



Iowa Insurance Division  
Attn: Producer Licensing  
Two Ruan Center  
601 Locust Street, 4<sup>th</sup> Floor  
Des Moines, IA 50309

### Individual Producer Voluntary Surrender Request Form

National Producer Number		License Number	
Producer Name (Last, First)			
Contact Email			
I _____ wish to voluntarily surrender my license(s).			
Select all that apply:		<input type="checkbox"/> Producer License	
		<input type="checkbox"/> Surplus Lines License	
		<input type="checkbox"/> Public Adjuster License	
		<input type="checkbox"/> Navigator License	
		<input type="checkbox"/> Viatical Settlement Broker License	
<b>OR</b>			
I _____ wish to voluntarily surrender <b>ONLY</b> the following line(s) of authority under my producer license.			
<input type="checkbox"/> Life			
<input type="checkbox"/> Accident & Health			
<input type="checkbox"/> Personal Lines			
<input type="checkbox"/> Property			
<input type="checkbox"/> Casualty			
<input type="checkbox"/> Crop			
<input type="checkbox"/> Credit			
<input type="checkbox"/> Surety			
<input type="checkbox"/> Variable Life; Variable Annuity			
Home Telephone Number		Cellular Telephone Number	
- -		- -	
<b><i>Return form via email to <a href="mailto:producer.licensing@iid.iowa.gov">producer.licensing@iid.iowa.gov</a> or fax 515-281-3059 Attn: Producer Licensing</i></b>			
<b>Producer Signature</b>		<b>Date</b>	