

# VIRGINIA INDIVIDUAL LICENSE CANCELLATION REQUEST FORM

Producer Name: \_\_\_\_\_

Producer Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Virginia License Number: \_\_\_\_\_

I, \_\_\_\_\_, do hereby request that the Bureau of Insurance (Bureau) immediately cancel the following licenses held by me:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All Licenses        | <input type="checkbox"/> Variable Contracts         | <input type="checkbox"/> Limited Lines Credit          |
| <input type="checkbox"/> Health              | <input type="checkbox"/> L&H Consultant             | <input type="checkbox"/> Limited Lines L&H             |
| <input type="checkbox"/> Life & Annuities    | <input type="checkbox"/> P&C Consultant             | <input type="checkbox"/> Limited Lines P&C             |
| <input type="checkbox"/> Personal Lines      | <input type="checkbox"/> Surplus Lines Broker       | <input type="checkbox"/> Motor Vehicle Rental Contract |
| <input type="checkbox"/> Property & Casualty | <input type="checkbox"/> Viatical Settlement Broker | <input type="checkbox"/> Navigator                     |
| <input type="checkbox"/> Title               | <input type="checkbox"/> Public Adjuster            |  |

I understand that the Bureau will send notification to the companies with which I hold appointments that my license(s) has been cancelled; and, that the Bureau will also notify me when this request has been processed. I understand that I am not required to return my license with this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Digital signature required.)

**E-mail completed form to: [AgentLicensing@scc.virginia.gov](mailto:AgentLicensing@scc.virginia.gov)  
(Attach the form to the e-mail before sending)**