VOLUNTARY CANCELLATION REQUEST OR REMOVAL OF LINE(S) OF AUTHORITY

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 53881 (7-2015)

Name (as it appears on your license)		
National Producer Number (NPN)	**OR**	If Business Entity - Federal Employer Identification Number (FEIN)

My signature below indicates my request to the Commissioner of Insurance for the voluntary cancellation of the license(s) or line(s) of authority selected below:

LICENSE CANCELLATION:

- Voluntary cancellation does not release me from the results of any pending or future administrative actions, including orders revoking or suspending my license privileges, fines imposed, or other penalties imposed due to my conduct as a producer during the time I held a valid license.
- As of the date of cancellation of my license, I may no longer act as, or hold myself out to be, an insurance producer. I may not apply for, procure, negotiate for, or place for others, any policies for any line of insurance.
- I understand that I must submit all surplus lines reports and premium taxes as required under North Dakota law.

☐ **I want to cancel my North Dakota insurance producer license.**

☐ **I want to cancel my North Dakota surplus lines license.**

☐ **I want to cancel my North Dakota third party administrator license.**

REMOVAL OF LINE(S):

☐ I want to maintain my North Dakota producer license; however, I want to remove the following line(s) of authority:

_____

Signature	Date

You may return the form by mail, fax, or email to:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck, ND 58505-0320

Telephone Number: (701) 328-2440
Fax Number: (701) 328-4880
Email: ndlicensing@nd.gov

www.nd.gov/ndins

RETAIN A SIGNED COPY FOR YOUR FILE AND INFORM YOUR APPOINTING COMPANIES