



STATE OF WEST VIRGINIA
Offices of the Insurance
Commissioner

APPOINTMENT/TERMINATION FORM
(Form WVAT)

Licensing & Education Division

WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER
PO BOX 50541
CHARLESTON WV 25305-0541
(304) 558-0610

OVERNIGHT MAIL ADDRESS:
900 PENNSYLVANIA AVE., 7TH FL
CHARLESTON WV 25302

West Virginia strongly encourages that resident and non-resident appointments and terminations be submitted electronically thru National Insurance Producer Registry (NIPR) www.NIPR.com.

The following WVAT appointment/termination form can be used to appoint resident AND non-resident producers via paper by mailing to the address listed above. To receive acknowledgement that appointments or terminations have been processed, a second copy of the completed WVAT and a self-addressed envelope must be included. If no second copy is included, no acknowledgement will be provided. You are encouraged to verify appointment or termination information through the Producer Data Base (PDB). A \$25.00 per producer per insurer appointment fee must accompany the completed appointment/termination form. One check (payable to the West Virginia Offices of the Insurance Commissioner) for the total amount may be submitted. Fees are nonrefundable.

Copies of pre-signed appointment/termination forms will not be accepted. All appointment forms must be completed by the company with original signatures.

Termination Information: 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. If termination is for CAUSE, overnight delivery or certified mail (return receipt requested) to the producer is required.

STATE OF WEST VIRGINIA APPOINTMENT / TERMINATION FORM – WVAT (2-2011)

P. O Box 50541, Charleston WV 25305-0541

(304) 558-0610

Appointing Insurer Name & Address:

Insurer Contact Name: _____

Authorized Submitter Signature: _____

(Original Signature Required)

Insurer Contact Phone Number: _____ x _____ Fax # _____

APPOINTMENT FEE: \$25.00 PER PRODUCER PER INSURER

****Electronic appointments and terminations may be made through NIPR****

ENTRIES ON A FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATIONS

Copied forms will not be accepted.

APPOINT - Appointments must be for all the same lines of authority

TERMINATE

Lines of Authority:	Life	Accident & Sickness	Variable Annuity/Variable Life	Property	Casualty	Personal Lines
Limited Lines:	Credit	Motor Vehicle Rental	Travel/Baggage	Title		

NPN #/WV License # (NOT SSN)	Producer Name	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Insurer NAIC #	Effective Date	C*

Effective Date: Appointment effective date will be the date supplied above and must be submitted within 15 days after contract is executed or first application is submitted.

Terminations for any reason: Notify the Insurance Commissioner’s office within 30 days of termination. Copy of notification is REQUIRED BY LAW to be mailed by the insurer(s) simultaneously to the producer.

***C = Termination for Cause:** Provide documents, records or other data pertaining to the termination or activity of the producer.