



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE

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.

Business Name: _____

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.

List of all branch registrations to be Terminated (Branches listed must have the same FEIN # as the Primary listed above)	Maine Registration #

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

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Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/insurance

Phone: (207) 624-8475 TTY: Please Call Maine Relay 711 Consumer Assistance: 1-800-300-5000 Fax: (207) 624-8599