



**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](mailto: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

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

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)