

ADD/REMOVE DESIGNATED LICENSEE FORM

**PENNSYLVANIA INSURANCE DEPARTMENT
BUREAU OF PRODUCER SERVICES
ROOM 1209 STRAWBERRY SQUARE
HARRISBURG, PA 17120
(717) 787-3840
EMAIL: ra-in-producer@state.pa.us**

**FEE IS \$25.00 PER BUSINESS ENTITY LICENSE.
INCLUDE CHECK OR MONEY ORDER MADE PAYABLE TO: *COMMONWEALTH OF PA*
THIS FORM MUST BE SIGNED BELOW BY A DESIGNATED LICENSEE.
ALL SECTIONS MUST BE COMPLETED.
FORM MUST BE PRINTED OR TYPED WITH BLUE OR BLACK INK.**

Name of Business Entity (as shown on PA license)

Tax ID Number or License Number of Business Entity _____

Printed Name of New Designated Licensee _____

Signature of a Designated Licensee (*REQUIRED*) _____

PA Insurance Department License Number(s) of New Designated Licensee (if more than one license is held please indicate all applicable license numbers)

Printed Name of Designated Licensee to be Removed _____

PA Insurance Department License Number(s) of Designated Licensee to be Removed (if more than one license is held please indicate all applicable license numbers)
