STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Fraternal Agent: Cancel/Termination Form

This form MUST be completed by the Fraternal Society Company. All requested items; NO action will be taken for incomplete forms.

Please do NOT submit this form if you want the license cancelled upon your expiration date. Your license will be automatically cancelled for non-renewal upon expiration. In Connecticut, a non-renewal is considered a voluntary action; it is not a reportable action. The Fraternal Society will use this form ONLY if they want your license cancelled immediately. Normal processing time is 5-7 business days. Confirmation will not be sent. Please check the status by going to our Insurance Department website. Select “Licensing, then select “Verify and Print License.”

1. Fraternal Society Company Name:____________________________________________
2. NAIC #: ________________________________________________________________
3. Individual Name: _________________________________________________________
4. Connecticut License Number: _______________________________________________
   OR National Producer Number (NPN): ________________________________
5. The following questions must be answered:
   • Does the licensee currently have any complaints or actions (pending, active or recently deposed) against him/her by ANY Insurance Department in ANY state?
     □ Yes    □ No
     If yes, please explain:

     ___________________________________________________________________

   • Does the licensee currently have any complaints or actions (pending, active or recently deposed) against him/her by FINRA?
     □ Yes    □ No
     If yes, please explain:

     ___________________________________________________________________

   • Has any insurance company terminated the licensee’s appointment with them in the last 6 months?
     □ Yes    □ No
     If yes, please explain:

     ___________________________________________________________________
• Is the licensee deceased?
  If so, date of death: _____/_____/_____
• For Cause: if the termination is for cause, you must go to the Department’s website.
  Select Licensing. Under Company Appointments, select “Termination for Cause form.”
• Another reason for termination?
  If so, please explain:
_____________________________________________________________________

Print Name of Authorities Signer from the Fraternal Society Company:
_____________________________________________________________________

Authorized Signer’s Signature: _____________________________________________

Date: _____/_____/_____

Preferred method for submission is email: cid.licensing@ct.gov. Attn: Fraternal Agent Termination
Fax: (860) 297-3978, Attn. Licensing