

STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU

Business Entity Affiliation Cancellation Form

Business Entity Federal Id Number _____ License Number _____
Business Entity Name _____
Address _____ City _____ State Zip _____
Contact Person _____ Telephone No. _____
Email Address _____

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby cancels the licensee(s) listed on this form.

There is no fee required for affiliation cancellations

NAME AS SHOWN ON LICENSE	NPN AND LICENSE TYPE
Example: John Smith	12345 – Independent Adjuster
AFFILIATIONS ARE RENEWED ANNUALLY AND MUST BE MAINTAINED FOR THE LIFE OF THE BUSINESS ENTITY LICENSE	

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign on behalf of the business entity.

Printed Name _____ Official Title _____
Signature _____ Date _____

Completed form must be submitted by email to Agents.Licensing@osi.nm.gov