

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

**NOTICE OF TERMINATION OF COMPANY APPOINTMENT**

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:			
<input type="checkbox"/> (A) CANCELED (Not for Cause) <input type="checkbox"/> (B) DECEASED <input type="checkbox"/> (C) ENTERED IN ERROR <input type="checkbox"/> (D) VOLUNTARY SURRENDER <input type="checkbox"/> (E) CANCELED FOR CAUSE			
<b>Termination Code (E) requires additional explanation per SDCL 58-30-180.</b> <b>Provide a summary or explanation below. Attach additional documentation if necessary.</b>			
_____ _____ _____ _____ _____ _____ _____			
<b>CERTIFIED BY:</b>  _____ TYPE OR PRINT NAME OF AUTHORIZED SIGNATORY  _____ TITLE OF AUTHORIZED SIGNATORY		<b>FOR FURTHER INFORMATION CONTACT:</b>  _____ NAME AND COMPANY AFFILIATION  _____ STREET ADDRESS  _____ CITY /STATE/ZIP  _____ TELEPHONE FAX  _____ EMAIL	

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