



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604

APPOINTMENT TERMINATION REQUEST

- 1. Company NAIC #
2. Company Name:
3. Type of Appointment: Individual Agency Agent of Agency

To Cancel Individual Appointment:

- 4a. Agent's Social Security Number
4b. Agent's Full Legal Name:
4c. Agent's Address: Street City State Zip

To Cancel the Appointment for the Entire Agency:

- 5a. Agency Tax ID Number:
5b. Agency Name:
5c. Agency's Address: Street City State Zip

To Cancel an Agent Appointed Under an Agency:

- 6a. Agency Tax ID Number:
6b. Agency Name:
6c. Agent's Social Security Number
6d. Agent's Full Legal Name:
6e. Agent's Address: Street City State Zip

- 7b. 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

Fees: All Terminations are \$10.00 each.