Maine Appointment/Termination Form

(rev 9/2/09)

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)**

Social Security # 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

***Payment must be included with this form $30 Resident or $70 Nonresident, per licensee, per company. Checks are payable to Treasurer, State of Maine.**

a. Entries on a form must be either **all appointments** or **all terminations** (Terminations only may be faxed to: 207-624-8599)**.**
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. **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