

REQUEST FOR VOLUNTARY SURRENDER OF IDAHO LICENSE

ATTN: AGENT LICENSING
IDAHO DEPARTMENT OF INSURANCE
700 W STATE ST FL 3
PO BOX 83720
BOISE ID 83720-0043

Please cancel the enclosed license as of _____
(date you wish cancellation to become effective)

for _____
(name of producer)

Idaho license # _____

Please forward confirmation of this transaction to (if different from current mailing address):

Phone: _____

Original license is enclosed

Loss of License Affidavit is attached

(note: you do not need to attach your license or an affidavit if this is a notice to non-renew)

I understand that my license will be cancelled and that I will not be able to conduct insurance business in Idaho until I notify this Department with a signed request to reactivate or reinstate this license. All appointments and associations for my Idaho license are discontinued when the license is cancelled.

(signature of producer or officer of firm)

NO FEE REQUIRED