

# NAIC MIDWEST ZONE UNIFORM REQUEST FOR COMPANY APPOINTMENT/CANCELLATION

State of \_\_\_\_\_

Please complete **YOUR** address in the space below. If this state returns an approval, it will be sent to the insurance company address indicated.

**NOTE: This form may be duplicated.**

**NOTE: ALL INFORMATION MUST BE COMPLETE AND CORRECT TO PROCESS**

\_\_\_\_\_  
NAIC CO. NUMBER

Company is requesting to: \_\_\_\_\_ Appoint

\_\_\_\_\_ Cancel for Cause  
(enclose documentation)

\_\_\_\_\_  
STATE CO. NUMBER

\_\_\_\_\_ Cancel-Deceased

\_\_\_\_\_ Cancel-Other  
(attach explanation)

\_\_\_\_\_  
Agent SSN or Agency FEIN

\_\_\_\_\_  
License Number (In Wisconsin)

\_\_\_\_\_  
Agent Name (last, first) or Agency Name (include DBA)

\_\_\_\_\_  
Residence or Legal Address

\_\_\_\_\_ Resident

\_\_\_\_\_ Non-Resident

\_\_\_\_\_ Individual

\_\_\_\_\_ Corporation

The company is appointing for all qualifications for which the appointee is properly licensed in this state. The company is responsible to assure the appointee only sells products for which he/she is properly licensed in this state.

I hereby appoint and certify that I have investigated the qualifications of this appointee and that the appointee meets all requirements under this state's insurance statutes and regulations. If this is a cancellation, I certify that this cancellation complies with state statutes and regulations.

BY: **X** \_\_\_\_\_

Signature \*

\_\_\_\_\_

Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Title

\*May only be signed by individual with authority pursuant to the power of attorney on file with the regulatory authority.

\_\_\_\_\_  
Effective Date:

(company completes only for Missouri, Ohio, and Kansas)

\_\_\_\_\_  
Approval/Process Date:

(to be completed by the regulatory authority)

(4/98-KS)