



North Carolina Department of Insurance

**TERMINATION OF NORTH CAROLINA AGENT APPOINTMENT
MUST BE RECEIVED BY THE DEPARTMENT OF INSURANCE WITHIN 30 DAYS OF THE CANCELLATION
LICENSEE MUST BE NOTIFIED IN WRITING OF THIS CANCELLATION**

Demographic Information

Company Name			FEIN		
Company Number		Company Contact Person & Title		Company Contact Phone Number	
Company Address			City	State	Zip Code
Phone Number		Fax Number	Company E-Mail Address		

Licensee One

Last 4 digits of SSN		Number (NPN)		Effective Date of Appointment	
Last Name		First Name		Middle Name	

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS LICENSEE UNDER TERMS OF THE APPOINTMENT CONTRACT

Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type
\$10	<input type="checkbox"/> Life	\$10	<input type="checkbox"/> Person Lines	\$10	<input type="checkbox"/> Auto Physical Damage	\$10	<input type="checkbox"/> Dental Services
\$10	<input type="checkbox"/> Variable Lines	\$10	<input type="checkbox"/> Title	\$10	<input type="checkbox"/> Other – Limited Lines (Crop)	\$10	<input type="checkbox"/> Pre-Need
\$10	<input type="checkbox"/> Accident & Health or Sickness	\$10	<input type="checkbox"/> Property	\$10	<input type="checkbox"/> Credit	\$10	<input type="checkbox"/> Travel Accident & Baggage
\$10	<input type="checkbox"/> Medicare Supp/Long Term Care	\$10	<input type="checkbox"/> Casualty	\$10	<input type="checkbox"/> Motor Club	\$10	<input type="checkbox"/> County Farm Mutual Agent

Licensee Two

Last 4 digits of SSN		Number (NPN)		Effective Date of Appointment	
Last Name		First Name		Middle Name	

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS LICENSEE UNDER TERMS OF THE APPOINTMENT CONTRACT

Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type
\$10	<input type="checkbox"/> Life	\$10	<input type="checkbox"/> Person Lines	\$10	<input type="checkbox"/> Auto Physical Damage	\$10	<input type="checkbox"/> Dental Services
\$10	<input type="checkbox"/> Variable Lines	\$10	<input type="checkbox"/> Title	\$10	<input type="checkbox"/> Other – Limited Lines (Crop)	\$10	<input type="checkbox"/> Pre-Need
\$10	<input type="checkbox"/> Accident & Health or Sickness	\$10	<input type="checkbox"/> Property	\$10	<input type="checkbox"/> Credit	\$10	<input type="checkbox"/> Travel Accident & Baggage
\$10	<input type="checkbox"/> Medicare Supp/Long Term Care	\$10	<input type="checkbox"/> Casualty	\$10	<input type="checkbox"/> Motor Club	\$10	<input type="checkbox"/> County Farm Mutual Agent

Licensee Three

Last 4 digits of SSN		Number (NPN)		Effective Date of Appointment	
Last Name		First Name		Middle Name	

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS LICENSEE UNDER TERMS OF THE APPOINTMENT CONTRACT

Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type
\$10	<input type="checkbox"/> Life	\$10	<input type="checkbox"/> Person Lines	\$10	<input type="checkbox"/> Auto Physical Damage	\$10	<input type="checkbox"/> Dental Services
\$10	<input type="checkbox"/> Variable Lines	\$10	<input type="checkbox"/> Title	\$10	<input type="checkbox"/> Other – Limited Lines (Crop)	\$10	<input type="checkbox"/> Pre-Need
\$10	<input type="checkbox"/> Accident & Health or Sickness	\$10	<input type="checkbox"/> Property	\$10	<input type="checkbox"/> Credit	\$10	<input type="checkbox"/> Travel Accident & Baggage
\$10	<input type="checkbox"/> Medicare Supp/Long Term Care	\$10	<input type="checkbox"/> Casualty	\$10	<input type="checkbox"/> Motor Club	\$10	<input type="checkbox"/> County Farm Mutual Agent

The official signing below certifies that the company has terminated the agent/producer or adjuster on the date specified. In compliance with NCGS 58-33-56(d), each company has notified the licensee in writing, or has made all reasonable effort to so notify the licensee of this action prior to the effective date of the termination. **IF CANCELLATION IS FOR A CAUSE LISTED IN G.S. § 58-33-46 please attach an explanation.**

Signature of Company Official		Date Signed
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GENERAL INSTRUCTIONS

Permission to use this form must be granted by the North Carolina Department of Insurance Agent Services Division.

