



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Line of Authority (LOA) Removal Request

BEFORE YOU COMPLETE THIS FORM:

If you are only trying to REMOVE LINES OF AUTHORITY from your PRODUCER or FRATERNAL AGENT license (not canceling the license); check off the LOA(s) to be removed.

Complete this form and email to cid.licensing@ct.gov

This form is **NOT** for canceling the entire license. To cancel the entire license, you will be required to complete the [Voluntary Surrender Request form](#).

Individual or Business Entity Name: _____

National Producer Number (NPN): _____

Individual last 4 digits of SSN OR Business Entity last 4 digits of FEIN: _____

License Type:

Producer

OR

Fraternal

Check off LOA(s) to be removed:

Accident & Health or Sickness

Personal Lines

Credit

Property & Casualty

Crop

Travel

Life

Variable Life/Variable Annuities

Life Settlement Registration

The Following 4 questions must be answered:

1. Do you currently have any complaints or actions (pending, active or recently disposed) against you by ANY Insurance Department in ANY State?

Yes

No

If yes, please explain: _____

2. Do you currently have any complaints or actions (pending, active or recently disposed) against you by FINRA?

Yes

No

If yes, please explain: _____

3. Has any insurance company submitted an appointment termination ***“for cause”*** with them in the last 6 months?

Yes

No

If yes, please explain: _____

4. Do you currently have any criminal actions (pending, active or recently disposed) against you by ANY Insurance Department in ANY State?

Yes

No

If yes, please explain: _____

Signature: _____

Date: _____

Email: _____

Phone: _____