



## Department of Consumer and Business Services

### Division of Financial Regulation — 3

P.O. Box 14480, Salem, OR 97309-0405

Phone: 503-947-7981, Fax: 503-378-4351

350 Winter St. NE, Salem, Oregon

Email: [web.insagent@dcbs.oregon.gov](mailto:web.insagent@dcbs.oregon.gov)

[dfr.oregon.gov](http://dfr.oregon.gov)

### Affiliation of producer, adjuster, or insurance consultant; or designation of responsible producer

This form may be used to add or remove agency affiliations or responsible producers as required by Oregon law. ORS 744.068 (5) provides that “not later than the 30th day after the authority of an individual insurance producer to act for an insurance producer that is a business entity has commenced or terminated the business entity shall notify the director of the commencement or termination.” ORS 744.059 (2)(b) requires each business entity holding an insurance producer license to designate a licensed insurance producer to be responsible for the business entity’s compliance with the insurance laws and rules of this state. The designation of a responsible producer is not required of adjusting or consulting firms, unless these firms hold a license as an insurance producer also.

This form does **not** change any address or employer information. No fee is required. This form may be mailed to the address at the top of the form, faxed to 503-378-4351, or scanned and emailed to [web.insagent@dcbs.oregon.gov](mailto:web.insagent@dcbs.oregon.gov). To confirm the request has been processed, visit [www.statebasedsystems.com](http://www.statebasedsystems.com).

#### Action to take:

☐

Affiliate

☐

Designate responsible producer

☐

Remove affiliation

☐

Remove responsible producer

#### Type of license:

☐

Producer

☐

Adjuster

☐

Consultant

Name of individual being affiliated/designated/removed

Individual’s Oregon license number

Business name

Business entity license number

Business address

☐ Check if applying for new business entity and provide FEIN below:

City, state, ZIP

Business Entity FEIN

Business email address

Name:

Owner or officer (please print or type)

Date of affiliation/removal/designation

Signature:

Owner or officer

Date of signature



Department of Consumer  
and Business Services

440-2139 (1/22/COM)