If approved is received, this form with payment must be received by the Department of Insurance within (30) days of cancellation.

CANCELLATION FOR CAUSE SHOULD BE REPORTED TO THE COMMISSIONER IMMEDIATELY

NOTIFICATION TO AGENT OF TERMINATION

An agent must clearly be notified in writing prior to the time this form is filed with the Department of Insurance. The Commissioner may require a company to furnish evidence that the company has made reasonable efforts to assure delivery of notice to the terminated appointee. Evidence of such efforts would be, but are not limited to, copies of returned receipt mailings, signed receipts of notifications by agents, and letters or documents from field management indicating their attempts to locate the agent.

According to NCGS 58-33-40(e) "An appointment shall continue in effect as long as the appointed agent is properly licensed and the appointing insurer is authorized to transact business in this State, unless the appointment is canceled. Upon cancellation of an appointment the insurer shall, with 30 days, file written notice of cancellation with Commissioner in a form prescribed by him indicating the date of cancellation. A copy shall be provided to the agent by the insurer."

TERMINATION OF AN AGENT APPOINTMENT DOES NOT CANCEL AN AGENT'S NORTH CAROLINA LICENSE.

It is the responsibility of the licensee to show evidence that he/she holds a valid North Carolina license for the kinds of insurance for which the company is appointing this person. This may be accomplished by showing a copy of his/her North Carolina Department of Insurance license, accessing the Producer Database (PDB), or through the licensee lookup on the department's web site www.ncdoi.com.

Company appointment must be in writing as a contract between the company and licensee.

Each section must be fully completed and signed by a company official. Company number may be found on the North Carolina Annual Invoice. Forms not indicating this number will be returned.

Mail to: **Post Office Remittance Address:**
North Carolina, State of DOI
P.O. Box 742175
Atlanta, GA 30374-2175

Overnight Mail:
Bank of America Lockbox Services
Lockbox 742175
6000 Feldwood Road
College Park, GA 30349

Appropriate fees for appointments must be submitted with this form made payable to NCDI. All fees may be paid by company or agency check, money order, cashier or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.

Fee	Appointment Type
\$10	Life
\$10	Variable Lines
\$10	Accident & Health or Sickness
\$10	Medicare Supp/Long Term Care
\$10	Personal Lines
\$10	County Farm Mutual Agent

Fee	Appointment Type
\$10	Title
\$10	Property
\$10	Casualty
\$10	Auto Physical Damage
\$10	Other – Limited Lines (Crop)

Fee	Appointment Type
\$10	Credit
\$10	Motor Club
\$10	Dental Services
\$10	Pre-Need
\$10	Travel Accident & Baggage

**** Effective January 1, 2011 the state of North Carolina no longer appoints or terminates adjusters. At some future date we plan to remove all adjuster appointments and we are working on an implementation date with our database administrator. If a company has a business need to have an adjusters appointment removed before the mass removal of appointment, request a review by Agent Services Division. If we approve, we will send an approved form for you to complete and return with appropriate fee.**

Agent Services Division requires insurance companies to process agent appointment and terminations via NIPR at www.nipr.com.

Exceptions to this business process require a written explanation to ASD-Financial justifying why NIPR is not available to your company. If you are having trouble using the NIPR systems, please contact: NIPR Helpdesk 1-816-783-8500 or Agent Services Division 919-807-6800

INTERNAL USE ONLY:

Signature of Agent Services Division Official	Date Signed
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