

# Solicitor Self Termination Notice

LIC 417-32 (Rev 3/1/2015)

State of California  
Department of Insurance  
Mailing Address  
PO Box 1139  
Sacramento CA 95812-1139  
(800) 967-9331  
[www.insurance.ca.gov](http://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 \$29 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 (    )