

Mailing Address
 PO Box 1139
 Sacramento CA 95812-1139
 (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"/> Property Broker-Agent (PR)* | <input type="checkbox"/> Life-Only Agent (LO)* |
| <input type="checkbox"/> Casualty Broker-Agent (CA)* | <input type="checkbox"/> Accident and Health Agent (AH)* |
| <input type="checkbox"/> Limited Lines Automobile Insurance Agent (AU) | <input type="checkbox"/> Motor Club Agent (MC) |
| <input type="checkbox"/> Personal Lines Broker-Agent (PL) | <input type="checkbox"/> Life and Disability Analyst (LA) |
| <input type="checkbox"/> Life-Limited to the Payment of Funeral & Burial Expenses (LI) | <input type="checkbox"/> Cargo's Shipper Agent (CS) |
| <input type="checkbox"/> Surplus Lines and/or Special Surplus Lines Broker (SL/SP) | <input type="checkbox"/> Life Settlement Broker (no fee) ** |
| <input type="checkbox"/> Credit Insurance Agent (CI) (no fee)** | |

*\$29 filing fee for each license type checked.

| 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 () |

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

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