**BUSINESS ENTITY**

**Voluntary Termination of License or Branch Registration**

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

**Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| FEIN or NPN | Maine 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.

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| --- | --- |
| **List of all branch registrations to be Terminated** **(Branches listed must have the same FEIN # as the Primary listed above)** | **Maine Registration #** |
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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 emailed to insurance.pfr@maine.gov, faxed to 207-624-8599 or mailed to the address below.

## If you have any questions, please contact the Bureau of Insurance at (207) 624-8475

Rev 04/22