



Mike DeWine, Governor
Jon Husted, Lt Governor

Department
of Insurance

Judith L. French, Director

Request by Individual Agent to
Surrender for Cause

Enforcement Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2560 | insurance.ohio.gov

An agent may submit a request to "surrender for cause" by submitting this completed form to:
Ohio Department of Insurance - Enforcement Division, 50 W. Town St., 3rd Floor, Suite 300, Columbus, Ohio 43215

By submitting this form, the undersigned agent understands, agrees with, and verifies all of the following:

- ✓ I am under investigation by the superintendent for the alleged violations checked below, and I am submitting this form to ask the superintendent to permit me to voluntarily terminate all authority to hold any license as an agent in Ohio instead of having a revocation or suspension order issued against me:
 - Failure to maintain a home state insurance license (R.C. 3905.14(B)(38))
 - Action on another professional license (R.C. 3905.14(B)(17))
 - Failure to pay court ordered state income tax (R.C. 3905.14(B)(14))
 - Providing incorrect/untrue information in a licensing application (R.C. 3905.14(B)(1))
 - Other ORC 3905.14(B)(11) Forging or causing the forgery of an application for insurance or any document related to or used in an insurance transaction;
- ✓ If the superintendent determines that a violation of R.C. 3905.14 has occurred, the superintendent is authorized to accept or reject this request. The superintendent has sole discretion to accept or reject this request. If the superintendent accepts the request, the superintendent shall sign this form and any and all licenses, appointments and affiliations I hold will be immediately voided.
- ✓ If this request is accepted: my license(s) cannot be reinstated; I will have to wait at least 5 years before being eligible to request a modification; and I will be prohibited from seeking any license authorized under R.C. Chapter 3905 for a period of 5 years.
- ✓ By signing below, I attest that:
 - I have read and understand this form;
 - I understand my request for and the consequences of a surrender for cause;
 - I have the right to seek counsel of my choice to review and advise me on this request for surrender;
 - I understand this form is a public document pursuant to section 149.43 of the Revised Code; and
- ✓ Also, by signing below, I knowingly and voluntarily waive:
 - My right to receive a fully executed copy of this form via certified mail, and agree to be served a copy via electronic mail or regular U.S. mail;
 - Any and all causes of action, claims or rights, known and unknown, which I may have against the Department, its employees, agents, representatives, consultants, contractors, or officials, in their individual and official capacities, as a result of any acts or omissions on the part of such persons or entities; and
 - Any appeal rights under R.C. 119.12.

**E-SIGNED by Judith French
on 2024-09-21 09:36:58 EDT**

Judith L. French, Superintendent/Director
Ohio Department of Insurance
2024-09-21 09:36:58 UTC

Effective Date of Surrender for Cause

Travis Barnes

Name of Agent Requesting to Surrender for Cause (Print)

7804 Joseph St.

Street Address

Cincinnati, OH 45231

City, State, Zip Code

(513) 418-7439

Phone

17431633

National Producer Number (NPN)

E-SIGNED by Travis Barnes

on 2024-09-16 23:14:41 EDT

Signature of Agent Requesting to Surrender for Cause

Date

L.D.