



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Voluntary Surrender

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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: \_\_\_\_\_

*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