



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

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License Cancellation Form

- Numerous penalties apply if you transact Alaska insurance business or adjust Alaska claims after your license is cancelled.
- If you reactivate a cancelled resident license within one year, the requirements to reactivate your exam and fingerprints is waived.
- You are required to complete any outstanding CE requirement if you reactivate a resident license within two years of prior license expiration date.
- Full authority cancellations must complete the Records Storage section (PART 3 of this form).
- Lines and classes of authority can only be added online at NIPR.com.

PART 1 Licensee Information

Name of Individual or Business Entity:	
License Number:	
Effective Date:	

PART 2 Authorities Cancelling

Class of Authority	Line of Authority					
	Life	Health	Variable	Property	Casualty	Personal
Cancel Full Authority	X	X	X	X	X	X
Producer						
Adjuster						
Surplus Lines Broker						
Managing General Agent						
Reinsurance Intermediary Broker						
Reinsurance Intermediary Manager						
Viatical Settlement Broker						
Viatical Settlement Representative						
Third-Party Administrators						
Limited (select all that apply)	Travel Motor Vehicle	Bail Bond	Portable Electronics	Title	Credit Crop	

PART 3 **Records Storage**

Numerous penalties apply if you transact Alaska insurance business or adjust Alaska insurance claims after your license is canceled. If you reactivate a cancelled resident license within one year the requirement to retake your exam(s) and fingerprints is waived. You are required to complete any outstanding CE requirements if you reactivate a resident license within two years of prior license expiration date.

Once license is cancelled, where will transaction records be maintained:

Not applicable — no insurance business written in Alaska.

Last known insurer of each policyholder.

I have attached the insurer names and address for each location where the records will be stored.

Designated Alaska licensee:

Name of designated Alaska licensee:

License number of designated licensee:

Address where records will be stored:

PART 4 **Certification**

I hereby certify under penalty of perjury that all information submitted in this form and attachments are true and complete and that I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license or registration revocation and may subject me to civil or criminal penalties. Must be signed by the individual license holder or by a compliance officer if held by a business entity.

Signature:

Printed Name:

Date Signed:
