

Action Notice of Solicitor Appointment or Termination

LIC 417-31 (Rev 3/1/2015)

State of California
Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139
(800) 967-9331
www.insurance.ca.gov

Pursuant to Sections 1624, 1640 and 1704 of the California Insurance Code

License Number of Broker-Agent or Business Entity: _____

Name of Employing Broker-Agent or Business Entity:
Mailing Address:
City, State, Zip:

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date of filing* this notice, the designated Broker-Agent or Business Entity hereby:

Appoints and agrees to employ the person(s) listed below to act as my solicitor(s) within the State of California.

Or

Terminates the solicitor appointment(s) of the person(s) list below.

If you are appointing an applicant seeking an insurance license, submit one name per form and attach the form to the application.

	License Number	Name (as shown on license)	*Effective date of appointment or termination
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Signature of Employing Broker-Agent or Authorized Representative of Business Entity

▶ _____	Title:	Date:
E-mail:		Phone Number: ()

Filing Fee: Submit \$32 per appointment or termination. Enter number x \$32 =

Mail form(s) and fee to: California Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139