

**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.
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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.
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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.	<u>PRODUCER MUST COMPLETE THIS SECTION</u>
Producer Name: _____	Agency Name: _____
License #: _____	Prod. Cert. #: _____ Date: _____
Applicant Name: _____	Producer Signature: _____
<input type="checkbox"/> CAARP Application	<input type="checkbox"/> LCA Application <i>(Check One)</i>

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