

# COMMONWEALTH OF VIRGINIA

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



P.O. BOX 1157  
RICHMOND, VIRGINIA 23218  
TELEPHONE: (804) 371-9631  
TDD/VOICE: (804) 371-9206  
[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)

## REQUEST FOR AGENCY LICENSE WITHDRAWAL/TERMINATION

Agency Name and Address:

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Virginia License Number: \_\_\_\_\_

I, \_\_\_\_\_, as officer, director or principal of the above named insurance agency, do hereby request that the Bureau of Insurance (Bureau) immediately terminate all licenses held by this agency.

I understand that the Bureau will send notification to the companies with which this agency holds appointments that its license(s) has been terminated because it has represented that it is no longer conducting insurance business in the Commonwealth of Virginia; and, that the Bureau will also notify this agency when this transaction has been processed. I understand that the agency is not required to return its license with this request for license termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_