

**WYOMING INSURANCE DEPARTMENT
APPOINTMENT/TERMINATION FORM**

Company Name _____ Contact Person _____
 Address _____ Telephone # (____) _____ Email _____
 _____ Authorized Signature _____

Please Appoint Terminate the following:

NAIC #	National Producer Number	Wyoming License Number	FEIN/SSN	Producer Name Last, First or Firm Name	Line(s) of Authority	Fee \$15.00 Each	Effective Date* (mm/dd/yyyy)	For Cause

Total Due: \$ _____

<p>Instructions: Entries on the form must be either all appointments or all terminations. NAIC # - Use the NAIC-issued 5-digit company number Lines of Authority: Indicate the lines of authority for which the producer is being appointed. The appointing insurer must be authorized for the lines that correspond to lines of authority for which the producer is being appointed. For Cause – Mark this column only if the termination is “for cause.” A termination is “for cause” when an insurer ends its agency relationship with a producer for a reason specified in Chapter 16 of the Wyoming’s Insurance Department Regulations. Additional written documentation must be submitted to the Insurance Department in accordance with the requirements of Wyo. Stat. §26-9-214. Filing: Submit this form and the appropriate fee to: Wyoming Insurance Department, 106 E. 6th Avenue, Cheyenne, WY 82002. Make check payable to the Wyoming State Treasurer. <u>*Effective Date on the Wyoming Insurance Department system will be the date the appointment/termination is processed.</u></p>	<p><u>Lines of Authority</u> AH=Accident and Health or Sickness L=Life CR=Credit VA=Variable Life and Variable Annuity PR=Property CAS=Casualty PL=Personal Lines CROP = Crop TTL=Title TB=Travel Car=Car Rental PE= Portable Electronic Device</p>
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