[Current Date]

[Producer Name]
[Producer Address]
[City, State, Zip Code]

RE: Notice of Irrevocable Termination of Producer Agreement

Dear [Producer Name],

This letter serves as formal and irrevocable notice that [Insurance Company Name] is terminating your Insurance Producer Agreement effective [Termination Date].

This decision is final. Pursuant to the terms of your agreement, please be advised of the following:

- **Authority:** Your authority to solicit applications, bind coverage, or represent the Company in any capacity shall cease immediately on the effective date.
- **Company Property:** You must return all company-owned materials, including policy forms, manuals, marketing materials, and proprietary data, by [Return Date].
- **Commissions:** Payment of any vested commissions will be handled in accordance with the terms specified in the Producer Agreement.
- **Records:** You are required to maintain the confidentiality of all policyholder information as required by law and contract.

Notice of this termination will be filed with the Department of Insurance as required by state regulatory mandates.

Please direct any questions regarding your final accounting or the transition of your book of business to [Contact Name/Department] at [Phone Number/Email].

Sincerely,

[Authorized Signature]
[Name of Signatory]
[Title]
[Insurance Company Name]