



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301
(603) 271-2261 Fax (603) 271-1406
TDD Access: Relay NH 1-800-735-2964

**REQUEST FOR CANCELLATION OF LICENSE
PRODUCER, ADJUSTER, PUBLIC ADJUSTER**

Uses: This form is to be completed by NH Insurance Department Licensees who wish to terminate, surrender, or cancel their license prior to its expiration date.

Instructions:

Complete and sign this form. Submit this form by any one of these three methods:

PREFERRED METHOD

Attached to **e-mail** at
producerquestions@ins.nh.gov

USPS mail to:

New Hampshire Insurance Department
Attn: Producer Licensing
21 South Fruit Street
Suite 14
Concord, NH 03301

Fax transmission to:

(603) 271-7029

Typed or printed name _____

NH Producer or Adjuster license number _____

I am requesting that my license as indicated above be cancelled as I wish to voluntarily surrender my license. I certify that I am the licensee to whom this license was issued.

(signature)

(date)