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Commissioner of Insurance



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STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.ms.gov

Entity Voluntary Surrender Form

Resident Non-Resident

INSTRUCTIONS: All areas of this form that relate to the entity (agency) must be complete. Use a separate form for each license type. The form must be legible or it will not be processed. The designated responsible license producer (DRLP) or a member, officer or director of the licensee must complete and sign this form on behalf of the licensee. **This form must be scanned and emailed to licensing@mid.ms.gov.**

No Fee: \$0.00

BUSINESS ENTITY

Current Name (Please print name as it appears on MS license)

MS license # _____ NPN# _____

License Type _____

Reason for surrendering: _____

Current Mailing Address: _____

Current Business Address: _____

Please accept this as my request to voluntarily surrender my Mississippi entity(agency) license. I understand I am no longer authorized to transact insurance under the license stated above.

Print name of Licensee _____

Signature of Licensee _____ Date _____