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. However, this 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.

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

Producer Name: _____ **# of WV Policies Sold:** _____

NPN: _____ **Surety Bail Bondsman:** ◯ **Yes** ◯ **No** **# of Active WV Policies:** _____

Termination Date: _____ **# of WV Policy Holders known to be affected by the CAUSE:** _____

Please describe the CAUSE:

Licensing and Education Division
P.O. Box 50541
Charleston, WV 25305

Telephone: (304) 558-0610
Fax: (304) 558-4966
www.wvinsurance.gov