

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 INFORMATION (Please Type)

Social Security Number or FEIN	Business Entity's Name		
Individual Agent's Last Name	First Name	Middle Name	
Residence Address	City	State	ZIP
Business Address	City	State	ZIP
			Phone ()
			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	Crop
Specialty Credit Insurance	Motor Vehicle Physical Damage	Surety
Rental Vehicle Insurance	Mechanical Breakdown	

SECTION III -- TERMINATING INSURER (Terminating Affiliated Insurers are listed on page 2: YES NO)

Name	FEIN
Street Address	City
	State
	ZIP

SECTION IV -- TERMINATION INFORMATION

By signing this form, I certify

- the propriety of any termination for cause under KRS 304.9-440 as marked in items 1 through 21 in the adjoining list and
- 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)
 certified mail, return receipt requested, postage prepaid or by 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 Insurer:

Signature _____

Date _____

Name and Title (typed or printed) _____

Phone Number _____

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.

Mark all that apply:

Reasons in KRS 304.9-440

1. Untrue information on application
2. Violation of insurance laws
3. License through misrepresentation
4. Money improperly withheld
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 _____

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
- 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.

