

Action Notice of Termination

LIC 447-54T (Rev 12/2018)

Pursuant to Sections 1704 through 1707 and 1756 of the California Insurance Code

Insurer Name: _____

FEIN _____ NAIC # _____
Federal Employer Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby terminates the appointment of the licensee(s) named herein.

Termination Type: Only one termination type per line.

*AH - Accident and Health Agent *LO - Life-Only Agent LI - Life-Limited to the Payment of Funeral & Burial Expenses
*PR - Property Broker-Agent *CA Casualty Broker-Agent AU - Limited Lines Auto Insurance Agent
LA - Life and Disability Analyst CS - Cargo Shipper's Agent PL - Personal Lines Broker Agent MC - Motor Club Agent
TA - Limited Lines Travel Insurance Agent PF - Part Time Fraternal Agent DO - Disability Only HP - Home Protection
CI - Credit Insurance Agent (no fee) TMR - Title Marketing Representative (no fee)

	Termination Type	National Producer Number (NPN)	License #	Name: As shown on license	Effective date of termination
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If you are terminating an appointment because you have reason to believe the agent may have violated the California Insurance Code, please attach signed statement.

Signature of Insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

► Name _____ Official Title: _____ Date: _____

Phone Number: () _____ E-mail: _____

Filing fee: Submit \$32 filing fee per termination type. Enter number of terminations: X \$32 =

Mail Action Notice and fee to: California Department of Insurance, P.O. Box 311, Sacramento, CA 95812-0311.

*If terminating Accident and Health Agent, Life-Only Agent and Variable Contract Authority or Property Broker Agent and Casualty Broker-Agent submit only one filing fee of \$32.