



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Voluntary Surrender

1. Individual Name OR Business Entity Name: _____

2. National Producer Number (NPN): _____

3. Individual last 4 digits of SSN OR Business Entity last 4 digits of FEIN: _____

4. Select each type of license to be cancelled:

Casualty Adjuster

Producer

Certified Ins. Consultant

MVPD Appraiser

Public Adjuster

Surplus Lines Broker

Other

5. The following four questions ***must*** be answered:

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

Yes

No

If yes, please explain:

b) Do you currently have any complaints or actions (pending, active or recently disposed) against you by FINRA? *

Yes

No

If yes, please explain:

c) Has any insurance company terminated your appointment "***for cause***" with them in the last 6 months? *

Yes

No

If yes, please explain:

d) Do you currently have any criminal actions (pending, active, or recently disposed) against you by ANY Insurance Department in ANY State? *

Yes

No

If yes, please explain:

Licensee's Signature: _____ Date: _____

Licensee's Printed Name: _____

Authorized Submitter: _____

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.