Action Notice of Solicitor Appointment or Termination

LIC 417-31 (Rev 3/1/2015)

State of California
Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139
(800) 967-9331
www.insurance.ca.gov

*Pursuant to Section 1627 of the California Insurance Code

License Number of Broker-Agent or Business Entity: _____

Name of Employing Broker-Agent or Business Entity:
Mailing Address:
City, State, Zip:

To the Insurance Commissioner of the State of California: Notice is h ereby given that effective from the *date of filing this notice, the designated Broker-Agent or Business Entity hereby:

☐ **Appoints** and agrees to employ the person(s) named herein to act as my solicitor(s) within the State of California.

Or

☐ **Terminates** the appointment(s) of the solicitor(s) named herein.

If you are appointing an applicant for an insurance license, submit one name per form and attach the form to the application.

	Solicitor license number	Solicitor Name (as shown on license)	*Effective date of appointment or termination
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Signature of Employing Broker-Agent or Authorized Representative of Business Entity

► Title:	Date:
E-mail:	Phone Number: ( )

Filing Fee: Submit $29 per appointment or termination. Enter number [ ] x $29=[ ]

Mail form(s) and fee to: California Department of Insurance
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