COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA

REQUEST FOR NEW & TERMINATED CERTIFICATE OF AUTHORITY

GID-122A/122T
Version 2.0
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1. GENERAL INSTRUCTIONS

All questions should be directed to Promissor at 1-888-204-6204 between the hours of 8AM and 6PM EST Monday through Friday.

A. **This request for New & Terminated Certificate of Authority (appointment) should be submitted by the insurer only.**
B. **DO NOT REMIT ANY PAYMENT AT THIS TIME.** Promissor will bill the insurer monthly for all new appointments processed within the previous month.
C. A Certificate of Authority (appointment) will cover all classes of insurance **HELD IN COMMON BETWEEN THE INSURER AND THE APPOINTED LICENSEE**.
D. There are no fees for Certificate of Authority Termination.
E. Certificates of Authority may not be processed for temporary licenses.
F. This form may be photocopied for future use.
E. Forward request to: **GEORGIA INSURANCE DEPARTMENT/Promissor, P.O. BOX 2357, SMYRNA, GA 30081-2357**

2. NEW/TERMINATED CERTIFICATE OF AUTHORITY INFORMATION

Indicate whether this request is for a new certificate of authority or certificate of authority termination by placing an "X" in the appropriate box and completing the related section.

☐ **ADD A NEW CERTIFICATE OF AUTHORITY**
Do not remit any payment at this time. Promissor will bill the insurer monthly for all new appointments processed within the previous month.
A Certificate of Authority (appointment) will cover all classes **COMMON BETWEEN THE INSURER AND THE APPOINTED LICENSEE**.

☐ **TERMINATE AN EXISTING CERTIFICATE OF AUTHORITY:** Complete the section below. Requests for termination must be submitted within 30 days of the termination date. **There is no fee for a Certificate of Authority termination.**

Termination Effective Date: ☐☐-☐☐-☐☐☐☐ Reason for Termination:_____
MONTH DAY YEAR

Is this a Termination for cause? ☐ **YES** *If yes, please attach all supporting documentation with this form.* ☐ **NO**

OFFICE ONLY ☐

3. AGENT INFORMATION

Print the agent's name as it appears on the agent's Georgia insurance license in the boxes provided, one letter in each box. Indicate the prefix by placing an "X" in the appropriate box and print the six-digit license number in the boxes provided, one number in each box. Print the agent's SSN in the boxes provided, one number in each box. The **agent** must **sign** and **date** the document.

AGENT'S LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ SUFFIX (JR. SR.) ☐☐☐☐☐

AGENT LICENSE PREFIX (select one)

☐ AGR - Agent Resident	☐ FAR - Fraternal Agent Resident	☐ WCR - Workers Compensation Resident
☐ AGN - Agent Non-resident	☐ FAN - Fraternal Agent Non-resident	☐ WCN - Workers Compensation Non-resident
☐ BLB - Agent Borderline	☐ FAB - Fraternal Agent Borderline	☐ WCB - Workers Compensation Borderline

AGENT LICENSE NUMBER ☐☐☐☐☐☐ **AGENT SSN** ☐☐☐-☐☐-☐☐☐☐

I, the undersigned agent, certify that I am properly licensed in the state of Georgia for the Certificate of Authority for which I am applying.

_____ _____
AGENT SIGNATURE DATE

OFFICE ONLY ☐

4. INSURER INFORMATION

Print the insurer's name as it appears on Georgia's company records in the boxes provided, one letter in each box. Indicate the company prefix by placing an "X" in the appropriate box and print the five-digit license number in the boxes provided, one number in each box. Print insurer's NAIC number in the boxes provided, one number in each box. The **authorized company official** must **sign** and **date** the document.

INSURER NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