KIM HOLLAND
INSURANCE COMMISSIONER
OKLAHOMA INSURANCE DEPARTMENT
2401 NW 23rd Street, Suite 28 (73107) or PO Box 53408 Oklahoma City, OK (73152-3408)
In-State 800-522-0071 • 405-521-3916 • Fax 405-522-3642

Cancellation of Company Appointment

ELECTRONIC PROCESSING PREFERRED

Form CAA - Rev. 10/2007

Oklahoma License #	Company #	*Effective date of termination:

This cancellation serves as notification of cancellation of this agent's contract/appointment under the guidelines of Statute 36 O.S. § 1435.16 A & B.
The agent's contract/appointment has been cancelled per the effective date of termination and we are notifying you within thirty (30) days as indicated in the previous Statute.

Licensee's Last Name *or* Licensed Agency Name:	First Name:	Middle Name:	
Licensee's Address:	City:	State:	Zip Code:

Social Security Number: **Agency Federal Employer Identification Number:**

or

MARK ALL LINES OF AUTHORITY TO BE CANCELLED WITH AN "X" HERE →	PROPERTY & CASUALTY	A & H	LIFE	VAR ANN	MOTOR CLUB	HMO	MGA	TRAVEL LTD	CREDIT L&H	PRPD LEGAL	PREPAID DENTAL	JOB LOSS	CREDIT PROP	CROP HAIL	VEH AUTO RENTAL	AIRCRAFT TITLE	TITLE	AGRICULTURE REV	Reason for Cancellation:

1. Does the Company plan to take legal action against this license? ☐ Yes ☐ No
2. Are you aware if this licensee has been convicted of a felony? ☐ Yes ☐ No
3. Has this licensee committed a violation of and State insurance law, or do you believe that he or she has violated or may be currently in violation of any such law? ☐ Yes ☐ No
4. Does this licensee have any balance due to the Company? ☐ Yes ☐ No
5. If you answered Yes to any question (1-4), please explain.

_____

_____

Company:	Signature:
Address:	Typed Name:
	Title:
City, State, Zip:	Date:

PLEASE REPRODUCE THIS FORM TO MEET YOUR NEEDS

OFFICE USE ONLY

Agent's license number is:
- ☐ Incorrect
- ☐ Inactive on:_____
- ☐ Missing
- ☐ Other:_____

Company:
- ☐ Appointment Cancelled on:_____
- ☐ Appointment not on file.
- ☐ Signature unauthorized.
- ☐ Number wrong or address information incomplete.