



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division - Agent Licensing
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REQUEST TO CHANGE TO INACTIVE STATUS FOR NON-RESIDENT LICENSE

This request is only available for the following license categories

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

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 license. Please select the option that you are requesting.

Select one

- I am requesting that my TN non-resident license be made inactive.
- I am requesting that my TN non-resident surplus lines license be made inactive.
- I am requesting inactive status for only certain lines of authority as indicated below.
- | | | | |
|--|---|---------------------------------|-------------------------------------|
| <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 TCA § 56-6-101 et seq

Signature _____ Date _____

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

*If applicable, the status can be checked at www.statebasedsystems.com. SUBMIT COMPLETED FORM TO THE EMAIL OR FAX NUMBER ABOVE.