

FORM AL-MGA-3

MANAGING GENERAL AGENT (MGA) TERMINATION

FILE WITH: Examiners Division
Alabama Department of Insurance
P.O. Box 303351
Montgomery, Alabama 36130-3351

INSTRUCTIONS:

1. Please type.
2. This form must be RECEIVED by the Department of Insurance no later than thirty (30) days after notification of termination is provided to all of the parties of the contract.
3. No fee is required for terminations.
4. A separate termination form must be completed for each termination.



NAME OF INSURER: _____

INSURER NAIC NO.:

NAME OF MGA: _____

ALA. MGA LICENSE NO.: DATE OF TERMINATION: __ / __ / __



On behalf of the above-named insurer, I certify that the MGA contract with the above-named MGA has been terminated by our company.

Dated: _____

(original signature of authorized company official)

DO NOT WRITE IN THIS SPACE

(typed name of authorized company official)

(title of authorized company official)

(address)

(city/state/zip)

(telephone)