STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU

Business Entity Affiliation Cancellation Form

Business Entity Federal Id Number _____License Number _____
Business Entity Name_____
Address _____City _____State Zip_____
Contact Person _____ Telephone No. _____
Email Address_____

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby cancels the licensee(s) listed on this form.

Please have only 6 affiliations per form, we will not accept "attached spreadsheets"

There is no fee required for affiliation cancellations

NAME AS SHOWN ON LICENSE	NPN AND LICENSE TYPE
Example: John Smith	12345 – Independent Adjuster
AFFILIATIONS ARE RENEWED ANNUALLY AND MUST BE MAINTAINED FOR THE LIFE OF THE BUSINESS ENTITY LICENSE	

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign on behalf of the business entity.

Printed Name _____ Official Title_____
Signature _____ Date _____

Completed form must be submitted by email to Agents.Licensing@osi.nm.gov