



Department of Consumer and Business Services

Insurance Division — 3

P.O. Box 14480, Salem, Oregon 97309-0405

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350 Winter St. NE, Salem, Oregon

www.insurance.oregon.gov

**Termination of  
Appointment Notice**

**Insurers must notify the director of DCBS of termination within 30 days of the effective date.**

**Please print or type**

Name of agent/agency: \_\_\_\_\_ Oregon license number: \_\_\_\_\_

Agency address: \_\_\_\_\_ FEIN: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Name of appointing insurer: \_\_\_\_\_

Oregon certificate of authority number: \_\_\_\_\_ NAIC number: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Date appointment terminated: \_\_\_\_\_ Date agent notified of termination: \_\_\_\_\_

1. Did you terminate this agent/agency appointment for any reason specified in ORS 744.081(2)(a)(c)(d)\*?

Yes  No

2. If the answer is yes, please attach a detailed explanation.

Officer or individual having power of attorney on file with the Department of Consumer and Business Services:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*ORS 744.081(2) Termination of appointment

“...The following are grounds for termination under this subsection:

- (a) The agent’s insurance license is denied, restricted, revoked, suspended, or canceled by any public authority.
- (c) The agent is insolvent or fails to remit balances to the insurer in accordance with the agreement.
- (d) The agent commits fraud or engages in intentional misconduct.”

**No fee required.**

**To receive confirmation of this termination,  
a postage-paid return envelope is required.**

