**Section 7100.50 Termination of Insurance**

No termination notice of policy shall be accepted by the Commission or National Council on Compensation Insurance unless filed on a form prescribed and furnished by the Commission or National Council on Compensation Insurance. Such notice shall provide the following information: carrier name; National Council on Compensation Insurance carrier code; Insured's name and address; federal identification number; the number, effective date, and expiration date of the policy; reason for termination/cancellation; and reinstatement date, if applicable.

(Source: Amended at 10 Ill. Reg. 15615, effective September 10, 1986)