**Maine Appointment/Termination Form** (rev 2/11/2016)

**Return form & fees to: Accounting Associate, Bureau of Insurance, 34 State House Station, Augusta ME 04333-0034**

Company Mailing Address: **Please include name of contact person.**

Company contact phone # & extension (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please check one **only** (see (a) below):

 **Appoint (Include payment\*) Terminate (No Fee)**

 **Payment must be included with this form - $30 Resident Individual or $45 Nonresident Individual\*, per company; $30 Resident Motor Vehicle Business**

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| **National Producer # or FEIN #****& Appointee License #** | **Producer/Business Entity Name** | **Maine Co** **Lic #** **&**  **Naic #** | **Maine Co** **Lic #** **&**  **Naic #** | **Maine Co** **Lic #** **&**  **Naic #** | **Maine Co** **Lic #** **&**  **Naic #** | **Effective****Date** | **C** |
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**Entity or $70 Nonresident Motor Vehicle Business Entity, per company. Checks should be payable to “Maine State Treasurer”.**

 **\*Please be aware that there was a change in Rule 545, the Nonresident Individual appointment fee dropped from $70.00 to $45.00.**

 ***There is no fee required for appointing agency business entities, prefixes AGN & AGR*.**

1. Entries on a form must be either **all** **appointments** or **all** **terminations** (Terminations only may be faxed to: 207-624-8599)**.**
2. **Effective Date-** Use **mm/dd/yyyy** format
3. **C -**Mark this column **only** if the termination is **“for cause.”** A termination is “for cause” when an insurer ends its agency

 relationship with a producer for one of the reasons specified in Section 1420-K of the Maine Insurance Code. Additional written

 documentation **must** be submitted to the Insurance Department in accordance with the requirements of Section 1420-N(1).

1. **No** confirmation of appointment will be sent to the insurer. Confirmation of processed appointments can be verified on the

NAIC’s PDB or the Bureau’s website: www.maine.gov/insurance