

MIKE CHANEY
Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.state.ms.us

LICENSE AMENDMENT FORM

Pursuant to Miss. Code Ann. § 27-15-87 (Supp. 2009), there is a \$25.00 fee to amend an individual license by adding or removing a line of authority. You may amend your license electronically at www.sircon.com/mississippi by adding a qualification to your existing license, or return this form with a \$25.00 payment to the Mississippi Insurance Department at the address above.

Name of licensee (please print) _____

Mississippi License #: _____ Email Address: _____

Check the license type you wish to amend:

Insurance Producer Limited Lines Insurance Producer Independent Adjuster

Check the lines of authority you wish to **ADD**:

Insurance Producer: Major Lines of Authority:

Life * Accident & Health or Sickness * Property * Casualty * Personal Lines *
 Variable Life and Variable Annuity

Independent Adjuster: Adjuster Lines of Authority:

Compensation Only Property & Casualty with Workers Compensation

* If you are a Resident and are adding a major line of authority you must furnish proof of pre-licensing education and have successfully passed the required examination for the line of authority you are adding. If you are a Non-Resident you must hold the line of authority you are adding in your home state.

Limited Lines Insurance Producer: Limited Lines of Authority

Industrial Fire Industrial Life, Accident & Health or Sickness Surety Title Trip, Accident & Baggage
 Car Rental Crop Insurance Travel

Check the lines of authority you wish to **REMOVE**:

Insurance Producer: Major Lines of Authority:

Life Accident & Health or Sickness Property Casualty Personal Lines
 Variable Life and Variable Annuity

Independent Adjuster: Adjuster Lines of Authority:

Compensation Only Property & Casualty with Workers Compensation

Limited Lines Insurance Producer: Limited Lines of Authority

Industrial Fire Industrial Life, Accident & Health or Sickness Surety Title Trip, Accident & Baggage
 Car Rental Crop Insurance Travel

Signature of Licensee: _____

Date: _____

Print Form

Clear Form

Rev. 05-2024