

Company Notice of Termination for Cause

**Company report of termination FOR CAUSE only.
This form should not be used for normal production cancellations.**

All other appointment changes may be electronically processed using NIPR (National Insurance Producer Registry) unless a different format is prescribed by the state insurance commissioner.

⇒ **Producer/Advisor Information**

Producer name as it appears on NIPR: [text block]

NPN (National Producer Number): [number block]

Producer's State of Residence: [text block]

Resident State License #: [text block] (optional)

Producer's Last Known Address: [text block]

⇒ **Reporting Insurer Information:**

Name of Insurance Company: [text block]

NAIC CoCode: [number block]

Address of Insurance Company: [text block]

Requests for additional information related to this termination for cause are to be sent directly to the "Authorized Contact for Investigation Follow Up" identified below.

Authorized Contact for Investigation Follow Up:

The Department may request additional information on this submission.

NOTE: DIRECT contact information is required; general 800 numbers and shared mailboxes are not acceptable.

Contact Name: [text block]

Title: [text block]

Contact Phone Number: [text block] (ext)

Contact email address: [text block]

Alternate Contact Name: [text block]

Alternate Contact mail address: [text block]

Email Address: [text block]

Title: [text block]

Name of Firm Contact: [text block]

⇒ **Documents Attached (add ability to attach termination letter)**

Producer's termination letter: [Yes/No drop down]

⇒ **Additional Information REQUEST FOR TERMINATION OF APPOINTMENT**

Effective Date of Termination: [text block]

PLEASE TERMINATE THE APPOINTMENT Y/N

APPOINTMENT HAS BEEN TERMINATED IN THE SYSTEM BY THE COMPANY Y/N

Was the producer notified of the termination? Y/N

Date Notified: [text block]

Line(s) of business included in this termination for cause: [text block]

Is there a prior complaint history with this producer? [Yes/No drop down]

Did the insurer conduct an investigation of this producer? [Yes/No drop down]

Investigation start date: [text block]

Were other producers identified in the insurer's investigation? [Yes/No drop down – add blocks to include the names/NPNS]

Producer name [NAME] [NPN]

Producer name [NAME] [NPN]

****Note: a form submission should be made for each individual producer terminated as well as added to the boxes above.**

Did the insurer file a fraud referral against the producer? [Yes/No drop down]

If Yes, identify the agencies with which the referral was filed: [check boxes: NAIC-OFRS; NICB; Other – with blank space to identify the agency, etc.)

Was the producer contracted with a producer agency at time of misconduct/investigation? [Yes/No/Unknown drop down]

If Yes, identify the agency and NPN: [text block]

⇒ **Reason for Termination:** [drop down of choices from NAIC Producer Licensing Model Act Section 12 A (1)–(14)]

If a termination is for any of the reasons listed in the NAIC Producer Licensing Model Act, Section 12, "License Denial, Non-Renewal or Revocation of Model #218," insurers are required to notify the insurance commissioner(s) within thirty (30) days of the effective date of the termination for cause. See attached PRODUCER LICENSING MODEL ACT document.

States listed below are being notified of a termination for cause against the producer/advisor identified on this document		
State	Business was sold in this state	Consumers were associated with this issue (regardless of if they were actually harmed).
[drop down]	[Yes/No drop down]	[Yes/No drop down]

⇒ **Attestation by Authorized Insurer/Representative**

I attest and affirm that I am authorized to submit all statements on this form. I further attest that any supporting documents are true and accurate, and to the best of my knowledge; and are made for the purpose of notifying the state(s) indicated regarding the appointment termination for cause, as indicated by this completed form.

Name of Insurer's Representative: [text block] Title: [text block]

Email Address: [text block]

Mailing Address: [text block]

Direct Phone Number [text block]

Insurer Representative Signature: _____ Date: [date text block]

Disclosure: This termination for cause notice is submitted in accordance with applicable state and federal regulations and may be shared with regulatory authorities and authorized parties as permitted by law.