



Surrender Form

Please attach and email the completed form to agentmail@doi.sc.gov

Name: _____

License Number: _____

Reason for surrender of license(s): _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Adjuster | <input type="checkbox"/> Agency | <input type="checkbox"/> Appraiser |
| <input type="checkbox"/> Portable Electronics | <input type="checkbox"/> Premium Service Company | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Professional Bondsman | <input type="checkbox"/> Rental Car | <input type="checkbox"/> Runner Bondsman |
| <input type="checkbox"/> Self Service Storage | <input type="checkbox"/> Service Contract Provider | <input type="checkbox"/> Surety Bondsman |
| <input type="checkbox"/> Surplus Lines Broker | <input type="checkbox"/> Third-Party Administrator | <input type="checkbox"/> 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)

