

**Business Entity Endorsement Termination**

LIC 411-8T (Rev 3/1/2015)

Producer Licensing Bureau

P.O. Box 1139

Sacramento, CA 95812-1139

(916) 322-3555 or (800) 967-9331

www.insurance.ca.gov

Pursuant to Section 1627 and 1661 of the Insurance Code

License Number of Business Entity:

Business Entity Name:

Mailing Address:

City, State, Zip:

**To the Insurance Commissioner of the State of the State: Notice is hereby given that effective from the date of filing this notice, the Business Entity hereby terminates the endorsement of the person(s) named herein.**

**Note:** Enter only **one** termination type per line. (Exception SL/SP)

\***AH** - Accident and Health Agent \***LO** - Life-Only Agent **LI** - Life-Limited to the Payment of Funeral & Burial Expenses  
 \***PR** - Property Broker-Agent \***CA** - Casualty Broker-Agent **AU** - Limited Lines Automobile Insurance Agent  
**LA** - Life and Disability Analyst \*\***CI** - Credit Insurance Agent **PL** - Personal Lines Broker Agent **MC** - Motor Club Agent  
**SL** - Surplus Line Broker **SP** - Special Lines' Surplus Line Broker **SL/SP** - Surplus Line and Special Lines' Surplus  
 Line Broker \*\* **LS** - Life Settlement Broker **CS** - Cargo Shipper's Agent

	Endorsement Type	Endorsee's Social Security Number***	Endorsee's Name (as shown on license)	Effective Date of Termination
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Signature** of an authorized representative

►	Title:	Date:
E-mail		Phone Number: (    )

**Filing fee:** Submit \$29 per termination type.

Enter number of terminations:

x \$29

**Mail Termination form and fee to:**

California Department of Insurance

P.O. Box 957

Sacramento, CA 95812-0957

\*If terminating Life-Only Agent and/or Accident and Health and/or Variable submit only one filing fee or if terminating Property-Broker-Agent and Casualty Broker-Agent, submit only one filing fee

\*\* There is no termination fee for the Credit Insurance Agent or the Life Settlement Broker.

\*\*\*Disclosure of your U. S. social security number is mandatory pursuant to Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b). Your social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by phone (800-967-9331) or by mail, to the following address: 320 Capitol Mall, Sacramento CA 95814.