



# STATE OF CONNECTICUT INSURANCE DEPARTMENT

## Line of Authority (LOA) Removal Request

**BEFORE YOU COMPLETE THIS FORM:**

If you are only trying to REMOVE LINES OF AUTHORITY from your PRODUCER or FRATERNAL AGENT license (not canceling the license); check off the LOA(s) to be removed

Complete this form and email to: [cid.licensing@ct.gov](mailto:cid.licensing@ct.gov).

This form is **NOT** for canceling the entire license. To cancel the entire license, you will be required to complete the [Voluntary Surrender Request form](#).

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

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

Individual last 4 digits of SSN OR Business Entity last 4 digits of FEIN: \_\_\_\_\_

**License Type:**

Producer

OR

Fraternal

**Check off LOA(s) to be removed:**

Accident & Health or Sickness

Personal Lines

Credit

Property & Casualty

Crop

Personal Lines

Life

Travel

Life Settlement Registration

Variable Life/Variable Annuities

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitter: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_