

Producer Licensing Bureau
320 Capitol Mall
Sacramento, CA 95814-4309
(800) 967-9331
www.insurance.ca.gov



California Insurance License Cancellation Request
Section 1708 of the California Insurance Code

Licensee's Name: _____ NPN Number: _____
Print Name

License Number: _____ License Expiration Date ____/____/____

Please cancel the following license type(s):

- | | |
|--|---|
| Life and/or | <input type="checkbox"/> Car Rental Agent |
| Accident and Health or Sickness | <input type="checkbox"/> Cargo Shipper's Agent |
| Variable Life and Variable Annuity Authority | <input type="checkbox"/> Life & Disability Insurance Analyst |
| Property Broker-Agent and/or | <input type="checkbox"/> Life Settlement Broker and Brokering Life Settlement |
| Casualty Broker-Agent | <input type="checkbox"/> Motor Club Agent |
| Surplus Line Broker | <input type="checkbox"/> Part Time Fraternal Agent |
| Special Lines' Surplus Line Broker | <input type="checkbox"/> Portable Electronics Insurance Agent |
| Personal Lines Broker-Agent | <input type="checkbox"/> Self-Service Storage Agent |
| Limited Lines Auto Insurance Agent | Vehicle Service Contract Provider |
| Credit Insurance Agent | |

LICENSEE'S CERTIFICATION: I certify (or declare) under penalty of perjury, under the laws of the State of California, that I am the licensee and that I understand that I am no longer authorized to transact insurance under the license stated above. Pursuant to Insurance Code Section 1708, I authorize the surrender for cancellation the license stated above which permitted me to act in the capacity of the authority of this license. This form is my written notice to the Commissioner of the cancellation of said license.

Licensee's Signature

Officer Title (for Business Entity Licenses)

Date City State Telephone (____)

E-Mail to: LICDOCUMENTS@INSURANCE.CA.GOV

FAX to: (916) 327-6907

Mail to: California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814.