

**NOTICE OF TERMINATION OF PRODUCER'S AUTHORITY TO ACT UNDER  
COMPANY OR FIRM LICENSE**

To: **IDAHO DEPARTMENT OF INSURANCE**  
**700 W STATE ST FL 3**  
**PO BOX 83720**  
**BOISE ID 83720-0043**

Notice is hereby given that \_\_\_\_\_  
Name of producer

Producer's license # \_\_\_\_\_ lines of authority: \_\_\_\_\_  
is to be deleted from our license as an individual authorized to act under the company/agency  
license, effective \_\_\_\_\_.

Date of termination (may not backdate more than 30 days)

Name of Company/Agency: \_\_\_\_\_

**Company** Idaho COA number: \_\_\_\_\_

**Agency** Idaho license number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer/Producer

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Date

**NOTE:**

1. This request must be signed by an officer of the firm or company unless a producer is terminating an appointment themselves, in which case the producer may sign, but is responsible for notifying any insurers or agencies that may be affected by this transaction.
2. Please provide your contact name \_\_\_\_\_ and phone \_\_\_\_\_ in the event we have questions and must contact you.
3. You do not need to send this form if you have transacted the termination electronically.
4. If termination is for cause, please attach an explanation.
5. Please fax to: 208-334-4398 for processing. Check website for update of record.

