

[Date]

[Carrier Name]

[Carrier Address]

[City, State, Zip Code]

RE: Notice of Termination of Appointment

To Whom It May Concern,

Please accept this letter as formal notification that [Agency/Company Name] is terminating its appointment with [Carrier Name], effective [Termination Date].

In accordance with our agreement, please note the following:

- **Producer Code:** [Insert Code]
- **Reason for Termination:** [Optional: Voluntary / Contract Expiration / Other]
- **Run-off Business:** [Specify instructions for existing policies and renewals]

We request that you update your records immediately and provide written confirmation of this termination, including the status of any outstanding commissions or trailing obligations.

Please direct all future correspondence regarding this matter to [Contact Person Name] at [Email/Phone Number].

Sincerely,

[Signature]

[Full Name]

[Title]

[Agency Name]