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

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 53881 (4-2011)

Name (as it appears on your license)		
National Producer Number	**OR**	If Business Entity - Federal ID Number

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.**

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

MAIL ORIGINAL TO: North Dakota Insurance Department
600 East Boulevard Avenue, Dept. 401
Bismarck, ND 58505-0320

OR FAX TO: 701-328-4880

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