

State of Connecticut
Insurance Department
PO Box 816, Hartford, CT 06142-0816
cid.licensing@ct.gov

**INSURANCE & SURETY COMPANY TERMINATION “FOR CAUSE” NOTICE:
INDIVIDUAL & BUSINESS ENTITY**

*As per CGS Sections: 38a-708, 38a-712, 38a-784, Insurance Companies are required to notify the Department of appointment terminations. This form should be completed for appointment terminations “FOR CAUSE” only. Standard administrative terminations for issues such as lack of production or change in employment should not use this form.

PLEASE NOTE: ALL SUPPORTING DOCUMENTATION MUST BE INCLUDED WITH THIS FORM. FAILURE TO INCLUDE DOCUMENTS WILL RESULT IN THE FORM BEING RETURNED AS INCOMPLETE.

Instructions:

1. You may email, mail or fax the form to the Department **within 30 days of cancellation**. [CGS 38A-784(d)].
Email: cid.licensing@ct.gov
Regular Mail: CT Insurance Department, PO Box 816, Hartford, CT 06142-0816
Fax: 860-297-3978
2. You must mail a copy to the producer **within 30 days of cancellation** [CGS 38A-784(d)].
3. Keep a copy for your records.

To: State of Connecticut, Insurance Department, Attn: Licensing

The Insurance or Surety Company indicated herein respectfully requests that you cancel the appointment for the individual or business entity named herein to act as an agent for this company: _____

Effective Date - Month / Day / Year

Reason for Termination:

- Failure to Remit
 Falsifying Documents
 Misrepresentation
 Other _____

Explanation

Name of Insurance or Surety Company

NAIC Number

Licensee's Full Legal Name

License Number

Licensee's Resident Address – Street

City

State

Zip

Name of Authorized Insurance or Surety Company Representative:

Signature

Print Name

Date

Submitter's Email

(_____) _____
Phone