[Date]

[Insurance Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]

RE: Notice of Absolute Cancellation of Insurance Appointment

To Whom It May Concern,

Please accept this letter as formal notice of the absolute cancellation of my appointment as an insurance agent/producer with [Insurance Company Name], effective [Date of Termination].

This cancellation applies to all lines of authority and all binding powers previously granted. I request that you update your records and notify the Department of Insurance, as required by law, to reflect that I no longer represent your company.

I confirm that I will immediately cease the solicitation of new business and the use of any proprietary materials belonging to the company. Please provide written confirmation once this cancellation has been processed and the state regulatory filings have been completed.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Agent/Producer License Number]
[Phone Number]
[Email Address]