

REQUEST FOR VOLUNTARY SURRENDER OF
IDAHO BUSINESS ENTITY LICENSE

Name: _____ License Number/NPN: _____

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. Please send confirmation to:

Email address: _____

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 understand my Idaho Business Entity Producer license will be cancelled 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 cancelled. 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.

Dated this _____ day of _____, _____.

Signed: _____
Signature of Authorized Officer of the Agency

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.