



# West Virginia Offices of the Insurance Commissioner

Licensing and Education Division

## Termination for Cause Form

West Virginia strongly encourages that resident and non-resident terminations be submitted electronically through the National Insurance Producer Registry (NIPR) at [www.NIPR.com](http://www.NIPR.com). However, the attached WVAT form MUST be completed and mailed to the West Virginia Offices of the Insurance Commissioner for all terminations for CAUSE, within 30 days of the termination. There is no fee to report terminations of appointments. A copy of any termination notice mailed to the Offices of the Insurance Commissioner must, by law, be simultaneously mailed to the producer. In the case that a termination is for CAUSE, overnight delivery or certified mail (return receipt requested) to the producer is required.

**Provide documents, records, or other data pertaining to WV consumers impacted by the producer's conduct.**

If you have any questions, please reach out to Agent Licensing at 304-558-0610 or [OICAgentLicensing@wv.gov](mailto:OICAgentLicensing@wv.gov).

**Mail the completed form and additional documentation to:**

**Regular Mail:**

WV Offices of the Insurance Commissioner  
Licensing and Education Division  
P.O. Box 50541  
Charleston, WV 25305-0541

**Overnight Address:**

WV Offices of the Insurance Commissioner  
Licensing and Education Division  
900 Pennsylvania Avenue  
Charleston, WV 25302

Appointing Insurer
Name: _____
Address: _____
_____
_____
NAIC CoCode: _____

Authorized Submitter
Name: _____
Direct Phone Number: _____
Direct Email Address: _____
Signature: _____
Wet signature required

**Producer Name:** \_\_\_\_\_ **# of WV Policies Sold:** \_\_\_\_\_

**NPN:** \_\_\_\_\_ **Cancellation Date:** \_\_\_\_\_ **# of Active WV Policies:** \_\_\_\_\_

**# of WV Policy Holders known to be affected by the CAUSE:** \_\_\_\_\_

<b>Please describe the CAUSE:</b>
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