



**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).

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

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 Licensee's signature

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 Date