



Surrender Form

Name: _____

License Number: _____

Reason for surrender of license(s): _____

I request that the selected license(s) be cancelled:

- Adjuster, Agency, Appraiser, Portable Electronics, Premium Service Company, Producer, Professional Bondsman, Rental Car, Runner Bondsman, Self Service Storage, Service Contract Provider, Surety Bondsman, Surplus Lines Broker, Third-Party Administrator, Utilization Review

- No individual or business entity who is currently under investigation by the Department of Insurance may voluntarily surrender its license.
A voluntary surrender will be effective immediately upon receipt of this surrender request.

I hereby certify that I understand the requirements of this surrender. I also certify there are no outstanding liabilities pending against this licensee in the state of South Carolina.

Signature: _____ Date: _____

Typed Name: _____ Title: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

(Notary Public)

(seal)

