



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### License Cancel/Termination Form

*MUST complete All requested items; NO action will be taken for incomplete forms.*

Please do NOT submit this form if you want your licensed 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. Use this form **ONLY** if you want an immediate cancellation. Normal processing time is 5-7 business days.

Confirmations will **not** be sent. Please check the status by going to our website at [www.ct.gov/cid](http://www.ct.gov/cid). Under Industry, select "Verify and Print a License."

1. Individual or Business Entity Name: \_\_\_\_\_

2. Connecticut License Number: \_\_\_\_\_

OR National Producer Number (NPN): \_\_\_\_\_

3. Individual last 4 digits of SSN or Business Entity last 4 digits of FEIN: \_\_\_\_\_

4. Type of License (i.e.: Producer, Adjuster): \_\_\_\_\_

5. The following three questions must be answered:

- Do you currently have any complaints or actions (pending, active or recently deposited) 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 deposited) 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 Printed Name: \_\_\_\_\_

License's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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