



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

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**COMPANY APPOINTMENT  
CANCELLATION FORM**

A producer cannot cancel his own company appointment. The appointment must be cancelled by the sponsoring insurance company. This form must be used for all company appointment cancellations.

Is the following cancellation for any cause cited in Louisiana R.S.22:1145?  Yes  No  
If yes, you must attach a written explanation and supporting documentation.

**Please type or print neatly on form. Illegible writing will cause an appointment cancellation to be disapproved.**

Name of Appointing Company		Company Number	
Mailing Address:			
City		State	Zip
Disapproval Code	Producer License Number	NAME	
		Last	First Middle
Remarks:			
Original Signature of Authorized Company Representative		Date	
<b>FOR DEPARTMENT OF INSURANCE USE ONLY</b>			
DATE RECEIVED	PROCESS DATE		DISAPPROVAL CODES
	Date: _____		(A) Producer Name and Number Do Not Match (B) Incorrect Company Number (C) Need Authorized Signature (D) Producer Not Appointed by Company (E) Writing Illegible (F) See Remarks
	By: _____		