

CANCELLATION OF LINE OF AUTHORITY

Name: _____ License Number/NPN _____

I wish to CANCEL the following lines of authority:

- | | | | |
|---------------------------------|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Disability | <input type="checkbox"/> Casualty | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ | | |

License type: Personal
 Agency

Reason for Cancellation: _____

Initial Here

_____ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and the said license showing the line of authority I/we wish to cancel has been destroyed. I hereby declare that I consider the said license to be void and of no effect.

Dated this _____ day of _____, _____.

Signed: _____
 Signature of Licensee (or Officer/Authorized person if an Agency)

SUBSCRIBED AND SWORN to before me this _____ day
of _____, _____.

Notary Public
In and for the State of _____
Residing at _____
My Commission Expires _____

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