

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
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Phone (208)334-4250
FAX # (208)334-4398

CANCELLATION OF A LINE OF AUTHORITY

This form is required to be notarized.

This form is for canceling a line of authority **NOT** surrendering your license. If you wish to cancel all lines of authority on your license please use the Voluntary Surrender form.

Name: _____ License # or NPN: _____

I wish to CANCEL the following lines of authority:

- | | | | |
|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Accident & Health or Sickness | <input type="checkbox"/> Casualty | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ | | |

License type: Personal
 Agency

Reason for Cancellation: _____

Initial Here

_____ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and the said license showing the line of authority I/we wish to cancel has been destroyed. I hereby declare that I consider the said license to be void and of no effect.

Dated this _____ day of _____, _____.

Signed: _____
Signature of Licensee (or Officer/Authorized person if an Agency)

-----**This form is required to be notarized.**-----

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Signature of the Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____

Please email this completed form to agent@doi.idaho.gov for processing.