[Date]

[Recipient Name]
[Recipient Title]
[Insurance Company/Agency Name]
[Address]
[City, State, Zip Code]

RE: NOTICE OF TERMINATION FOR NON-COMPLIANCE

Dear [Recipient Name],

This letter serves as formal notification that **[Your Agency/Company Name]** is terminating your [Appointment/Contract/Agreement] effective **[Termination Date]**.

This action is being taken due to your failure to comply with the regulations and statutes set forth by the **[State Name]** Department of Insurance. Specifically, the following non-compliance issues were identified:

- [Description of Violation 1 - e.g., Failure to maintain valid licensure]
- [Description of Violation 2 - e.g., Failure to meet continuing education requirements]
- [Description of Violation 3 - e.g., Failure to report administrative actions]

Pursuant to state insurance laws, this termination will be reported to the Department of Insurance. You are hereby instructed to immediately cease all insurance-related activities on behalf of this company and return all proprietary materials, including rate manuals and client files, by [Deadline Date].

You may have the right to appeal this decision or provide a written response for your file. Please direct any inquiries regarding this notice to the Compliance Department at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]

cc: [State] Department of Insurance