



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:
 - Action on another insurance license (R.C. 3905.14(B)(10))
 - Failure to file annual review (R.C. 3905.14(B)(2), 3953.33, O.A.C. 3901-7-01)
 - Having been convicted of or pleaded guilty or no contest to a felony (R.C. 3905.14(B)(6))
 - Violating or failing to comply with any insurance law or rule (R.C. 3905.14(B)(2))
 - Other **Intentionally misrepresenting the terms, benefits, value, cost, or effective dates of any actual or proposed insurance contract or application for insurance (R.C. 3905.14(B)(5))**
- ✓ 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 Title 39 of the Revised Code for a period of five 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.

Matthew Sinacori

Name of Agent Requesting to Surrender for Cause (Print)

19425816

National Producer Number (NPN)

E-SIGNED by Matthew Sinacori
on 2025-11-03 13:18:57 EST

Signature of Agent Requesting to Surrender for Cause

Date

**E-SIGNED by Judith French
on 2025-11-18 14:18:48 EST**

Judith L. French, Superintendent/Director
Ohio Department of Insurance

2025-11-18 14:18:48

Effective Date of Surrender for Cause

L.D.