



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Voluntary Surrender

1. Individual Name:
2. Business Entity Name:
3. Connecticut License Number:
4. National Producer Number (NPN):
5. Individual last 4 digits of SSN or Business Entity last 4 digits of FEIN:
6. Select each type of license to be cancelled:

Property & Casualty Claims Adjuster

Producer

Certified Ins. Consultant

MVPD Appraiser

Public Adjuster

Surplus Lines Broker

Other

7. If you are ***only*** trying to **REMOVE LINES OF AUTHORITY** (not cancelling the license):  
Which LOA should be removed:

Life

Accident & Health or Sickness

Property & Casualty

Personal Lines

Variable Line/Variable Annuities

8. The following three questions must be answered:

- Do you currently have any complaints or actions (pending, active or recently deposed) against you by ANY Insurance Department in ANY State?

Yes

No

If yes, please explain:

- Do you currently have any complaints or actions (pending, active or recently deposed) against you by FINRA?

Yes

No

If yes, please explain:

- Has any insurance company terminated your appointment with them in the last 6 months?

Yes

No

If yes, please explain:

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensee's Printed Name:

*You must complete all requested items; No action will be taken for incomplete forms.*

***Please allow 7- 10 business days for cancellations to be processed.***

Preferred method for submission is Email: [cid.licensing@ct.gov](mailto:cid.licensing@ct.gov).

Fax: (860) 297-3978, Attn: Licensing