

**REQUEST FOR VOLUNTARY SURRENDER OF**  
**IDAHO BUSINESS ENTITY LICENSE**

Name: \_\_\_\_\_ License Number/NPN: \_\_\_\_\_

Please process my request to Voluntarily Surrender my Business Entity insurance license from the State of Idaho. The effective date will be the date this form is received by the State. Please send confirmation to:

Email address: \_\_\_\_\_

In the event of any questions regarding this request, please provide a phone number.

Phone: \_\_\_\_\_

Please Initial that you have read and agree to each statement below:

\_\_\_\_\_ I understand my Idaho Business Entity Producer license will be cancelled and the entity will no longer be authorized to conduct insurance business in Idaho. I understand all appointments and registrations for this license are discontinued when the license is cancelled. I also understand the entity's expiration date becomes the date of the voluntary surrender and should they wish to reactivate the license within 365 days past that date, a reinstatement fee to reactivate with be required.

\_\_\_\_\_ I am the authorized individual responsible for the license number referenced above, issued by the Idaho Department of Insurance, and guarantee not to circulate or represent that this is a valid, active license. I hereby declare that I consider said license to be void and of no effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_  
Signature of Authorized Officer of the Agency

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

Please fax this completed form to **208-334-4398** or email to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) for processing.