



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604
WEBSITE: http://insurance.arkansas.gov/license.htm

BUSINESS ENTITY (AGENCY) APPOINTMENT TERMINATION REQUEST

1. Company NAIC # _____
2. Company Name: _____

Contact Person Printed Name: _____ Contact Person Fax and Email Address: _____

3. Type of Appointment: Business Entity Producer of Business Entity

To Cancel the Appointment for the entire agency:

4a. Business Entity Tax ID Number: _____
4b. Business Entity Name: _____
4c. Business Entity's Address: Street City State Zip

To cancel an agent appointed under an agency:

5a. Business Entity Tax ID Number: _____
5b. Business Entity Name: _____
5c. Producer's Social Security Number _____
5d. Producer's Full Legal Name: _____
5e. Producer's Address: Street City State Zip

5f. Reason for Termination of appointment: (at least one must be checked)

Voluntary Termination by Agent/Agency Failed to Produce Business

Attach documentation if any of the following are checked:

Rebating Twisting Conversion of Premium Monies

Other: _____

I, the Undersigned authorize such cancellation and certify that the appointee has been notified of such cancellation in compliance to Arkansas Insurance Code:

Authorized Signature

Date

Printed or Typed Name of Authorized Individual

Company Contact and Contact Phone number