

ALASKA DIVISION OF INSURANCE  
 Licensing Section  
 P.O. Box 110805, Juneau, AK  
 99811-0805 Ph: 907-465-2515  
 insurancelicensing@alaska.gov

Division Use Only
-------------------

## FOR CAUSE TERMINATION FORM

- This form is only required for licensees that are being terminated “for cause.” See [AS 21.27.140](#).
- Terminations must be sent within 15 days after providing notice to the Director of Insurance.
- The insurer, reinsurer, or authorized representative is required to mail a copy to the appointee at the last address on record with the insurer.
- Additional written documentation must be submitted to the division in accordance with [AS 21.27.110](#) including reason for termination.

Company Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Producer name	SSN, FEIN, AK License # or NPN #	NAIC CoCode*	NAIC CoCode*	NAIC CoCode*	NAIC CoCode*	NAIC CoCode*	Termination Effective Date

\*Use NAIC-issued 5-digit company number for each company within the company’s holding company or group.

See <https://www.commerce.alaska.gov/web/ins/Producers/CompanyAppointments.aspx> for more info on company appointments and terminations.