



**Licensing Section
Arizona Department of Insurance**

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FORM L-SURR: VOLUNTARY SURRENDER OF INSURANCE LICENSE

CRITICAL! If you complete this form, you will not be able to reapply for a license (as a resident or nonresident) for at least one year after the date we process your surrender. ARS § 20-289(F).

1a. If the license holder is a business entity - Full (Genuine) Name of Business			AZ License Number
1b. If an individual - Last Name	First Name	Middle Name	AZ License Number
2. Are you licensed in Arizona as a 'resident' or 'non-resident'? <input type="checkbox"/> RESIDENT (go to # 3) <input type="checkbox"/> NON-RESIDENT (skip # 3, go to # 4)			
3. Do you want to remain licensed as a nonresident in Arizona after relocating to another state? <input type="checkbox"/> YES – DO NOT SUBMIT THIS FORM. Instead, complete and submit Form L-CLR <input type="checkbox"/> NO – You will not be allowed to reapply for any Arizona insurance professional license for at least one year after the surrender date.			
4. What insurance license authority do you want to surrender? <input type="checkbox"/> THE ENTIRE LICENSE. You will not be allowed to reapply for any type of Arizona insurance professional license for at least one year after the surrender date. <p style="text-align: center;">OR</p> <input type="checkbox"/> ONLY THE LINES OF AUTHORITY LISTED BELOW. You will not be allowed to reapply for these lines of authority for at least one year after the surrender date. <p>_____</p> <p>_____</p>			

ATTESTATION FOR SURRENDER OF LICENSE

I attest that the following conditions are true:

- I understand that notwithstanding my license surrender, I must keep records of transactions under my license for at least three years after the expiration or cancellation date of each insurance policy in force (ARS §§ 20-290 and 20-414).
- I have paid any civil penalty owed to the Arizona Department of Insurance.

AND if this form is surrendering a Surplus Lines Broker license, I attest that the following additional conditions are true:

- I have reported all surplus lines transactions to The Surplus Line Association of Arizona in accordance with ARS § 20-408;
- I have filed with the Arizona Department of Insurance tax reports and tax payments on all surplus lines transactions (ARS §§ 20-415 and 20-416);
- I shall not receive any insurance premium or policy fee on any surplus lines transaction from and after the date the license surrender is effective;

By my signature below, I signify that I am surrendering one or more lines of insurance from my insurance license or my entire insurance license as indicated by my foregoing response, and I understand that I shall be prohibited from reapplying for the surrendered lines of authority or license for the period of at least one year after the surrender date per ARS § 20-289(F).

LICENSEE'S SIGNATURE

DATE