

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

Request to Cancel or Surrender a Line of Authority

Please use this form to voluntarily cancel or surrender a line of authority on your License. Please note this form will only cancel the line of authority you mark below on the date that we receive it in office. It does not clear your license for a Clearance Letter.

PLEASE CHECK WHAT TYPE OF LICENSE YOU HOLD BELOW:

Producer

Title Insurance Agent

Service Representative

Adjuster

Business Entity Producer

Surplus Line Broker

Temporary

PLEASE CLEARLY PRINT OR TYPE
ALL INFORMATION IS REQUIRED

Licensee's Full Name: _____

National Producer #, SSN, or FEIN: _____

Alabama License #: _____

Line of authority to cancel: _____

I hereby request the cancellation of the line of authority listed effective immediately. I understand to get this line of authority back active, I must comply with a new application process that can be found on www.aldoi.gov

Signature

Date

The Licensee signature is required for this form to be processed