



**INDIVIDUAL  
ADJUSTER  
SURRENDER FORM**

*Licensing & Education Division*

**Adjuster Surrender**

- ) The surrender of an adjuster's license voids all lines that are selected by the adjuster
- ) In case of death, official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate must accompany the request for license cancellation.

Name of Individual :

WV License #:

**Please select the license type to surrender:**

Company Adjuster - surrender all lines  
Property and Casualty - line of authority -surrender  
Crop-line of authority - surrender  
Workers' Compensation- line of authority - surrender

Independent Adjuster - surrender all lines  
Property and Casualty - line of authority -surrender  
Crop-line of authority - surrender  
Workers' Compensation- line of authority - surrender

Public Adjuster - surrender

By my signature below, I signify that I am surrendering one or more lines of authority from my license.

Name (Printed)

License #

Address

Phone Number

Signature

Date

This form MUST be submitted via mail, fax 304-558-4966 or electronically attached as a pdf document and emailed to [OICAgentlicensing@wv.gov](mailto:OICAgentlicensing@wv.gov).