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

CANCELLATION OF A LINE OF AUTHORITY

Please verify the form is filled out completely and correctly before having it notarized. If any corrections need to be made after the form is notarized will require the form to be filled out and notarized again.

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: _____ Date: _____

I wish to CANCEL the following lines of authority:

☐ Life ☐ Accident & Health or Sickness ☐ Casulaty ☐ Property
☐ Surety ☐ Variable ☐ Personal Lines ☐ Credit
☐ Travel ☐ Other: _____

License type: ☐ Personal
☐ Agency

Reason for Cancellation: _____

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.

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.