



## 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 form is not signed and dated, we will not process the request.

**COMPLETED FORM MAY BE**

**MAILED:** Delaware Department of Insurance, 1351 West North Street, Suite 101, Dover, DE 19904

**FAXED:** 302-736-7906

**EMAILED:** [licensing@delaware.gov](mailto:licensing@delaware.gov)

**INDIVIDUAL:**

Name: \_\_\_\_\_

License Type: \_\_\_\_\_

Delaware License Number \_\_\_\_\_

National Producer Number: \_\_\_\_\_

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

\_\_\_\_\_  
Licensee's Signature

Dated: \_\_\_\_\_

**BUSINESS ENTITY (AGENCY):**

Name: \_\_\_\_\_

License Type: \_\_\_\_\_

Delaware License Number \_\_\_\_\_

National Producer Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Authorized Agency Representative

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Authorized Agency Representative