

Appointment Cancellation for Cause

Use this form to submit notification of appointment cancellation for cause. All other appointment transactions must be completed electronically using [National Insurance Producer Registry](#) or [Sircon](#).

► Appointee information

Agent or agency name as it appears on TDI license

TDI license number

► Insurer information

Name of Insurance Company (Group Name is not acceptable) **NAIC or Federal tax ID number**

Select all boxes that apply to indicate the appointment type terminated.

License type	Appointment type	Statute
General Lines Life, Accident, and Health	☐ LAH - Life, Accident, Health HMO, Variable Contracts, etc.	TIC §4054
General Lines Property and Casualty	☐ PC - All Property & Casualty and Surety	TIC §4051
Life Agent	☐ LAGT - Life Agent	TIC §4054.301 - §4054.304
Personal Lines Property and Casualty	☐ PLPC - Personal Lines Property and Casualty	TIC §4051.401 - §4054.404
Limited Lines	☐ LL - Automobile, Credit (other than specialty), Farm Mutual, Growing Crops, Manufactured Home, Job Protection, etc.	TIC §4051.101 - §4051.102 TIC §4054.101 - §4054.103
Managing General Agent (Property and Casualty only)	☐ MGA - Managing General Agent	TIC §4053.001 - §4053.152
Funeral Pre-Arrangement	☐ PNEED - Funeral Pre-Arrangement	TIC §4054.151 - §4054.160
Life Insurance Not Exceeding \$25,000	☐ LI - Life Insurance Not Exceeding \$25,000	TIC §4054.201 - §4054.208
County Mutual	☐ CM - County Mutual	TIC §4051.201 - §4051.206
Specialty	☐ SP - Rental Car	TIC §4055.051 - §4055.053
Specialty	☐ SP - Credit Insurance	TIC §4055.101 - §4055.105
Specialty	☐ SP - Travel Insurance	TIC §4055.151 - §4055.157
Specialty	☐ SP - Self Service Storage Facility	TIC §4055.201 - §4055.203
Specialty	☐ SP - Portable Electronic Vendor	TIC §4055.251 - §4055.256

► **Attestation by authorized insurer representative**

I have attached a statement of the facts relating to the termination of the appointment that provides the date and cause for the termination. ☐ Yes ☐ No

I attest and affirm that all statements in this form and any attached supporting documents are true and correct; and are made for the purposes of notifying the department of a change in appointment status, as indicated by the completed form.

Email address _____

Mailing address _____

City _____ State _____ ZIP _____

Print name _____ Date _____

Signature _____

► **Instructions**

Return the completed form and supporting documents by:

Mail: Texas Department of Insurance
Agent and Adjuster Licensing, Mail Code CO-AAL
P.O. Box 12030
Austin, Texas 78711

or

Email: License@tdi.texas.gov

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.