

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

**DIVISION OF INSURANCE**

124 S. EUCLID AVE., 2ND FLOOR PIERRE, SOUTH DAKOTA 57501  
 Tel. 605.773.3513 Fax: 605.773.5369 dlr.sd.gov/insurance

**APPLICATION FOR PORTABLE ELECTRONICS LICENSE**

FILING DATE \_\_\_\_\_ EFFECTIVE DATE OF TERMINATION \_\_\_\_\_

(1) PRODUCER'S LAST NAME (JR./SR. ETC)	FIRST NAME	MIDDLE NAME (SPECIFY IF NONE)	(2) LICENSE #
--	------------	-------------------------------	---------------

(3) COMPANY NAME	(4) NAIC NUMBER
------------------	-----------------

(4) IF THIS IS A MULTIPLE TERMINATION WITH ONE OR MORE COMPANIES UNDER COMMON OWNERSHIP OR CONTROL WITH THE COMPANY NAMED IN (3) ABOVE, LIST ALL COMPANY NAME(S) AND COMPANY NAIC NUMBER(S).

Name of Company \_\_\_\_\_ Company NAIC # \_\_\_\_\_

Name of Company \_\_\_\_\_ Company NAIC # \_\_\_\_\_

Name of Company \_\_\_\_\_ Company NAIC # \_\_\_\_\_

Name of Company \_\_\_\_\_ Company NAIC # \_\_\_\_\_

(5) REASON FOR TERMINATION:

\_\_\_\_\_ (A) CANCELED (Not for Cause)

\_\_\_\_\_ (B) DECEASED

\_\_\_\_\_ (C) ENTERED IN ERROR

\_\_\_\_\_ (D) VOLUNTARY SURRENDER

\_\_\_\_\_ (E) CANCELED FOR CAUSE

**Termination Code (E) requires additional explanation per SDCL 58-30-180.**  
**Provide a summary or explanation below. Attach additional documentation if necessary.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>CERTIFIED BY:</b></p> <p>_____</p> <p>TYPE OR PRINT NAME OF AUTHORIZED SIGNATORY</p> <p>_____</p> <p>TITLE OF AUTHORIZED SIGNATORY</p>	<p><b>FOR FURTHER INFORMATION CONTACT:</b></p> <p>_____</p> <p>NAME AND COMPANY AFFILIATION</p> <p>_____</p> <p>STREET ADDRESS</p> <p>_____</p> <p>CTY /STATE/ZIP</p> <p>_____</p> <p>TELEPHONE _____ FAX _____</p> <p>_____ EMAIL</p>
--	--

Mail, fax or email completed form to the Division of Insurance. Contact information for the Division is provided at top of this form