

Solicitor Self Termination Notice

LIC 417-32 (Rev 03/2019)

State of California
Department of Insurance
Mailing Address
PO Box 1139
Sacramento CA 95812-1139
(800) 967-9331
www.insurance.ca.gov

Pursuant to Sections 1704 and 1707 of the California Insurance Code

To: The Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing this notice, I, as the solicitor, hereby Terminate my appointment of employment made by named employer.

Attach \$32 filing fee

| Employer Information | Solicitor Information |
|---|---|
| Employer's license number : _____ Employer's name: _____ _____ Street address: _____ City: _____ State: _____ Zip Code: _____ | Solicitor's license number : _____ Solicitor's name: _____ _____ Street address: _____ City: _____ State: _____ Zip Code: _____ |
| ▶ Signature of solicitor | Date |
| E-mail | Telephone number () |