



## Specialty License Surrender Form

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Reason for surrender of license(s): \_\_\_\_\_

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

Premium Service Company

Third-Party Administrator

Service Contract Provider

Utilization Review

- No 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)

