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Revised 12/19

REQUEST FOR AMENDMENT (PLEASE PRINT OR TYPE)

FEEES: \$25.00 fee required for name change, Line of Authority addition and DBA/TA amendment.

PART 1 INDIVIDUAL LICENSEE IDENTIFICATION (Complete if amendment is for an individual.)

NAME _____

DELAWARE LICENSE # _____ NATIONAL PRODUCER # _____

PART 2 BUSINESS ENTITY IDENTIFICATION (Complete if amendment is for a business entity.)

NAME _____ LICENSE # _____ FEIN _____

PART 3 LICENSE TYPE _____ Are you applying for a Delaware Resident license? YES NO

PART 4 AMENDMENT: ADDRESS NAME CHANGE LINE OF AUTHORITY/DELETION DBA~T/A NAME

RESIDENT ADDRESS INFORMATION ~ Complete for Individual Licensee Only

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____

BUSINESS ADDRESS INFORMATION

EMPLOYER'S NAME _____

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS EMAIL ADDRESS _____ WEBSITE ADDRESS _____

MAILING ADDRESS INFORMATION

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME CHANGE (Proof of name change is required.)

NAME _____

LINE(S) OF AUTHORITY ~ ADD DELETE

LINE(S) OF AUTHORITY _____

DBA/TA ADDITION (Proof of DBA/TA is required.)

NAME: _____

SIGNATURE: _____ DATE _____ PHONE _____

Please note: DE does not print/mail out licenses. Licenses may be printed at the following link: <http://www.insurance.delaware.gov>