IDAHO DEPARTMENT OF INSURANCE
TERMINATION
OF AUTHORITY TO ACT UNDER COMPANY OR AGENCY/FIRM LICENSE

Date: ____________________________

Termination for: ☐ Individual  ☐ Agency

Name of Producer: _______________________________________________________

Idaho License Number: ___________________

Line(s) of Authority to be Terminated:

☐ Life  ☐ Disability (Health)  ☐ Casualty  ☐ Property

☐ Surety  ☐ Variable  ☐ Personal Lines  ☐ Credit

☐ Travel  ☐ Other: ________________________

Notice is hereby given that the above listed individual/agency is shall no longer be authorized to act under our company/agency/firm license for the lines of authority indicated above.

Effective Date: __________________________________ (*cannot be backdated more than 30 days)

Agency Name: _____________________________________________________________________

NAIC# or Idaho License #:__________________________  FEIN #: _____________________________

__________________________________________________

Signature of Authorized Individual (See #1 below)

__________________________________________________

Printed Name/Title

NOTE:
1. This request must be signed by an authorized individual of the firm or company unless a producer is terminating an appointment or registration, in which case the producer may sign, but is responsible for notifying any insurers or agencies that may be affected by this transaction.
2. Please fax completed form to 208-334-4398 or email to agent@doi.idaho.gov.
3. If termination is for cause, please attach explanation and supporting documentation.
4. *Terminations cannot be backdated more than 30 from date Idaho Dept. of Insurance receives the request.
5. For confirmation of this transaction, please consult our website to view your agency record at www.doi.idaho.gov. Allow a minimum of 24 hours for processing.

In case we have questions, please provide a contact name, email, and phone below:

Contact name ________________________________ Phone: ______________________

Email address: _______________________________