



Department of Business and Industry

Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Web: <https://www.doi.nv.gov>

VOLUNTARY SURRENDER REQUEST INDIVIDUAL OR BUSINESS ENTITY

By, signing below, I request the Nevada Division of Insurance inactivate the Nevada insurance license indicated. I understand that:

- Voluntary Surrender does not release me or the firm from the results of any pending or future administrative actions, including revocation or suspension of my license privileges, fines imposed, or other penalties imposed due to my or the firm's conduct as a licensee during the time the license was valid.
- As of the date of surrender, I or the firm will no longer have a license to conduct the business of insurance in Nevada and may no longer act as, or hold myself out to be, an insurance producer, adjuster, or other licensee or registration in Nevada. I or the firm may not apply for, procure, negotiate for, or place for others, any policies, for any line of insurance or investigate, negotiate, or settle any insurance claims or otherwise transact the business of insurance.
- Surrender of the license inactivates any appointment I or the firm may have with any insurance company and any affiliations between me and the firms. I agree to notify my appointing companies of this action.
- I understand if the license terminates for failure to renew prior to submission of this surrender request, the failure to renew will supersede the surrender and the request will not be processed.
- I have paid any outstanding monies owed to the Nevada Division of Insurance.
- If requesting surrender of a firm license, I acknowledge that I have the authority to execute this request as I am a Designated Responsible Producer affiliated with the firm or I am an Owner/Officer/Partner/Director on record.
- I have retained a copy of this request for my records and attest this form is my written notice to the Commissioner of the surrender of said license.

Name as it Appears on License	National Producer Number (NPN) or FEIN No.
NV License Number	License Expiration Date
Email Address	Telephone Number
What license/registration do you want to surrender? <input type="checkbox"/> The Entire License OR <input type="checkbox"/> Only the Lines of Authority Listed Below:	
Signature of Licensee or Designated Licensed Producer	Date
Name of Signer	

Please submit form to:

Nevada.licensing@doi.nv.gov