



Agent Termination for Cause

Agent/Agency Name: _____

License Number: _____ Or NPN: _____ Or EIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Lines of Authority: _____

Insurance Company: _____ FEIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Telephone: _____ Fax: _____

Person Reporting: _____ Telephone: _____

Reason for Termination :

Did the agent's misconduct involve Ohio policyholders? Yes No

Effective Termination Date: _____

Description of documentation to support termination:

Note: All Fields Must Be Completed