

State of Alaska  
 Department of Commerce, Community,  
 and Economic Development  
 Division of Insurance  
 P.O. Box 110805, Juneau, AK 99811-0805  
 (907) 465-2515  
 Website: [www.commerce.state.ak.us/insurance](http://www.commerce.state.ak.us/insurance)

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

### “FOR CAUSE” TERMINATION FORM

A termination is “for cause” when an insurer ends its agency relationship with a producer for one of the reasons specified in Alaska’s laws.\*

Company Contact Address
-------------------------

Company contact  
 telephone number: \_\_\_\_\_

Name of contact: \_\_\_\_\_

<input type="checkbox"/>	Terminate
--------------------------	-----------

<input type="checkbox"/>	Insurance Producer
--------------------------	--------------------

<input type="checkbox"/>	Managing General Agent (MGA)
--------------------------	------------------------------

SSN, FEIN, AK License #, or NPN #	Producer name	NAIC CoCode No.	NAIC CoCode No.	NAIC CoCode No.	NAIC CoCode No.	NAIC CoCode No.	Effective Date	C

Answers to Frequently Asked Questions (FAQ’s) are available at [www.commerce.state.ak.us/insurance](http://www.commerce.state.ak.us/insurance)

- This form is only required to be completed for licensees that are being terminated “for cause.” Refer to AS 21.27.140.
- A. NAIC # – Use NAIC-issued 5-digit company number for each company within the company’s holding company or group.
  - B. Effective Date – Use mm/dd/yyyy format.  
 TERMINATIONS: Must be sent to the division promptly within 15 days after providing notice to the Alaska Director of Insurance. The insurer, reinsurer, or authorized representative shall mail a copy to the appointee at the last address on record with the insurer.
  - C. Mark this column only if the termination is “for cause.” \*A termination is “for cause” when an insurer ends its agency relationship with a producer for one of the reasons specified in Alaska’s laws. Additional written documentation must be submitted to the Division of Insurance in accordance with the requirements of AS 21.27.110.
  - D. Complete the section below if submitted by an MGA or RIM:

<input type="checkbox"/> Managing General Agent (MGA) <input type="checkbox"/> Reinsurance Intermediary Manager (RIM)	AK License #	Name of Managing General Agent/Reinsurance Intermediary Manager
--	--------------	---

Check FAQ’s on our website above for more information.