

**Agent Notice of Termination**

LIC 447-69 (Rev 03/2019)

**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 \$32 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)\*

- |   |  |
|---|--|
| <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 checked="" 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.