

License Withdraw Affidavit

State of: _____

County of: _____

Virginia License ID: _____

Company Name: _____

1. _____ would like to withdraw its license to operate as a
Entity Name
_____ in the Commonwealth of Virginia effective as of
Company Type
_____.
Effective Date
2. At this time, _____ has no plans to write _____
Entity Name Company Type
business in the Commonwealth of Virginia, has no outstanding Virginia liabilities, and all claims have been resolved.
3. At this time, _____ has no enrollment nor plans to attain any enrollment
Entity Name
as a _____ business in the Commonwealth of Virginia.
Company Type
4. The last policy expiration date as of _____ .
Effective Date

This day appeared before me, the undersigned Notary Public.

_____ on behalf of _____,
Name of the Officer Entity Name

being duly sworn, for him or herself deposed and said that he/she is the above described officer of said company, and stated that, to the best of his/her knowledge, belief, respectively:

Signed: Officer of _____

Subscribed before me this day _____ of _____, 20____

Notary of Public

My commission expires: _____