

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

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

<table border="1"> <tr> <td>KY DOI# or NPN</td> <td colspan="3">Business Entity's Name</td> </tr> <tr> <td>Individual Agent's Last Name</td> <td>First Name</td> <td colspan="2">Middle Name</td> </tr> <tr> <td>Residence Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Business Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	KY DOI# or NPN	Business Entity's Name			Individual Agent's Last Name	First Name	Middle Name		Residence Address	City	State	Zip Code	Business Address	City	State	Zip Code	<table border="1"> <tr> <td>Phone ( )</td> </tr> <tr> <td>Phone ( )</td> </tr> </table>	Phone ( )	Phone ( )
KY DOI# or NPN	Business Entity's Name																		
Individual Agent's Last Name	First Name	Middle Name																	
Residence Address	City	State	Zip Code																
Business Address	City	State	Zip Code																
Phone ( )																			
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"/>

**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**

<p><b>By signing this form, I certify</b></p> <ul style="list-style-type: none"> <li>the propriety of any termination for cause under KRS 304.9-440 as marked in items 1 through 21 in the adjoining list and</li> <li>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) <ul style="list-style-type: none"> <li><input type="checkbox"/> certified mail, return receipt requested, postage prepaid or by overnight delivery using a nationally recognized carrier for any reasons listed in 1 – 21 OR</li> <li><input type="checkbox"/> first-class mail for any reason listed in 22 or 23</li> </ul> </li> </ul> <p>Effective Date of termination: _____  OFFICER or AUTHORIZED REPRESENTATIVE of Terminating Insurer:</p> <p>_____  Signature Date</p> <p>_____  Name and Title (typed or printed) Phone Number</p> <p>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.</p>	<p><b>Mark all that apply:</b></p> <p><b>Reasons in KRS 304.9-440</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Untrue information on application</li> <li><input type="checkbox"/> 2. Violation of insurance laws</li> <li><input type="checkbox"/> 3. License through misrepresentation</li> <li><input type="checkbox"/> 4. Money improperly withheld</li> <li><input type="checkbox"/> 5. Misrepresentation of terms of policy</li> <li><input type="checkbox"/> 6. Conviction of felony</li> <li><input type="checkbox"/> 7. Unfair trade practices or fraud</li> <li><input type="checkbox"/> 8. Fraudulent, coercive, or dishonest practices</li> <li><input type="checkbox"/> 9. Incompetent, untrustworthy, financially irresponsible</li> <li><input type="checkbox"/> 10. Injury to public</li> <li><input type="checkbox"/> 11. Other insurance license revoked</li> <li><input type="checkbox"/> 12. License surrendered under threat of discipline</li> <li><input type="checkbox"/> 13. Forged documents</li> <li><input type="checkbox"/> 14. Cheating on exam</li> <li><input type="checkbox"/> 15. Business accepted from unlicensed person</li> <li><input type="checkbox"/> 16. Failure to take care of child support</li> <li><input type="checkbox"/> 17. Failure to pay state income tax</li> <li><input type="checkbox"/> 18. Conviction of misdemeanors restitution more than \$300</li> <li><input type="checkbox"/> 19. Conviction of misdemeanor involving moral turpitude, breach of trust, or dishonesty</li> <li><input type="checkbox"/> 20. Failure to meet statutory requirements for license</li> <li><input type="checkbox"/> 21. Court or regulatory action for activities listed in 1 – 20</li> </ul> <p><b>Reasons other than in KRS 304.9-440</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Death (death certificate required within 15 days)</li> <li><input type="checkbox"/> 23. Other (any reason not included in 1 through 22) Specify _____</li> </ul>
--	---

**SECTION V -- NOTICE TO THE AGENT**

<p><b>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</b></p> <ul style="list-style-type: none"> <li>within 15 days after giving notification to the Commissioner</li> <li>by certified mail, return receipt requested, postage prepaid or by overnight delivery using a nationally recognized carrier</li> </ul> <p><b>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.</b></p> <p><b>You must simultaneously send a copy of your comments to the reporting insurer by the same means.</b></p> <p><b>Your comments will become a part of the Department's file and accompany every copy of a report about you disclosed for any reason.</b></p>
--

**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**

<p>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.</p>
<p>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</p> <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>
<p>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</p> <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>
<p>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.</p>

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

<p>All of these documents and information</p> <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>
<p>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.</p>
<p>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.</p>
<p>Only final or adjudicated actions are released for public inspection or to a database maintained by the NAIC.</p>