

**NORTH CAROLINA DEPARTMENT OF INSURANCE
TERMINATION OF SURETY BONDSMAN APPOINTMENT**

SEND TO: N. C. DEPARTMENT OF INSURANCE
BAIL BOND REGULATORY DIVISION
1201 Mail Service Center
Raleigh, NC 27699-1201

GENERAL INSTRUCTIONS

Termination must be received by the Department of Insurance within **30 days of cancellation**. A surety bondsman must be clearly notified in writing prior to the time this form is filed with the Department of Insurance.
Pursuant to NCGS 58-71-115, **the insurer shall attach with this form a statement that the insurer has given or mailed notice of the termination to the surety bondsman and to the clerk of superior court of any county in the State in which the insurer has been obligated on bail bonds through the surety bondsman within the past three years.**

NAME OF INSURANCE COMPANY _____

SURETY BONDSMAN TERMINATION INFORMATION:

* Social Security Number

Last Name First Middle

Residence Street Address

Mailing Address if different from above

City State Zip Code County

()

Home Telephone Number

Surety Bondsman License Number/NPN

Date of Birth

Name of Agency/Agent

Street Address

Mailing address if different from above

City State Zip Code

()

Business Telephone Number

REASON FOR TERMINATION: _____

Company is required to attach notice of termination to licensee per NCGS 58-71-115.

TERMINATION BY INSURANCE COMPANY

The official signing below certifies the following:

- the company has terminated the appointed surety bondsman on the date specified.
- that the company has notified the licensee in writing or has made all reasonable effort to notify the licensee of this action prior to the effective date of the termination indicated below.
- the company has provided a copy of this form to the licensee and required parties.

(Corporate Seal)

Signature of Company Official

Effective Date of Termination

Company Name

Date Signed

- THE USE OF THE SOCIAL SECURITY NUMBER IS LIMITED SOLELY FOR INTERNAL DEPARTMENT IDENTIFICATION PURPOSES. PUBLIC DISCLOSURE IS PROHIBITED.