

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 AN IDAHO
REINSURANCE INTERMEDIARY EXEMPTION**

This form is required to be notarized.

Open this form in Adobe Acrobat if you would like to use the digital signature option.

Name: _____ ENTITY FEIN #: _____

Please process my request to Voluntarily Surrender my reinsurance intermediary exemption for the State of Idaho. The effective date will be the date this form is received by the State.

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

_____ I have read, understand and agree to the terms of a voluntary surrender. The terms include: my expiration date becomes the date of my voluntary surrender and should I wish to reactivate my license within 365 days past that date, I will be required to pay a reinstatement fee to reactivate.

_____ I am the person holding/responsible for the license entity referenced above, issued by the Idaho Department of Insurance, and guarantee not to circulate or represent that the entity has a valid exemption. I hereby declare that I consider said exemption to be void and of no effect.

Signed: _____
Signature of Licensee

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 and notarized form to agent@doi.idaho.gov for processing.