



VOLUNTARY SURRENDER OF IDAHO TPA LICENSE

_____ is seeking to
Company Name
surrender/withdraw its authority to transact business in the State of Idaho and returns for
cancellation its Idaho Third Party Administrator License for the following reason(s):

effective _____
Date

Please forward confirmation of this transaction to the following mailing address:

Address:

Phone:

Applicant Officer's Certification and Attestation

The officer (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its content, and that all of the information, including any attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying to withdraw or surrender its license.
3. I acknowledge that I am the President/Vice President/Secretary of the Applicant, am authorized to execute and are executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdiction that all of the forgoing is true and correct, executed at _____.

Officer Signature

Date

Officer Full Legal Name

Officer Title