

State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

VOLUNTARY SURRENDER, THIRD PARTY ADMINSTRATOR
This form is required to be notarized.

_____ is seeking to surrender/withdraw its authority to transact business in the State of Idaho and returns for cancellation its Idaho Third Party Administrator License for the following reason(s):

effective as of: _____

Applicant Officer's Certification and Attestation

The officer (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its content, and that all of the information, including any attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying to withdraw or surrender its license.
3. I acknowledge that I am the President/Vice President/Secretary of the Applicant, am authorized to execute and are executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all of the forgoing is true and correct, executed at _____.

Officer Signature

Date

Officer Full Legal Name

Officer Title

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN to before me this _____ day

of _____, _____.

Notary Public

My Commission Expires _____

Please e-mail complete and notarized form to: agent@doi.idaho.gov