

**Washington State Office of the Insurance Commissioner**  
**Affiliation / Affiliation Termination Notice**

PO BOX 40257  
Olympia, WA 98504-0257  
Phone: (360) 725-7144

5000 Capitol Blvd  
Tumwater WA 98501  
Fax: (360) 586-2019

An authorized representative of the affiliating agency must complete the information below. Agencies may also submit affiliations or affiliation terminations electronically through OIC Online Services ([www.insurance.wa.gov](http://www.insurance.wa.gov)). Agency registration is required prior to using the Online Services.

**Affiliate**

- \$20 fee per affiliation

**Terminate Affiliation**

- No fee required
- Notice to the affected licensee is required

\_\_\_\_\_  
Name of Affiliating Agency

\_\_\_\_\_  
License Number (WAOIC #)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Name of Affiliate, Exactly as Licensed

\_\_\_\_\_  
License Number (WAOIC #)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

The above named licensee is hereby affiliated as a  Producer,  Surplus Line Broker, and/or  Adjuster by the affiliating agency named above to transact the following kinds of insurance business in Washington. The affiliation is effective on the date that it is processed by the Washington Office of the Insurance Commissioner.

- |  |  |
|--|--|
| <input type="checkbox"/> Life                | <input type="checkbox"/> Independent Adjuster    |
| <input type="checkbox"/> Disability          | <input type="checkbox"/> Public Adjuster         |
| <input type="checkbox"/> Property            | <input type="checkbox"/> Life Settlements Broker |
| <input type="checkbox"/> Casualty            | <input type="checkbox"/> Surety                  |
| <input type="checkbox"/> Personal Lines      | <input type="checkbox"/> Rental Car Agent        |
| <input type="checkbox"/> Variable            | <input type="checkbox"/> Travel                  |
| <input type="checkbox"/> Limited Line Credit | <input type="checkbox"/> Specialty Producer      |

**Reason for Termination**

- |  |  |
|--|--|
| <input type="checkbox"/> Producer Request/Mutual Consent | <input type="checkbox"/> Rebating          |
| <input type="checkbox"/> Incompetence                    | <input type="checkbox"/> Untrustworthiness |
| <input type="checkbox"/> High Loss Ratio                 | <input type="checkbox"/> Abandonment       |
| <input type="checkbox"/> Misrepresentation               |  |
| <input type="checkbox"/> Failure to Account for Premium  |  |
| <input type="checkbox"/> Other _____                     |  |

**The affiliate must have at least one matching line of authority with the affiliating agency.**

The affiliation is subject to restrictions which may be placed upon the authority of the producer by the affiliating agency. A valid WA license is required.

\_\_\_\_\_  
Signature of Affiliating Agency