**Business Entity**

**Termination of License or Branch Registration**

This form is to be used if requesting termination of the 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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Once completed, you may fax the form to: (207) 624-8599 or E-mail to: [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov)

**Questions? Contact us at:**

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

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