[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

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

RE: Notice of Permanent Termination of Agency Agreement

Dear [Recipient Name],

Please accept this letter as formal notification that **[Your Company Name]** is terminating the Insurance Agency Agreement dated **[Original Agreement Date]**. This termination is permanent and shall take effect on **[Effective Date of Termination]**.

This decision has been made in accordance with the termination provisions outlined in Section **[Section Number]** of our agreement. As of the effective date, our business relationship will conclude, and we will no longer [accept/provide] new business or renewals under this appointment.

Regarding the transition, we will ensure the following actions are completed by the termination date:

- Return of all proprietary materials, manuals, and software.
- Final reconciliation of all outstanding commissions and accounts.
- Cessation of all use of company trademarks and logos.
- Transfer of relevant policyholder records as required by law or contract.

Please confirm receipt of this notice and provide instructions regarding any specific administrative procedures required to finalize this closure.

We thank you for the professional relationship we have shared to date.

Sincerely,

[Signature]

[Your Printed Name]
[Your Title]