

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, BUSINESS ENTITY
This form is not considered complete until it has been notarized.

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.

Business Entity Name: _____ Idaho License #/NPN: _____

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.

Signed: _____
Signature of Authorized Officer of the Agency

Printed Name: _____ Date: _____

NOTARIZATION IS REQUIRED

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.