

Mailing Address
 PO Box 1139
 Sacramento CA 95812-1139
 (916) 322-3555 or (800) 967-9331
www.insurance.ca.gov

Pursuant to Section 1627 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 employee, hereby terminate my endorsement made with the Business Entity named below.

- | | |
|--|---|
| <input type="checkbox"/> Fire/Casualty Broker-Agent (FX) | <input type="checkbox"/> Life-Only Agent (LO)* |
| <input type="checkbox"/> Limited Lines Automobile Insurance Agent (AU) | <input type="checkbox"/> Accident and Health Agent (AH)* |
| <input type="checkbox"/> Personal Lines Broker-Agent (PL) | <input type="checkbox"/> Motor Club Agent (MC) |
| <input type="checkbox"/> Life-Limited to the Payment of Funeral & Burial Expenses (LI) | <input type="checkbox"/> Life and Disability Analyst (LA) |
| <input type="checkbox"/> Surplus Lines and/or Special Surplus Lines Broker (SL/SP) | <input type="checkbox"/> Cargo's Shipper Agent (CS) |
| <input type="checkbox"/> Credit Insurance Agent (CI) (no fee)** | <input type="checkbox"/> Life Settlement Broker (no fee) ** |

*\$22 filing fee for each license type checked.

* If terminating both Life-Only Agent and Accident and Health Agent submit one filing fee.

**There is no termination fee for the Credit Insurance Agent or the Life Settlement Broker.

Business Entity	Endorsee
Business Entity's license number: _____	Endorsee's license number: _____
Business entity's name: _____ _____	Endorsee's name: _____ _____
Street address: _____	Street address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
▶ Endorsee's signature	Date
E-mail	Telephone number ()