



**The State of New Hampshire
Insurance Department**

21 South Fruit Street
Suite 14
Concord, NH 03301
(603) 271-2261 Fax (603) 271-7029
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. I understand that voluntary cancellation does not release me from the results of any pending or future administrative actions, including orders revoking or suspending my license privileges, fines imposed, or other penalties imposed due to my conduct as a producer adjuster during the time I held a valid license.

If terminating an entity license, either DRLP or officer of the entity must sign & state title.

(signature)

(date)

For those that are terminating their resident license in NH because of move out of state and want to maintain a NonResident license in NH: Per RSA 402J:7 VI you have 30 days to obtain a resident license in your new resident state and notify us of your address change with the form on our website. Your license will be reactivated as a non-resident at no additional fee above the address change fee of \$10.