

**TERMINATION OF NORTH CAROLINA AGENT APPOINTMENT
LIMITED REPRESENTATIVE/ADJUSTER
AGENT SERVICES DIVISION
1204 MAIL SERVICE CENTER
RALEIGH, NC 27699-1204**

**MUST BE RECEIVED BY THE DEPARTMENT OF INSURANCE WITHIN 30 DAYS OF THE CANCELLATION
LICENSEE MUST BE NOTIFIED IN WRITING OF THIS CANCELLATION**

_____ *Social Security Number				_____			
_____ LAST NAME	_____ FIRST	_____ M.I.	_____ NAME OF AGENCY				
_____ RESIDENCE STREET ADDRESS			_____ STREET ADDRESS				
_____ MAILING ADDRESS IF DIFFERENT FROM ABOVE			_____ MAILING ADDRESS IF DIFFERENT FROM ABOVE				
_____ CITY	_____ STATE	_____ ZIP CODE	_____ COUNTY	_____ CITY	_____ STATE	_____ ZIP CODE	
HOME TELEPHONE (_____) _____ - _____			BUSINESS TELEPHONE (_____) _____ - _____				

The official signing below certifies that the company has terminated the agent, limited representative or adjuster on the date specified. Each company has notified the licensee in writing, or has made all reasonable effort to so notify the licensee of this action prior to the effective date of the termination. In compliance with NCGS 58-33-40(e) and 58-33-55(a) a copy of this form has been provided to the licensee.

IF CANCELLATION IS FOR A CAUSE LISTED IN G.S. § 58-33-45, DESCRIBE: _____

IN THE SECTION BELOW INDICATE EACH APPOINTMENT WHICH YOUR COMPANY CANCELS.		
01 Life & Health 11 Property & Liability 16 Auto Physical Damage 21 Medicare Supplement/Long Term Care 46 Title	_____ Company Name _____(Required for processing) Company Number	
_____ Signature of Company Official	_____ Date Signed	_____ Effective Date of Termination

IN THE SECTION BELOW INDICATE EACH LIMITED REPRESENTATIVE WHICH YOUR COMPANY CANCELS.		
15 Surety Bail Bonds 71 Travel Acc. & Bag. 51 Credit Life, A & H 73 Dental Services 53 Credit Property/VSI 80 Motor Club 55 Credit Unemployment 56 Credit	_____ Company Name _____(Required for processing) Company Number	
_____ Signature of Company Official	_____ Date Signed	_____ Effective Date of Termination

IN THE SECTION BELOW INDICATE EACH ADJUSTER WHICH YOUR COMPANY CANCELS.		
26 Co./Independent Firm Adjuster 41 Hail Adjuster	_____ Company Name _____(Required for processing) Company Number	
_____ Signature of Company Official	_____ Date Signed	_____ Effective Date of Termination

TERMINATION

GENERAL INSTRUCTIONS

Termination forms must be received by the Department of Insurance within thirty (30) days of cancellation.

Each section must be fully completed and signed by a company official. Company number may be found on the North Carolina Quarterly Invoice. Forms not containing this number will be returned. Be sure to indicate each line of authority which is to be canceled.

CANCELLATION FOR CAUSE SHOULD BE REPORTED TO THE COMMISSIONER IMMEDIATELY**NOTIFICATION TO AGENT OF TERMINATION**

An agent must clearly be notified in writing prior to the time this form is filed with the Department of Insurance. The Commissioner may require a company to furnish evidence that the company has made reasonable efforts to assure delivery of notice to the terminated appointee. Evidence of such efforts would be, but are not limited to, copies of returned receipt mailings, signed receipts of notifications by agents, and letters or documents from field management indicating their attempts to locate the agent.

According to NCGS 58-33-40(e) "An appointment shall continue in effect as long as the appointed agent is properly licensed and the appointing insurer is authorized to transact business in this State, unless the appointment is canceled. Upon cancellation of an appointment the insurer shall, with 30 days, file written notice of cancellation with Commissioner in a form prescribed by him indicating the date of cancellation. A copy shall be provided to the agent by the insurer."

Cancellation of the agent's appointment is effective upon receipt by the Insurance Department of this properly completed Termination of Appointment Form. Companies may confirm cancellation of agent appointments by reviewing the listing attached to and part of the North Carolina Quarterly Invoice.

TERMINATION OF AN AGENT APPOINTMENT DOES NOT CANCEL AN AGENT'S NORTH CAROLINA LICENSE.**NOTIFICATION TO LIMITED REPRESENTATIVE/ADJUSTER OF TERMINATION**

A limited representative or an adjuster must be clearly notified in writing prior to the time this form is filed with the Department of Insurance. The Commissioner may require a company to furnish evidence that the company has made reasonable efforts to assure delivery of notice to the terminated individual. Evidence of such efforts would be, but are not limited to, copies of return receipt mailings, signed receipts of notification by limited representatives or adjusters, and letter or documents from field management indicating their attempts to locate the licensee.

Cancellation of the limited representative's or Adjuster's license is effective upon receipt by the Insurance Department on this properly completed termination form. Companies may confirm cancellation by reviewing the listing attached to and part of the North Carolina Quarterly Invoice.

*DISCLOSURE OF THIS NUMBER IS MANDATORY (G.S. § 58-33-25). ITS USE IS LIMITED SOLELY FOR INTERNAL DEPARTMENT IDENTIFICATION PURPOSES. PUBLIC DISCLOSURE IS PROHIBITED.