STATE OF NEW MEXICO - OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)

PRODUCER LICENSING BUREAU

LICENSE CANCELLATION AND/OR LINE OF AUTHORITY (LOA) REMOVAL REQUEST

Steps: **1**) Complete Sections A and B. **2**) Complete Section C if canceling specific license(s). **3**) Complete Section D if removing LOA(s). **4**) Sign and date. **5**) Email to Agents.licensing@osi.nm.gov.

SECTION A - LICENSEE INFORMATION

Licensee / Business Name _____

NPN: _____ **New Mexico License** _____

Licensee Type: ☐ Individual ☐ Business Entity (Firm)

Email: _____ **Telephone:** _____

SECTION B - REQUEST TYPE (CHECK ALL THAT APPLY)

☐ Cancel **ALL** New Mexico insurance license(s) for this licensee.
☐ Cancel **ONLY** the license type(s) checked in Section C.
☐ Remove/terminate **line(s) of authority ONLY** (license stays active). List LOA(s) in Section D.

Effective date: As soon as processed (future-dated requests not accepted).

SECTION C - LICENSE TYPE(S) TO CANCEL (ONLY IF YOU CHECKED 'CANCEL ONLY' ABOVE)

Note: This section is for LICENSE CANCELLATION, not LOA removal.

☐ All Licenses
☐ Insurance Producer
☐ Staff Adjuster
☐ Independent Adjuster
☐ Public Adjuster
☐ Surplus Line Broker
☐ Motor Club
☐ Bail Bond Property
☐ Bail Bond Solicitor
☐ Limited Surety
☐ Solicitor
☐ Third Party Administrator
☐ Insurance Consultant
☐ Portable Electronics
☐ Rental Car
☐ Temporary Insurance Producer
☐ Viatical Broker

SECTION D - LOA(S) TO REMOVE (ONLY IF YOU CHECKED LOA REMOVAL ABOVE)

List the LOA(s) you want removed (example: Life, Accident & Health, Property, Casualty, Personal Lines).

SECTION E - ACKNOWLEDGMENTS

1. OSI can only process this request if your license is ACTIVE when the request is received. If your license has already expired, it will remain expired up to 1 year after expiration. After 1 year the license will convert to inactive.
2. If canceling a business entity (firm) license, I am authorized to submit this request on behalf of the firm.
3. If applicable, I will notify my appointing companies of this cancellation / LOA removal.
4. After this request is processed, I understand I am not authorized to transact insurance under any canceled license or removed LOA.

Signature: _____ **Date:** _____

Printed Name: _____ **Title (if firm):** _____

Submit by email: Agents.licensing@osi.nm.gov