

**REQUEST FOR VOLUNTARY SURRENDER
OF IDAHO SURPLUS LINES LICENSE**

Name: _____ License Number/NPN: _____/_____

Please process my request to Voluntarily Surrender my Surplus Lines insurance license from the State of Idaho. The effective date will be the date this form is received by the State.

Please send confirmation of surrender to my email address: _____

In the event of questions regarding this request, I can be reached by phone at: _____

By initialing below, I confirm that I have read and agree to each of the following statements:

_____ I understand that my Idaho surplus lines license will be cancelled and that I will no longer be authorized to conduct surplus lines business in Idaho. I also understand that all appointments and associations for this Idaho license are discontinued when the license is cancelled. *In lieu of filing a separate zero tax return with the state, I herein attest that no Surplus Line premiums have been generated for Idaho for the year this form is signed and submitted in, therefore no premium tax is due the state.*

_____ I understand the terms of this Voluntary Surrender 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 number referenced above, issued by the Idaho Department of Insurance, and I 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: _____

SIGNED: _____
Signature of Licensee

State of: _____

County of: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public
My Commission Expires: _____

Please fax this completed form to **208-334-4398** or email to agent@doi.idaho.gov for processing.