

[Company Letterhead/Logo]

[Current Date]

[Producer Name]

[Producer Address]

[City, State, Zip Code]

Subject: Notice of Temporary Producer Appointment and Compliance Requirements

Dear [Producer Name],

This letter serves as formal notification that [Insurance Company Name] has granted you a temporary appointment to act as an insurance producer effective [Start Date]. This temporary appointment is scheduled to expire on [End Date] unless terminated earlier or converted to a permanent appointment.

Please be advised that this appointment is contingent upon your strict adherence to the following compliance requirements:

- **Licensing:** You must maintain an active resident or non-resident insurance license in good standing with the Department of Insurance in the state(s) of [State Name(s)].
- **Regulatory Standards:** You are required to comply with all state insurance laws, regulations, and the NAIC Suitability in Annuity Transactions Model Regulation (if applicable).
- **Background Verification:** This appointment is subject to the successful completion of a criminal background check and regulatory history review.
- **Documentation:** You must submit all outstanding contracting documents and proof of Errors and Omissions (E&O) coverage within [Number] days of this notice.

Failure to maintain these standards or provide required documentation may result in the immediate rescission of this temporary appointment and the rejection of any pending business submissions.

Please sign and return a copy of this letter to [Department Name/Email] to acknowledge your receipt of these terms and your intent to comply with all regulatory obligations.

Sincerely,

[Name of Licensing Officer]

[Title]

[Insurance Company Name]

Producer Acknowledgment:

I acknowledge receipt of this temporary appointment notice and agree to comply with the terms stated above.

Signature: _____ Date: _____