

SERVICE REQUEST FORM

TO: INDIANA DEPARTMENT OF INSURANCE
 Attn: Agent Licensing Division
 311 W. Washington, Ste 103
 Indianapolis, IN 46204-2787

FAX: 317-232-5251

EMAIL: AgentLicensing@idoi.in.gov

FROM: _____

Name of Individual or Agency:			
Mailing Address (Street, PO Box etc):			
City:	State:	Zip:	SSN/FEIN/License #:

NOTE: THE AGENT MUST SIGN THE BACK OF THIS FORM WHERE SHOWN

PART ONE: OPTIONS

(choose one or more)

- | | |
|--|---|
| <input type="checkbox"/> 1. Change of Residence Address and/or Phone Number | <input type="checkbox"/> 6. Request Cancellation of License |
| <input type="checkbox"/> 2. Change of Name | <input type="checkbox"/> 7. Request Duplicate License(s) – <i>fee required</i> |
| <input type="checkbox"/> 3. Correct Social Security or FEIN or Date of Birth | <input type="checkbox"/> 8. Assumed Business Name |
| <input type="checkbox"/> 4. Change of Business Address and/or Phone Number | <input type="checkbox"/> 9. Change/Add Designated Licensed Producer/ Officer/Director |
| <input type="checkbox"/> 5. Request Letter(s) of Clearance | <input type="checkbox"/> 10. Change/Add E-mail Address |

PART TWO: INFORMATION REQUIRED

(complete corresponding section based on options selected)

1. CHANGE OF RESIDENT ADDRESS AND/OR PHONE NUMBER

Note: State law requires you to notify the Department of a change of name or address within thirty (30) days of the change. Failure to do so will result in a \$100.00 penalty, revocation, suspension, or other disciplinary action. **If non-resident and moving from one state to another, a certification letter, PDB Report or copy of the license from the new state MUST accompany this form.**

PRIOR RESIDENT ADDRESS (required)			NEW RESIDENT ADDRESS (required)		
Street Address			Street Address		
PO Box (If Applicable)			PO Box (If Applicable)		
City	State		City	State	
Zip	Phone Number		Zip	Phone Number	

2. CHANGE OF NAME (Attach copy of the legal documentation for the change)

Current Name On Record (Last, First, Middle) _____

New Name To Appear On Record (Last, First, Middle) _____

3. CORRECT SOCIAL SECURITY NUMBER or FEIN or DATE OF BIRTH TO:

(You must attach copies of at least 2 forms of identification confirming the number you provide below)

4. CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER

Note: State law requires you to notify the Department of a change of name or address within thirty (30) days of the change. Failure to do so will result in \$100.00 penalty, revocation, suspension, or other disciplinary action.

PRIOR BUSINESS ADDRESS (required)			NEW BUSINESS ADDRESS (required)		
Business Name:			Business Name:		
Street Address			Street Address		
City	State		City	State	
Zip	Phone Number		Zip	Phone Number	

SERVICE REQUEST FORM

5. **REQUEST LETTER(S) OF CLEARANCE**

Note: You must return a copy of license(s) to the Department before a Letter of Clearance will be issued. If you would like a paper copy, please enclose a stamped self-addressed envelope to hold your clearance letter.

I have moved from Indiana to the State of _____. Please cancel all my existing Indiana resident insurance licenses and send me a Letter of Clearance. I have included a copy of my license(s).

6. **REQUEST CANCELLATION OF LICENSE** (Attach copy of license)

***Please note line(s) of authority to cancel if not canceling all lines:** _____

Note: By signing this document the agent or agency attests to no longer sell, solicit, negotiate or otherwise do business in the State of Indiana for the canceled line(s). An agent is allowed to continue with license regardless of who paid fees during the course of employment. Cancellation of the agent license is the decision of the agent, not the agent's business. If agent leaves employment, agent may keep license as long as licensing requirements are met. Should agent or agency require the canceled license in the future, they would need to complete all the initial licensing requirements for the canceled license.

7. **REQUEST DUPLICATE LICENSE(S) (\$10.00 FEE REQUIRED)**

Note: The fee for a duplicate license is \$10.00 (personal check, cashier's check or money order). Do NOT send cash. Requests for duplicate license(s) will not be processed unless a fee is received.

License Type	Reason for Request

8. **ASSUMED BUSINESS NAME** _____

*Must notify the Department before using this name.

Must supply a copy of the Certificate of Amendment or other Signed document from the Secretary of State.

9. **REMOVE/ADD DESIGNATED RESPONSIBLE LICENSED PRODUCER (DRLP) or OFFICER/DIRECTOR:**

Name	License Number	Check One		Check One	
		Remove	Add	DRLP	Officer/Dir
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **EMAIL ADDRESS**

Change of Personal Email Address: _____

Change of Business Email Address: _____

PART THREE: SIGNATURE

(The Agent or Designated Licensed Producer of Agency must sign this form certifying information is correct)

Signature of Agent or Designated Licensed Producer of Agency

Date

Print Name of Agent or Designated Licensed Producer of Agency

Contact Email

Renewal Notice: The Department will email a renewal via Sircon to the Agent/Agency email on record. If for some reason the producer does not receive a renewal email invoice, it is still the producer's responsibility to renew the license. Notices are emailed to the producer approximately sixty (60) days before the license is due to expire.