

## Ohio Department of Insurance

John R. Kasich – Governor  
Mary Taylor – Lt. Governor/Director



www.insurance.ohio.gov

### ***Request to Surrender for Cause for an Individual***

An agent may request to “surrender for cause” all agent's licenses by submitting this form to:

Ohio Department of Insurance - Enforcement Division  
50 W. Town St., 3<sup>rd</sup> Floor, Suite 300  
Columbus, Ohio 43215

- An agent under investigation by the superintendent may not “voluntary surrender” any license per Ohio law. However in certain situations, an agent under investigation may surrender their license(s) for cause. An investigation includes the review of any complaint made against or involving the agent.
- A surrender for cause will be effective immediately after the Superintendent approves and signs the Request to Surrender for Cause form.
- The Superintendent is under no obligation to approve a submitted Request to Surrender for Cause form. You will be notified in writing of the final outcome.
- The surrender for cause of an agent's license voids all licenses, appointments and affiliations held by the agent.
- Surrendered license(s) for cause may not be reinstated. A person must wait five years before being eligible to request a modification of this Order and to apply for any new license issued by the Department under Chapter 3905. of the Revised Code.
- The agent has read and understands this Request to Surrender for Cause form. The agent further understands that he/she has the right to seek counsel of his/her choice and have counsel review this Request to Surrender for Cause form.
- This Request to Surrender for Cause form shall be entered in the Journal of the Ohio Department of Insurance. All parties understand and acknowledge that the Request to Surrender for Cause form is a public document pursuant to section 149.43 of the Revised Code.
- The agent hereby waives receiving the fully executed Surrender for Cause by certified mail. The agent agrees to be served a copy of this fully executed Surrender for Cause by regular U.S. mail.
- The agent waives any and all causes of action, claims or rights, known and unknown, which he may have against the Department, and any employees, agents, consultants, contractors or officials of the Department, in their individual and official capacities, as a result of any acts or omissions on the part of such persons or firms.
- The agent hereby waives any appeal rights he may have pursuant to section 119.12 of the Revised Code.

**The agent neither admits nor denies the allegations checked below:**

- |  |  |
|--|--|
| <input type="checkbox"/> Failure to maintain a home state insurance license                | <input type="checkbox"/> Having been convicted of a criminal offense |
| <input type="checkbox"/> Action on another professional license                            | <input type="checkbox"/> Action on another Insurance license         |
| <input type="checkbox"/> Failure to pay court ordered state income tax                     | <input type="checkbox"/> Failure to file annual review               |
| <input type="checkbox"/> Providing incorrect/untrue information in a licensing application | <input type="checkbox"/> Other _____                                 |

**By my signature below, I hereby request to surrender for cause my Ohio insurance license(s) and state that I understand the conditions of this surrender as set forth above. This request to surrender all Ohio Insurance licenses is effective when fully executed by the Superintendent of Insurance.**

\_\_\_\_\_  
Agent Name (Print)

\_\_\_\_\_  
Superintendent of Insurance

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
National Producer Number (NPN)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date