

ADD/REMOVE DESIGNATED LICENSEE FORM

- **THIS FORM IS TO ASSOCIATE AN INDIVIDUAL LICENSEE WITH A BUSINESS ENTITY (AGENCY). THIS INDIVIDUAL WILL BE HELD RESPONSIBLE FOR THE AGENCY'S COMPLIANCE WITH PA INSURANCE LAWS AND REGULATIONS.**
- **THIS FORM MUST BE SIGNED BELOW BY A DESIGNATED LICENSEE (CAN INCLUDE THOSE BEING ADDED OR REMOVED).**
- **ALL SECTIONS MUST BE COMPLETED.**
- **RETURN COMPLETED FORM TO RA-INSPECIALTYMAIL@PA.GOV**

Name of Agency (as shown on PA license)

Tax ID Number or License Number(s) of Agency

Agency Contact Email Address

Printed Name(s) of Designated Licensee(s) to be ADDED*

PA Insurance Department License Number(s) of Licensee(s) to be ADDED [if more than one license type is held (e.g., producer, surplus lines, etc.) please indicate all applicable license numbers]*

Printed Name(s) of Designated Licensee(s) to be REMOVED*

PA Insurance Department License Number(s) of Designated Licensee(s) to be REMOVED [if more than one license type is held (e.g., producer, surplus lines, etc.) please indicate all applicable license numbers]*

Printed Name of a Designated Licensee (*REQUIRED*)

Signature of a Designated Licensee (*REQUIRED*)

***IF MORE ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER**