

BAIL LICENSE (AGENCY) REINSTATEMENT PACKET

Instructions:

Complete both pages of the form AND include all necessary attachments. Fill in all fields (even if there is no change from what we currently have on file.) Mail completed form with appropriate fee to:

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

All questions and concerns regarding licensing or reinstatement of your license should be directed to Producer Licensing at 208-334-4250 or via email at agent@doi.idaho.gov.

Agency Information:

Date: _____ License Number: _____ FEIN: _____

Agency Name: _____

Agency Address:

Must be a physical address.
No PO Box allowed

City: _____ State: _____ Zip: _____

Mailing Address:

Same as Agency
PO Box allowed

City: _____ State: _____ Zip: _____

Contact Person: _____ Business Phone: _____

Email Address: _____

DRLP:

As required by Idaho Code, each business entity must have at least one Idaho licensed producer registered to the agency. This individual should carry all lines of authority the agency is requesting and is responsible for the business entity's compliance with the insurance laws and rules of this state.

DRLP's Name

DRLP's Idaho License #

Please check to ensure you have included the following:

- Certification of Active Bond (to be completed by your Surety) OR New Bond
- New Appointment (to be completed by your Surety)
- \$160 Reinstatement Fee

Please Note: If your license has been expired for more than 1 year, you will need to start the licensing process over. You will be required to test, fingerprint, and complete a new application with the \$80 licensing fee.

Background Questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently being charged with, committing a crime or had a judgment withheld or deferred, which has not PREVIOUSLY been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not previously been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In response to a "yes" answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If no, please attach them to this application.) | <input type="checkbox"/> | <input type="checkbox"/> |

Attestation:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation or b) has a child support obligation and is currently in compliance with that obligation.
5. I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of Idaho.
7. I certify that I am licensed and in good standing in my home/resident state for the lines of authority on my Idaho license.
8. I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

Authorized Signature:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

BAIL AGENT CERTIFICATION OF ACTIVE BOND
(To be completed by the Surety Company)

Surety Company Information:

Surety Company Name: _____

Contact Person: _____ Business Phone: _____

Email Address: _____

Producer Information:

Name: _____

License Number: _____

Bond Information:

Effective Date: _____ Bond Number: _____

Amount: _____

I certify that the Bond number listed above is current and active for the producer listed above as of the date signed below.

Surety Company Authorized Signature:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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**IDAHO DEPARTMENT OF INSURANCE
APPOINTMENT**

AUTHORITY TO ACT UNDER **COMPANY** LICENSE

Date: _____

Appointment for: Individual Agency

Name of Producer: _____

Idaho License Number: _____

Lines of Authority to be Appointed:

- | | | | |
|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Disability (Health) | <input type="checkbox"/> Casualty | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ | | |

Notice is hereby given that the above listed individual/agency is authorized to act under our company license for the lines of authority indicated above.

Effective Date: _____ (*cannot be backdated more than 15 days)

Company Name: _____

NAIC #: _____ FEIN #: _____

Signature of Authorized Individual

Printed Name/Title

NOTE:

1. This request must be signed by an authorized individual of the Company.
2. Please fax completed form to 208-334-4398 or email to agent@doi.idaho.gov.
3. For confirmation of this transaction, please consult our website to view your company record at www.doi.idaho.gov. Allow a minimum of 24 hours for processing.
4. Appointments cannot be backdated more than 15 from date Idaho Dept. of Insurance receives the request. They also cannot be backdated prior to license issue/active date.

In case we have questions, please provide a contact name, email, and phone below:

Contact name _____ Phone: _____

Email address: _____