

Appointment/Termination Form and Instructions

Before completing the form, be sure that the person/agency being appointed is actively licensed in Maine and not already appointed. Verification can be done on our website: www.maine.gov/pfr/insurance under “[Licensee Search](#)”.

1. Please include the company name and address, contact name, phone number and extension, in case the Bureau of Insurance has questions concerning the completed form.
2. Please be aware that entries on the form must be either all appointments **OR** all terminations.
3. Column 1 - **Appointee (Licensee) License Information**
Be sure to include the licensees’ National Producer Number (NPN) and Maine License Number.
4. Column 2 - **Appointee (Licensee) Name**
Be sure the name is written on the form as it appears on the Maine license.
5. Columns 3-6 - **Appointer (Insurer) License Information**
Include both the insurers’ Maine company license number and the NAIC number. **Note: Please be sure you are using the correct Maine license number. All license numbers begin with a 3-letter prefix. If you are not sure, please verify on our website or call.**
6. Column 7 - **Effective Date**
Enter the effective date that the insurer appointed or terminated the licensee, using mm/dd/yyyy format.
7. Column 8 - **C - For Cause**
The column with a **C** is to be checked **only** when 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. Terminations for cause must be submitted to the Superintendent within 30 days following the effective date of the termination. Additional written documentation **must** be submitted to the Maine Bureau of Insurance in accordance with the requirements of Section 1420-N(1).

Appointments are per licensee, per company, no matter how many authorities the licensee holds. If adding a new authority and the licensee is already appointed to the company, no new appointment is needed.

Questions may be directed to Accounting Associate at 207-624-8475 or by email to insurance.pfr@maine.gov.

(rev 06/10/2024)

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

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

Appoint (Include payment*)

Terminate (No Fee)

- a. Entries on a form must be either **all appointments** or **all terminations**
- b. **Effective Date**- Use **mm/dd/yyyy** format
- c. **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).
- d. Confirmation of appointment/termination will **NOT** be sent to the insurer. Confirmation can be verified on the NAIC’s Producer Database or the Bureau’s website: www.maine.gov/insurance