STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI) PRODUCER LICENSING BUREAU

License Cancellation Form

City	License	ee Name			
Please cancel the following license(s): Please check correct box, if no box is checked, ALL licenses will be cancelled. All Licenses Limited Surety Insurance Producer Solicitor Staff Adjuster Third Party Administrator Independent Adjuster Insurance Consultant Public Adjuster Pharmacy Benefit Manager Surplus Line Broker Portable Electronics Motor Club Rental Car Bail Bond Property Temporary Insurance Producer Bail Bond Solicitor Viatical Broker Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Signature:					
All Licenses Limited Surety Insurance Producer Solicitor Staff Adjuster Third Party Administrator Independent Adjuster Insurance Consultant Public Adjuster Pharmacy Benefit Manager Surplus Line Broker Portable Electronics Motor Club Rental Car Bail Bond Property Temporary Insurance Producer Bail Bond Solicitor Viatical Broker Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Date:				State Zip	
Insurance Producer Staff Adjuster Staff Adjuster Independent Adjuster Insurance Consultant Public Adjuster Public Adjuster Public Adjuster Public Adjuster Portable Electronics Motor Club Rental Car Bail Bond Property Temporary Insurance Producer Bail Bond Solicitor Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Signature: Date:			•	` ,	
Staff Adjuster Third Party Administrator Independent Adjuster Insurance Consultant Public Adjuster Pharmacy Benefit Manager Surplus Line Broker Portable Electronics Motor Club Rental Car Bail Bond Property Temporary Insurance Producer Bail Bond Solicitor Viatical Broker Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Signature: Date:		All Licenses		Limited Surety	
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Surplus Line Broker Portable Electronics Motor Club Rental Car Bail Bond Property Temporary Insurance Producer Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Signature:		Independent Adjuster		Insurance Consultant	
Motor Club Bail Bond Property Bail Bond Solicitor Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Signature: Date: Date:		Public Adjuster		Pharmacy Benefit Manager	
Bail Bond Property Temporary Insurance Producer Please review the following statements: 1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired. 2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execut this request on behalf of the firm. 3. I agree to notify my appointing companies of this cancellation. 4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above. Signature:		Surplus Line Broker		Portable Electronics	
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Signature: Date:	3.	. I agree to notify my appointing companies of this cancellation.			
	4.		no longer autho	rized to transact insurance under the license	
Tolombana Na .	Signature:				

Completed form must be submitted by email to Agents.licensing@osi.nm.gov