

Agent Notice of Termination

LIC 447-69 (Rev 3/1/2015)

Mailing Address

P.O. Box 1139
 Sacramento CA 95812-1139

Filed Pursuant to California Insurance Code Sections 1704, 1707 and/or 1673 or 1756.

Filing fee \$29 per termination type*

To the Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing of this notice, the designated Agent hereby terminates the appointment of the insurer named herein.

Check One Box only (except Life-Only Agent and Accident and Health Agent or Property Broker-Agent and Casualty Broker-Agent)*

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|---|---|
| <input type="checkbox"/> Property Broker-Agent (PR)* | <input type="checkbox"/> Personal Lines Broker/Agent (PL) |
| <input type="checkbox"/> Casualty Broker-Agent (CA)* | <input type="checkbox"/> Part Time Fraternal Agent (PF) |
| <input type="checkbox"/> Life-Only Agent (LO)* | <input type="checkbox"/> Disability Only (DO) |
| <input type="checkbox"/> Accident and Health Agent (AH)* | <input type="checkbox"/> Motor Club Agent (MC) |
| <input type="checkbox"/> Limited Lines Automobile Insurance Agent (AU) | <input type="checkbox"/> Home Protection (HP) |
| <input type="checkbox"/> Life and Disability Analyst (LA) | <input type="checkbox"/> Cargo Shipper's Agent (CS) |
| <input type="checkbox"/> Life Limited to Burial and Funeral Expenses (LI) | <input type="checkbox"/> Credit Insurance Agent (CI) (no fee) |

Insurer Information

Agent Information

Company NAIC number, name and address (if known) of the Insurer must be typed in the space below. <hr/> NAIC number: _____ Insurer name: _____ <hr/> Address _____ (If known): City: _____ State and Zip Code: _____	Agent's license number, name and address must be typed in the space below. <hr/> License number: _____ Name: _____ (As shown on license) Address: _____ City: _____ State and Zip Code: _____
Signature of Agent ►	Date
E-mail	Telephone ()

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