

COMMONWEALTH OF VIRGINIA

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
1300 E. MAIN STREET
RICHMOND, VIRGINIA 23219
TELEPHONE: (804) 371-9631
www.scc.virginia.gov/boi

INDIVIDUAL LICENSE CANCELLATION REQUEST FORM

Producer Name: _____

Producer Address: _____

Email Address: _____

Virginia License Number: _____

I, _____, do hereby request that the Bureau of Insurance (Bureau) immediately cancel the following licenses held by me:

- | | | |
|--|---|--|
| <input type="checkbox"/> All Licenses | <input type="checkbox"/> Variable Contracts | <input type="checkbox"/> Limited Lines Credit |
| <input type="checkbox"/> Health | <input type="checkbox"/> L&H Consultant | <input type="checkbox"/> Limited Lines L&H |
| <input type="checkbox"/> Life & Annuities | <input type="checkbox"/> P&C Consultant | <input type="checkbox"/> Limited Lines P&C |
| <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Surplus Lines Broker | <input type="checkbox"/> Motor Vehicle Rental Contract |
| <input type="checkbox"/> Property & Casualty | <input type="checkbox"/> Viatical Settlement Broker | <input type="checkbox"/> Navigator |
| <input type="checkbox"/> Title | <input type="checkbox"/> Public Adjuster | |

I understand that the Bureau will send notification to the companies with which I hold appointments that my license(s) has been cancelled; and, that the Bureau will also notify me when this request has been processed. I understand that I am not required to return my license with this request.

Signature: _____ Date: _____
(Digital signature required.)

E-mail completed form to: AgentLicensing@scc.virginia.gov
(Attach the form to the e-mail before sending)