

REQUEST FOR VOLUNTARY SURRENDER OF
IDAHO REINSURANCE INTERMEDIARY EXEMPTION

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.

In the event of any questions regarding this request, please provide a phone number.

Phone: _____

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.

Dated this _____ day of _____, _____.

Signed: _____
Signature of Licensee

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.