WYOMING INSURANCE DEPARTMENT

APPOINTMENT/TERMINATION FORM

Company Name Address				Contact Person						
					Authorized Signature					
Please	Appoint National	Wyoming	Terminate		the following:			Fee	Effective	For
NAIC #	Producer Number	License Number	FEIN/SSN	Last, First	Producer Name or Firm Name		e(s) of hority	\$15.00 Each	Date* (mm/dd/yyyy)	Cause
						Total D	ıe: \$		-	
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 bei authorized for the lines that correspond to lines of authority for which the produce For Cause – Mark this column only if the termination is "for cause." A termina agency relationship with a producer for a reason specified in Chapter 16 of the V Additional written documentation must be submitted to the Insurance Department Wyo. Stat. §26-9-214. Filing: Submit this form and the appropriate fee to: Wyoming Insurance Department 82002. Make check payable to the Wyoming State Treasurer. *Effective Date on the Wyoming Insurance Department system will be the date.					ucer is being appointed. nation is "for cause" when an insurer Wyoming's Insurance Department Feet in accordance with the requirement	ends its Regulations. ents of	Lines of Authority 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			

Form Rev: 7/14/2017