



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division - Agent Licensing
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(615) 741-2693 Fax (615) 532-2862
ce:agent:licensing@tn.gov

REQUEST TO CHANGE TO INACTIVE STATUS FOR NON-RESIDENT LICENSE

This request is only available for the following license categories)

- Insurance producers (individual)
- Viatical settlement broker
- Business entity
- Viatical settlement provider
- Public adjusters
- Title agency
- Surplus lines
- Portable electronic vendor
- Travel insurance supervising entity
- Self-storage facility
- Viatical settlement investment agent
- Crop insurance adjuster

Name of Licensed Individual/Entity) _____

*If entity license, this request must be signed by an owner or executive officer of the licensed entityC

Tennessee License/NPN Number) _____

Licensees may request their Tennessee non-resident license be put into inactive status or, alternatively, that only certain lines of authority be made inactive for their licenseC Please select the option that you are requestingC

Select one7

- I am requesting that my TN non-resident license be made inactiveC
- I am requesting that my TN non-resident surplus lines license be made inactiveC
- I am requesting inactive status for only certain lines of authority as indicated belowC
- | | | | |
|--|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Casualty | <input type="checkbox"/> Credit | <input type="checkbox"/> Bail Bonds |
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Title | <input type="checkbox"/> Legal | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Property | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Crop | <input type="checkbox"/> Variable |

By my signature below, I certify that (1) I am requesting my TN non-resident license be made inactive, or (2) I am requesting one or more lines of authority under my TN non-resident license be made inactive. Additionally, I certify I understand that obtaining my license or a line of authority, after such license or line of authority has been put into inactive status, will require me to meet all application requirements, including but not limited to submission of application, and payment of fees pursuant to TC CC AC § 56-6-101 et seqC

Signature) _____ Date) _____

Printed Name) _____ Title (if submitting on behalf of an entity)) _____

*A request for inactive status is typically processed within two (2) business days. If applicable, the status can be checked at www.statebasedsystems.com SUBMIT COMPLETED FORM TO THE EMAIL OR FAX NUMBER ABOVEC