**BUSINESS ENTITY**

**Voluntary Termination of License or Branch Registration**

This form is to be used if requesting voluntary termination of a Business Entity (primary agency license) or branch registrations.

Primary Business Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_

Business Entity FEIN #: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wish to terminate the Primary business entity license? [ ] Yes [ ] No

**If yes**, you do not need to fill out the table below as the branch registrations will be terminated automatically.

**If no**, please list in the table below the branch registrations that you wish to terminate.

|  |  |
| --- | --- |
| **List of all branch registrations to be Terminated** **(Branches listed must have the same FEIN # as the Primary listed above)** | **Maine License #** |
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**Note**: If you are subject to a penalty for failing to keep your address updated, you may be responsible for the $25 address penalty fee for up to 2 years from the date of the termination of your license.

Forms can be submitted by email to insurance.pfr@maine.gov, fax to 207-624-8599 or mail to

the address above.

**Questions? Contact us at:**

Phone: (207) 624-8475 E-mail us at: Insurance.pfr@maine.gov