

**IDAHO DEPARTMENT OF INSURANCE
TERMINATION**

OF PRODUCER'S AUTHORITY TO ACT UNDER COMPANY OR FIRM LICENSE

Notice is hereby given that _____
Name of producer

Producer's license # _____ line(s) of authority: _____

is to be deleted from our license as a producer to act under the company/agency license, effective

Date of termination (may not backdate more than 30 days)

Name of Company/Agency: _____

Company: NAIC number: _____ FEIN #: _____

Agency: Idaho license number: _____

Signature of authorized individual/Producer

Printed name

Title (for authorized individual)

NOTE:

Date

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. You do not need to send this form if you have transacted the termination electronically.
3. If termination is for cause, please attach explanation & supporting documentation.
4. Please click on the SUBMIT button below when complete or email the form to agent@doi.idaho.gov. Check website for update of license record (allow 24-48 hours for process).

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

Contact name _____ Phone: _____

Email address: _____

SUBMIT

Termination of appointment/registration form cont.

For multiple listings of producers to be terminated from your firm/company, see below:

<u>Producer name</u>	<u>Idaho Lic #</u>	<u>Lines of Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NO FEE REQUIRED

Questions?
Contact us at agent@doi.idaho.gov