

**KENTUCKY DEPARTMENT OF INSURANCE  
TERMINATION OF PRODUCER APPOINTMENT**

**SECTION I -- LICENSEE INFORMATION (Please Type)**

KY DOI# or NPN	Business Entity's Name		
Individual Agent's Last Name	First Name	Middle Name	
Residence Address	City	State	Zip Code Phone ( )
Business Address	City	State	Zip Code Phone ( )

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

Life	<input type="checkbox"/>	Property	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Health	<input type="checkbox"/>	Casualty	<input type="checkbox"/>	Limited Line Credit	<input type="checkbox"/>
Variable Life & Variable Annuity	<input type="checkbox"/>	Personal Lines	<input type="checkbox"/>	Crop	<input type="checkbox"/>
Rental Vehicle Insurance	<input type="checkbox"/>	Self-Service Storage Space	<input type="checkbox"/>	Surety	<input type="checkbox"/>
Preneed Funeral	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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

Name	FEIN		
Street Address	City	State	Zip Code

**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 through 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.

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

NAME OF AFFILIATED INSURER TERMINATING APPOINTMENT	FEIN

**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 authorized by law 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 <ul style="list-style-type: none"><li>• 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</li><li>• 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).</li></ul>
If the reason for termination (listed as 22 or 23 in Section IV on page 1) is other than the reasons set forth in KRS 304.9-440, the insurer must <ul style="list-style-type: none"><li>• 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</li><li>• 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).</li></ul>
Upon written request of the Commissioner, the insurer 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 <ul style="list-style-type: none"><li>• shall be confidential by law and privileged;</li><li>• shall not be subject to subpoena; and</li><li>• shall not be subject to discovery or admissible in evidence in any private civil action</li></ul>
However, any of these documents or information that is 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.