

IDAHO DEPARTMENT OF INSURANCE

Termination of a Producer's authority to act in a Company or Firm License.

Notice is hereby given that the following producer(s) authority to act under the listed company/ agency license is to be removed for the indicated line(s) of authority:

Company/Firm terminating authority:

Company/Firm: _____ NAIC#: _____ Idaho License# _____ FEIN: _____

Producer being terminated:

Name of Producer: _____ Accident, Health or Sickness Life Variable Line
Causality Personal Lines Surety
Idaho License #/NPN: _____ Credit Property Travel Other: _____

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Causality Personal Lines Surety
Idaho License #/NPN: _____ Credit Property Travel Other: _____

Signature of Authorized Individual

Printed name

Title

Date

NOTES:

1. This request must be signed by an authorized individual of the company or the licensee being terminated.
2. At least one of the identifying numbers must be provided for both the Company/Firm.
3. Allow min 24 hours for process.
4. Terminations cannot be backdated more than 15 from date Idaho Dept. of Insurance receipt of your request.

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

SUBMIT

**Signature and Submit buttons will only work in Adobe Acrobat.*