

License Cancel/Termination Form
Please complete ALL requested information:

CT License number: _____ or NPN: _____

Individual:

Licensee First, Middle and Last Name (Print): _____

Last 4 digits of SSN: _____ License Type (ie: producer, etc): _____

or

Business Entity Name:

Name: _____

FEIN: _____

Effective date of Requested License termination: _____ Immediately
_____ Upon License Expiration Date

Reason for termination:

1. 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 you answer yes, please explain: _____

2. Do you currently have any complaints or actions (pending, active or recently deposited) against you by FINRA? Yes/No
If you answer yes, please explain: _____

3. Has any insurance company terminated your appointment with them in the last 6 months? Yes/No
If you answer yes, please state the reason: _____

Contact Information Required:

Name: _____

Phone: _____ E-mail address: _____

Licensee Signature: _____ **Date:** _____

Please note:

- A voluntary cancellation / termination of a license is not considered a reportable action.
- Licenses will terminate for non-renewal on expiration date unless specifically requested above.
- Licenses may be reinstated, as a "late renewal" within 1 year from the termination date. If reinstatement is requested after 1 year, the licensee will be considered a new applicant.
- There is no fee for voluntary or non-renewal of your Connecticut license.

****Incomplete forms will be returned and the license will not be cancelled.****

Please either fax or email this form to:

Fax: (860) 297-3978

Email: cid.licensing@ct.gov