

**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, effective: \_\_\_\_\_. 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 fax this completed form to **208-334-4398** or email to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) for processing.