

Producer Licensing Bureau
320 Capitol Mall
Sacramento, CA 95814-4309
(800) 967-9331
www.insurance.ca.gov



California Insurance License Cancellation Request
Section 1708 of the California Insurance Code

Licensee's Name: _____ NPN Number: _____
Print Name

License Number: _____ License Expiration Date ____/____/____

Please cancel the following license type(s):

- | | |
|---|--|
| <input type="checkbox"/> Life-Only Agent and/or | <input type="checkbox"/> Cargo Shipper's Agent |
| <input type="checkbox"/> Accident and Health Agent | <input type="checkbox"/> Life & Disability Analyst |
| <input type="checkbox"/> Variable Contract Authority | <input type="checkbox"/> Motor Club Agent |
| <input type="checkbox"/> Property Broker-Agent and/or | <input type="checkbox"/> Part Time Fraternal Agent |
| <input type="checkbox"/> Casualty Broker-Agent | <input type="checkbox"/> Portable Electronics Agent |
| <input type="checkbox"/> Surplus Line Broker | <input type="checkbox"/> Rental Car Agent |
| <input type="checkbox"/> Special Lines' Surplus Line Broker | <input type="checkbox"/> Self-Service Storage Agent |
| <input type="checkbox"/> Personal Lines Broker-Agent | <input type="checkbox"/> Vehicle Service Contract Provider |
| <input type="checkbox"/> Limited Lines Auto Insurance Agent | |
| <input type="checkbox"/> Credit Insurance Agent | |

LICENSEE'S CERTIFICATION: I certify (or declare) under penalty of perjury, under the laws of the State of California, that I am the licensee and that I understand that I am no longer authorized to transact insurance under the license stated above. Pursuant to Insurance Code Section 1708, I authorize the surrender for cancellation the license stated above which permitted me to act in the capacity of the authority of this license. This form is my written notice to the Commissioner of the cancellation of said license.

Licensee's Signature

Officer Title (for Business Entity Licenses)

Date City State Telephone (____)

E-Mail to: LICDOCUMENTS@INSURANCE.CA.GOV

FAX to: (916) 327-6907

Mail to: California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814.