



**HAWAII
INSURANCE
DIVISION**

**Voluntary Surrender of
Insurance License**

Names as it appears on the Hawaii license certificate

HI License No. License Type(s)

Check here if you are requesting a Letter of Clearance. Indicate State: _____

MAILING ADDRESS

Physical Street or P.O. Box:

City	State	Zip Code or Foreign Country
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By signing this form, I am notifying the Hawaii Insurance Division that the license referenced above is being surrendered voluntarily.

Signature of Licensee¹ Print Name and Title of Signer

¹For individual licensee, the individual must sign.
For agency, the Designated Representative named on the license or or an officer must sign.

IMPORTANT NOTE: The changes indicated above will be effective upon receipt in the Hawaii Insurance Division

Hawaii Insurance Division, 335 Merchant Street - Room 213, Honolulu, Hawaii 96813	
Website: http://insurance.hawaii.gov	phone: 808-586-2788
E-mail: InsLic@dcca.hawaii.gov	fax: 808-587-6714