State of Idaho DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4250 FAX # (208)334-4398

TERMINATION OF A TITLE LICENSE AUTHORITY TO ACT UNDER A COMPANY LICENSE

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

This form will terminate a Title license appointment to a company.

Carrier requesting the termination of authority:

- This form does not surrender, cancel, or in anyway impact the status of the license being terminated.
- Terminations cannot be backdated more than 15 days from the date it is submitted.

Instructions:

- Step 1. Open the "Termination of Authority (Title)" form in Adobe Acrobat if you would like to use the digital signature and submit button.
- Step 2: Fill out this form in its entirety.
- Step 3: Click on the Submit button at the bottom of this form or e-mail the complete form to: title@doi.idaho.gov

Name:	Idaho License or NAIC CoCode#:
Title entity being terminated:	
1. Name of Entity:	3. Name of Entity:
County:	County:
NPN/License Number:	NPN/License Number:
2. Name of Entity:	4. Name of Entity:
County:	County:
NPN/License Number:	NPN/License Number:
	Signature of Authorized Individual
	Printed name
	Title
	Date

Please click SUBMIT below or email completed form to title@doi.idaho.gov

SUBMIT