NOTICE OF ADDITION OR TERMINATION OF DESIGNEE TO AGENCY LICENSE

FORM MUST BE SIGNED & DATED

Utah Insurance Department
State Office Building Room 3110
Salt Lake City, Utah 84114
Phone: 801-538-3800 Fax: 801-538-3830
Email: licensing.uid@utah.gov

IMPORTANT NOTICE: Electronic filing for the addition or termination of a designee to an agency license is the REQUIRED process and is available online at www.sircon.com/utah and then selecting "Maintain your firm association".

This paper form is to be used only when electronic filing is not available. All other filings may be returned without processing.

The agency licensee shall notify the Commissioner of any change of designee relative to the license, and shall report the cause of any termination. Please TYPE or PRINT legibly.

Type of change: ☐ adding designee ☐ terminating designee

1. Name of Agency _____

2. FEIN # _____ 4. Utah License #_____5. State of Incorporation_____

3. Has the person named on this form (a) had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state; (b) had such license subjected to a monetary fine by any authority; (c) withdrawn any application, surrendered such a license to avoid disciplinary action? ☐ YES ☐ NO
   If 'Yes', you must attach a dated & signed explanation and provide copies of orders and all pertinent documents.

4 Name the individual to be added to or terminated as a designee from agency license:

ADD	TERMINATE	NAME	SOCIAL SECURITY NUMBER (License number not acceptable)
☐	☐		

5. If the designation of the person named on this form is being terminated for cause, provide a written explanation below.

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6. I hereby certify that I am an owner, partner, or officer or designated responsible licensed producer of this named agency, and that all the information in this form is complete and true to the best of my knowledge and belief. I acknowledge that any misrepresentation or misstatement of facts shall be cause for administrative action. By signing this form, I hereby authorize the Commissioner to make inquiry of any person regarding this form.

By _____
Print Name Signature Title Date

Revised 10/15/09