

**STATE OF NEVADA APPOINTMENT AND TERMINATION FORM**  
**1818 E. College Parkway. Ste. 103, Carson City, NV 89706**

Appointing Insurer Name & Address

Insurer Contact Name: \_\_\_\_\_

Insurer Contact Phone Number: \_\_\_\_\_

**APPOINTMENT FEE: \$15.00 PER PERSON PER INSURER**  
**FORM MUST ONLY BE USED FOR EITHER APPOINTMENT**  
**OR TERMINATIONS, NOT BOTH AND FOR ALL THE SAME**  
**LINES OF AUTHORITY.**

☐ **APPOINT**

☐ **TERMINATE**

**Lines of Authority:**

- ☐ Life
 ☐ Health
 ☐ Property
 ☐ Casualty
 ☐ Surety
 ☐ Variable Annuity/Variable Life
 ☐ Personal Lines

- ☐ MGA
 ☐ Title
 ☐ Motor Club
 ☐ Fraternal
 ☐ Bail

☐ General Agent for Bail

**LIMITED LINES:**

- ☐ Credit
 ☐ Fixed Annuities

☐ Travel/Baggage
 ☐ Car Rental

D O I U S E	Social Sec Number (SSN) OR Employer Identification Number (EIN)	Producer Name	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Effective Date	C A U S E

**New Producer:** Appointment must be within 15 days after contract is executed or Nevada license is issued. **Licensed Producers:** Appointment must be within 15 days after the first application for insurance is submitted. **Terminations for any reason:** Notify Commissioner within 30 days of termination.

**Termination for Cause:** Include explanation & documentation.