



Department of Business and Industry

Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 **Phone:** (775) 687-0700 **Fax:** (775) 687-0787 **Web:** doi.nv.gov

NOTICE OF TERMINATION OF APPOINTMENT/AFFILIATION

INCOMPLETE FORMS WILL NOT BE PROCESSED

Employers FEIN #
If Insurer/NAIC

FEIN/SSN or NPN

To the Commissioner of Insurance of the State of Nevada:

.....
Name of Employer/Company

Certifies that the appointment of
Name of Appointee,

Located at.....
As its appointee in the transaction of the business of insurance has been terminated and the appointee has been notified.

The facts as to the termination of such appointment and the cause thereof are as follows:

1. Date of termination
2. Date of notification of appointee
3. Is appointment terminated with complaint?.....

Termination for Cause (TFC) activity is described in [NRS 683A.451](#). TFC require supporting documentation outlining the circumstances of the event including, dates, location, basis of charge and supporting documentation including copies of any police report(s) if such a report was made.

For Department Use Only

Issue Date.....

Approved by

.....
Employer/Company

.....
Signature (Please hand sign)

.....
Name and Title of Officer (Please print)

Name and address of office of employer/company completing this

Form must be typed in box below—include Zip.

.....
Date