not to pursue assignment for coverage through CAARP/LCA.

2. ☐ When requesting the EEDP or EASi Reference Number listed above (Box A.), I made an error in the information provided. This EEDP or EASi reference number should be *voided.* I have since electronically requested coverage providing the *correct* information with the EEDP or EASi reference number listed below (Box B):

Insert Corrected Ref # — **B.**

EEDP: I have attached the revised application with the **corrected** EEDP Reference Number inserted in the *Proposed Effective Date and Time of Coverage* Section and have attached the deposit and all required documentation for CAARP/LCA to issue the assignment. **EASi:** I have attached the revised EASi application generated by the EASi system and have attached the deposit and all required documentation for CAARP/LCA to issue the assignment.

C. **PRODUCER MUST COMPLETE THIS SECTION**

Producer Name: _____ Agency Name: _____

License #: _____ Prod. Cert. #: _____ Date: _____

Applicant Name: _____ Producer Signature: _____

☐ CAARP Application ☐ LCA Application ***(Check One)***

MAIL COMPLETED RETRACTION FORM TO:

CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN
CUSTOMER SERVICE DEPARTMENT
PO BOX 7917
SAN FRANCISCO, CA 94120-7917

FOR PLAN USE	
RECEIVED	PROCESSED BY
	VOIDED DATE