

State of Idaho
DEPARTMENT OF INSURANCE

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

**TERMINATION OF A PRODUCER'S AUTHORITY TO
ACT UNDER A COMPANY OR BUSINESS ENTITY LICENSE**

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

This form will terminated a producers appointment to a company or their registration to a business entity.

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

Notice is hereby given that the following producer(s) authority to act under the listed company/agency license is to be removed.

Entity requesting termination of authority:

Name: _____

Idaho License or NAIC CoCode#: _____

Entity(s) being terminated:

1. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

2. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

3. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

4. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

5. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

6. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

7. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

8. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

9. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

10. Name of Entity: _____

NPN/NAIC CoCode: _____

Terminate from being DRLP: _____

_____ Signature of Authorized Individual

_____ Printed name

_____ Title

_____ Date

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

SUBMIT