VERMONT MUTUAL
INSURANCE GROUP
SINCE 1828

VERMONT MUTUAL INSURANCE COMPANY
NORTHERN SECURITY INSURANCE COMPANY, INC.
GRANITE MUTUAL INSURANCE COMPANY

Terminate Appointed Producer

This form is used to terminate appointed producers and remove their ECOMM access from Vermont Mutual systems.

NOTE: *If the user is not an appointed producer, please use the Remove User ECOMM Access form – this form is not needed for users who are **not** appointed producers*.

Agency Name: Agency Code:

Request Submitted by:

Submitter Email Address:

Submitter Telephone No.:

Please submit completed form to AgencyLicensing@vermontmutual.com

Please Note - Vermont Mutual does not reassign cost estimators created by agency personnel when user profiles are deactivated. Cost Estimators created by agency personnel must be reassigned within the agency. Please see the **Tools** option under CoreLogic RCT Express "Reassign Valuations" for instructions.

This form allows for terminating up to 5 producers

Producer Information

Name: Effective Date:

Email Address:

Producer's Home Mailing Address (required to send termination letter)

Which producer in the agency will service this producer's existing policies (policies will renew to the new producer)?

Producer Name:

| For Company Use Only |
| Replaced by Producer Code: |

Producer Information

Name: Effective Date:

Email Address:

Producer's Home Mailing Address (required to send termination letter)

Which producer in the agency will service this producer's existing policies (policies will renew to the new producer)?

Producer Name:

| For Company Use Only |
| Replaced by Producer Code: |

Producer Information

Name: Effective Date:

Email Address:

Producer's Home Mailing Address (required to send termination letter)

Which producer in the agency will service this producer's existing policies (policies will renew to the new producer)?

Producer Name:

For Company Use Only
Replaced by Producer Code:

Producer Information

Name: Effective Date:

Email Address:

Producer's Home Mailing Address (required to send termination letter)

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Producer Name:

For Company Use Only
Replaced by Producer Code:

Producer Information

Name: Effective Date:

Email Address:

Producer's Home Mailing Address (required to send termination letter)

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Producer Name:

For Company Use Only
Replaced by Producer Code: