KENTUCKY DEPARTMENT OF INSURANCE TERMINATION OF PRODUCER APPOINTMENT

AGENT LICENSING DIVISION P.O. Box 517 Frankfort, KY 40602-0517 502-564-6004 http://insurance.ky.gov/

SECTION I LICENSEE INFORMAT	$\langle $		
Social Security Number or FEIN	Business Entity's Name		
Individual Agent's Last Name	First Name		Middle Name
Residence Address	City	State ZIP	Phone
Business Address	City	State ZIP	Phone

SECTION II - LINE OF AUTHORITY - (Please check all lines of authority that apply to this termination)

Life	Property	Travel
Health	Casualty	Limited Line Credit
Variable Life & Variable Annuity	Personal Lines	Grop
Specialty Credit Insurance	Motor Vehicle Physical Damage	Surety
Rental Vehicle Insurance	Mechanical Breakdown	

SECTION III -- TERMINATING INSURER (Terminating Affiliated Insurers are fisted on page 2: YES

Name				FEIN
Street Address	City	\sim	State	ZIP
	1			

Mark all that apply:

Reasons in KRS 304.9-440

SECTION IV -- TERMINATION INFORMATION

By signing this form, I certify

•	the propriety	of any termination for cause under ah 21 in the adioining list and	r KRS 304	4.9-440	as marked in
	items 1 throu	ah 21 in the adioining list and	$\langle \rangle$	///	

that a copy of the form shall be provided pursuant to KRS 304,9-280, within 15 days after this form is sent to the Commissioner and to the licensee at the licensee's last known address by (mark one) cortified mail roturn adind

	iii ieceipi iequesieu,	postage prepara or py
overnight delivery using a	nationally recognized	carrier for any reasons
listed in 1 – 21 OR		

first-class mail for any reason listed in 22 or 23

Effective Date of termination: OFFICER or AUTHORIZED REPRESENTATIVE of Terminating Insure

Signature

Name and Title (typed or printed)

In the absence of actual malice, an insurer, the authorized representative of the insurer, a licensee, or their respective representatives, or employees shall not be subject to civil liability, and a civil cause of action of any nature shall not arise against these entities or their respective representative or employees, as a result of: (a) Any statement or information required by or provided in accordance with KRS 304.9-280; (b) Any information relating to any statement that may be requested in writing by the commissioner, or (c) A statement by a terminating insurer to an insurer or licensee that is limited solely and exclusively to whether a termination for cause under KRS 304.9-440 was reported to the Commissioner.

_	1. Untrue information on application
(2. Miolation of insurance laws
Ϊ	3. License through misrepresentation
$\langle \rangle$	4. Money improperly withheld
$\langle \rangle$	5. Misrepresentation of terms of policy
)	6. Conviction of felony
/	7. Unfair trade practices or fraud
	8. Fraudulent, coercive, or dishonest practices
	9. Incompetent, untrustworthy, financially irresponsible
	10. Injury to public
	11. Other insurance license revoked
	12. License surrendered under threat of discipline
	13. Forged documents
	14. Cheating on exam
	15. Business accepted from unlicensed person
	16. Failure to take care of child support
	17. Failure to pay state income tax
	18. Conviction of misdemeanors restitution more than \$300
	19. Conviction of misdemeanor involving moral turpitude,
	breach of trust, or dishonesty
	20. Failure to meet statutory requirements for license
	21. Court or regulatory action for activities listed in 1-20
	Reasons other than in KRS 304.9-440
	22. Death (death certificate required within 15 days)
	23. Other (any reason not included in 1-22)
	Specify
	Opeony

SECTION V - NOTICE TO THE AGENT

If the insurer has terminated your appointment for any of the reasons identified in items 1-21, the insurer must send you a copy of this form within 15 days after giving notification to the Commissioner

- by certified mail, return receipt requested, postage prepaid or by overnight delivery using a nationally recognized carrier

Date

Phone Number

Within 30 days after you receive a copy of this form, you may file written comments concerning the substance of the notification with the Department of Insurance.

You must simultaneously send a copy of your comments to the reporting insurer by the same means.

Your comments will become a part of the Department's file and accompany every copy of a report about you disclosed for any reason.

SECTION VI – TERMINATING AFFILIATED INSURERS (Attach additional sheets as needed)

NAME OF AFFILIATED INSURER TERMINATING APPOINTMENT	FEIN
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SECTION VII - INSTRUCTIONS FOR TERMINATION OF AGENT APPOINTMENT PURSUANT TO KRS 304.9-280

An insurer that terminates the appointment, employment, contract, or other insurance business relationship with a licensee shall notify the Department within 30 days following the effective date of the termination, using Form 8302-TE as prescribed by the Commissioner of the Department of Insurance.

If the reason for termination is one of the reasons set forth in KRS 304.9-440 (listed in 1 through 20 in Section IV on page 1) or if the insurer has knowledge the licensee was found by a court, government body, or self-regulatory organization to have engaged in any of the activities in KRS 304.9-440 (listed as 21 in Section IV on page 1), the insurer must

- within 15 days after giving notice to the Department, mail a copy of completed Form 8302-TE to the licensee at the licensee's last known address by certified mail, return receipt requested, postage prepaid, or by overnight delivery using a nationally recognized carrier; and
- promptly notify the Department if the insurer later discovers additional information concerning activities set forth in KRS 304.9-440 (listed in 1 through 21 in Section IV on page 1).

If the reason for termination (listed as 22 of 23 in Section IV on page 1) is other than the reasons set forth in KRS 304.9-440, the insurer must

- within 15 days of giving notice to the Department, mail a copy of completed Form 8302-TE to the licensee at the licensee's last known address by first-class mail; and
- promptly notify the Department (if the insurer later discovers additional information concerning activities set forth in KRS 304.9-440 (listed in 1 through 21 in Section IV on page 1).

Upon written request of the Commissioner, the insure must provide additional information, documents, records, or other data pertaining to the termination or activity of the licensee.

SECTION VIII - CONFIDENTIALITY OF INFORMATION OBTAINED IN CONNECTION WITH FORM 8302-TE AND IN ACCORDANCE WITH KRS 304.9-280

All of these documents and information

• shall be confidential by law and privileged;

shall not be subject to subpoena; and

• shall not be subject to discovery or admissible in evidence in any private civil action

However, any of these documents or information used in a formal administrative proceeding or enforcement action in accordance with KRS Chapter 13B shall be subject to the Kentucky Open Records Act.

The Commissioner is authorized to use any of these documents or information in furtherance of any regulatory or legal action brought to carry out the Commissioner's duties.

Only final or adjudicated actions are released for public inspection or to a database maintained by the NAIC.