

## **VIRGINIA AGENCY LICENSE CANCELLATION REQUEST FORM**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

I, \_\_\_\_\_, as officer, director or principal of the above named insurance agency, do hereby request that the Bureau of Insurance (Bureau) immediately cancel the following licenses held by this agency:

<input type="checkbox"/> All Licenses	<input type="checkbox"/> Variable Contracts	<input type="checkbox"/> Viatical Settlement Broker
<input type="checkbox"/> Health	<input type="checkbox"/> L&H Consultant	<input type="checkbox"/> Limited Lines Portable Electronic
<input type="checkbox"/> Life & Annuities	<input type="checkbox"/> P&C Consultant	<input type="checkbox"/> Limited Lines Self Storage
<input type="checkbox"/> Property & Casualty	<input type="checkbox"/> Surplus Lines Broker	<input type="checkbox"/> Limited Lines Travel
<input type="checkbox"/> Title	<input type="checkbox"/> Public Adjuster	

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

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

Title: \_\_\_\_\_

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