



# HAWAII INSURANCE DIVISION

## Notice of Termination of Appointment

<b>PLEASE TERMINATE MY/OUR APPOINTMENT WITH:</b>	
Name as it appears on the Hawaii license certificate	
HI License No.	HI Entity ID
<sup>1</sup> Requested effective date:	
<input type="checkbox"/> This appointment is being terminated without cause.	
<input type="checkbox"/> This appointment is being terminated with cause. Please explain. Attach sheet, if necessary.	
<b>TERMINATING PARTY:</b>	
Name as it appears on the Hawaii license certificate	
HI License No.	HI Entity ID

\_\_\_\_\_  
Signature of Terminating Party

\_\_\_\_\_  
Print Name of Signer

<sup>1</sup>Refer to the Hawaii Revised Statutes §431:9A-115.  
To confirm that this appointment has been terminated, please see our website, <http://insurance.hawaii.gov>  
Effective September 1, 2009, the Hawaii Insurance Division will no longer mail confirmation letters.

Hawaii Insurance Division, 335 Merchant Street – Room 213, Honolulu, Hawaii 96813		
Website: <a href="http://cca.hawaii.gov/ins">http://cca.hawaii.gov/ins</a>	FOR MORE INFO	phone: 808-586-2788
E-mail: <a href="mailto:InsLic@dcca.hawaii.gov">InsLic@dcca.hawaii.gov</a>		fax: 808-587-6714

Form T (10/06/2021)