

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

REQUEST FOR VOLUNTARY SURRENDER OF IDAHO LICENSE

This form is for business entities only.

This form is required to be notarized.

Please verify the form is filled out completely and correctly before having it notarized.

Please process my request to Voluntarily Surrender the license(s) listed below from the State of Idaho. The effective date will be the date this form is received by the State.

Name: _____ License Number: _____ Date: _____

License Type(s) Being Surrendered: _____ Other: _____

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

_____ I understand my Idaho Business Entity Producer license will be canceled 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 canceled. 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.

Signature of Authorized Officer of the Agency

Printed Name: _____ Date: _____

This form is required to be notarized.

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN to before me this _____ day

of _____, _____.

Notary Public

My Commission Expires _____

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