[Date]

[Agent Name]
[Agent Agency Name]
[Address Line 1]
[Address Line 2]

RE: FINAL NOTICE OF REVOCATION OF BINDING AUTHORITY

Dear [Agent Name],

This letter serves as formal and final notification that your authority to bind coverage, issue policies, or execute endorsements on behalf of [Company Name] is hereby revoked, effective immediately as of [Time] on [Date].

Effective immediately, you must:

- Cease all solicitation, negotiation, and binding of new insurance risks.
- Cease the issuance of any renewals or extensions of existing policies.
- Cease all amendments or endorsements to current policies that increase the limit of liability or expand coverage.
- Remove all references to binding authority with [Company Name] from your marketing materials and website.

Any applications currently in process must be submitted to [Department/Contact Person] for manual underwriting review. No coverage shall be deemed in effect unless confirmed in writing by an authorized officer of [Company Name].

Please return all proprietary underwriting manuals, rate books, and company-issued documents within [Number] business days. A final accounting of all premiums and outstanding balances must be settled by [Date].

Failure to comply with this revocation may result in legal action and notification to the state insurance regulatory authorities.

Sincerely,

[Your Signature]

[Your Name]
[Your Title]
[Company Name]