

SERVICE REQUEST FORM

TO: INDIANA DEPARTMENT OF INSURANCE
 C/O: AGENCY SERVICES
 311 WEST WASHINGTON STREET
 INDIANAPOLIS, INDIANA 46204-2787

FAX: 317-234-5882
EMAIL: AGENTLICENSING@IDOI.IN.GOV

FROM: Name of Individual or Business Entity:			
Mailing Address (Street/PO Box):			
City:	State:	Zip:	State License #:

PLEASE SELECT FROM OPTIONS 1-4 BELOW, PROVIDE ALL INFORMATION REQUESTED, AND SIGN FORM

IMPORTANT NOTICE: Letters of Clearance are no longer issued by the Indiana Department of Insurance. A change in license status (e.g., license cancellation/voluntary surrender) may be viewed online through the National Insurance Producer Registry. Changes of address, telephone, email, fax, or an addition or removal of a business entity's Designated Responsible Licensed Producer (DRLP), are also no longer done through this form. Contact information must be updated online through www.nipr.com or www.sircon.com/Indiana. DRLPs must be maintained online through a business entity's [Sircon](http://www.sircon.com/Indiana) account or at www.sircon.com/Indiana by selecting the "Maintain Your Firm Associations" link.

1. **CHANGE OF LEGAL NAME.** Must include a copy of official legal documentation showing the name change. For an individual, this includes a marriage certificate, divorce decree or court order showing name change. For a business entity, this includes a Certificate of Amendment or other signed document from the Secretary of State.

Current Name on Record (Last, First, Middle)	New Name to Appear on Record (Last, First, Middle)
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2. **ADD OR REMOVE ALIAS/OTHER NAME.** *For Business Entities Only.* Must include a copy of the Certificate of Assumed Business Name or other signed document from the Secretary of State showing alias/other name.

NAME	(Check One)		(Check One)			
	Add	Remove	Assumed Business Name / DBA	Also Known As	Former Name	Other (specify type below)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. **CORRECT SOCIAL SECURITY NUMBER (SSN), DATE OF BIRTH (DOB), OR FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) TO THE FOLLOWING:**
 (Must include copies of at least two (2) documents confirming the number provided)

4. **CANCEL LICENSE OR LINE(S) OF AUTHORITY.**
****Line(s) to cancel (if not cancelling full license/all lines):** _____
 By signing this form, licensee attests to no longer conduct business in the state of Indiana under the cancelled license/line(s). Should the individual or business entity require the cancelled license/line(s) in the future, all initial application requirements for the cancelled license/line(s) must be completed.

SIGNATURE/ATTESTATION

Must be signed by individual licensee or authorized representative of the business entity. By signing below, individual or authorized representative certifies that all information is true and correct. Any omission, false statement or failure to make full disclosure may constitute grounds for denial of request and/or denial, suspension, or revocation of license.

Signature of Individual Licensee or Authorized Representative	Date
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Print/Type Name of Individual Licensee or Authorized Representative	Contact Email
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Please allow 3-5 business days to process this request. Updates may be confirmed at www.nipr.com or www.sircon.com/Indiana.