



DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services – Bureau of Licensing

CANCELLATION NOTICE for INSURANCE AGENCY LICENSURE

Agency Name:	
License Number:	
Street:	
City:	
State:	

I certify that the above agency is no longer transacting insurance for Florida. I request to cancel the agency license effective upon the Department's receipt of this notice.

***The cancellation notice must be signed and dated by the owner, president, secretary or other officer listed on the original application for licensure.**

Signature	Date
Print Name	

Please mail this form to:

Department of Financial Services
Division of Agent & Agency Services – Bureau of Licensing
200 East Gaines Street, Larson Building, Room 419
Tallahassee, Florida 32399-0319