



Department of Insurance

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith L. French, Director

# Individual Agent License Surrender Form

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2665 | 614-387-0051 (Fax) | insurance.ohio.gov

An agent may surrender all or some of the agent's licenses by submitting this form to:

Ohio Department of Insurance  
License Division  
50 W. Town St., 3<sup>rd</sup> Fl.  
Suite 300  
Columbus, Ohio 43215

- An agent under investigation by the superintendent may not voluntarily surrender any license. An investigation includes the review of any complaint made against or involving the agent.
- A voluntary surrender will be effective immediately after the superintendent receives the request or at a later date chosen by the agent, but in no case shall the surrender be effective more than thirty days after receipt of the surrender request.
- The surrender of an agent's license voids all appointments held by the agent for that line of authority.
- The superintendent will inform each appointing company that the agent's licensees are surrendered.
- Surrendered license(s) may not be reinstated. To receive a new license a person must comply with the pre-licensing education and examination requirements for each line of authority as if the person had never been licensed.
- Agents who surrender an insurance license may not use any professional designation as an exemption from the pre-licensing education requirements or the examination requirements.
- A person who was previously granted inactive status may surrender all or some licenses, if otherwise eligible to surrender licenses.
- The superintendent may not accept a surrender request received after the license expiration date.

Reason for requesting surrender of license(s): \_\_\_\_\_

License authority(s) to surrender: \_\_\_\_\_

**By my signature below, I hereby surrender my Ohio insurance license(s) and state that I understand the conditions of this surrender as set forth above.**

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
National Producer Number (NPN)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Ohio License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (Daytime)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date