

# IDAHO DEPARTMENT OF INSURANCE

**RENEWAL OF TPA LICENSE #** \_\_\_\_\_

**NAME OF AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your TPA license expires at midnight on December 31<sup>st</sup>. Follow these instructions to renew this license:

- If paying on or **before December 31<sup>st</sup>**, pay **\$80.00** for the two-year renewal.
- If paying **after December 31<sup>st</sup>**, up to **January 31<sup>st</sup>**, the fee is **\$160.00**.

If you fail to meet either of the above deadlines, your license will lapse and a new application with all supporting documentation and a \$300 application fee must be submitted.

I attest that this license is in good standing in the domicile state and that all administrative actions and criminal prosecutions have been timely reported to the Idaho Department of Insurance, as required by Idaho Code §41-916.

\_\_\_\_\_ Title \_\_\_\_\_  
(Signature of officer)

\_\_\_\_\_  
(Print name of officer)

Forward with appropriate fees to:

Idaho Department of Insurance  
700 W State St Fl 3  
PO Box 83720  
Boise ID 83720-0043

Phone: 208-334-4250  
Fax: 208-334-4398  
email: [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)

Please contact the Idaho Department of Insurance if you have any questions regarding this form or the renewal process: [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) .