



**The State of New Hampshire  
Insurance Department**  
21 South Fruit Street, Suite 14  
Concord, NH 03301

**REQUEST FOR CANCELLATION OF LICENSE  
PRODUCER, ADJUSTER, PUBLIC ADJUSTER**

This form is to be completed by NH Insurance Department Licensees who wish to terminate, surrender, or cancel their license prior to its expiration date.

Complete and sign this form. Submit this form by any one of these three methods:

**PREFERRED METHOD**, Email to: [producerquestions@ins.nh.gov](mailto:producerquestions@ins.nh.gov)

USPS mail to:  
New Hampshire Insurance Department Attn: Producer Licensing  
21 South Fruit Street Suite 14  
Concord, NH 03301

Fax to: (603) 271-7029

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

NH license number: \_\_\_\_\_ NPN: \_\_\_\_\_

I am requesting that my license as indicated above be cancelled as I wish to voluntarily surrender my license. I certify that I am the licensee to whom this license was issued.

I understand that voluntary cancellation does not release me from the results of any pending or future administrative actions, including orders revoking or suspending my license privileges, fines imposed, or other penalties imposed due to my conduct as a producer adjuster during the time I held a valid license.

If terminating an entity license, either DRLP or officer of the entity must sign & state title.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For those that are terminating their resident license in NH because of move out of state and want to maintain a Nonresident license in NH: Per RSA 402J:7 VI you have 30 days to obtain a resident license in your new resident state and notify us of your address change with the form on our website. Your license will be reactivated as a non-resident at no additional fee above the address change fee of \$10.