



LICENSE SURRENDER FORM

INSTRUCTIONS: All areas of this form that relates to the individual or agency must be completed. Do not combine an individual and business entity on the same form. Combinations will not be processed. If this from is not signed and dated, we will not process the request.

COMPLETED FORM MAY BE

MAILED: Delaware Insurance Department, Attention: Producer Licensing, 841 Silver Lake Blvd., Dover, DE 19904

FAXED: 302-736-7906

EMAILED: licensing@state.de.us

INDIVIDUAL:

Name: _____

License Type: _____

Delaware License Number: _____ or

National Producer Number: _____

Please accept this as my request to voluntarily surrender my Delaware Insurance License.

_____ Dated: _____
Licensee's Signature

BUSINESS ENTITY (AGENCY):

Name: _____

License Type: _____

Delaware License Number: _____ or

National Producer Number: _____

Please accept this as my request to voluntarily surrender the Delaware Insurance License. I am authorized to act on behalf of the above agency and have authority to make this request.

_____ Dated: _____
Signature of Authorized Agency Representative

Printed Name of Authorized Agency Representative