

[Date]

[Producer Name]

[Producer Address]

[City, State, Zip Code]

RE: Notice of License and Appointment Compliance Requirement

Dear [Producer Name],

This letter is to formally notify you of the regulatory requirements regarding your professional licensing and carrier appointments. Our records indicate a need for updated documentation to maintain compliance with state insurance regulations and company policy.

Please review and provide the following items by [Deadline Date]:

- A copy of your current Resident/Non-Resident Producer License for the state(s) of: [List States].
- Confirmation of active appointments for the following lines of authority: [List Lines].
- Proof of valid Professional Liability (Errors & Omissions) coverage.
- [Optional: Disclosure of any recent administrative actions or criminal proceedings].

Failure to maintain active licensure and appropriate appointments may result in the suspension of your ability to solicit business, bind coverage, or receive commission payments.

Please submit the required documents via [Submission Method - e.g., Email/Portal] or contact the Compliance Department at [Phone Number] if you have any questions.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]