

**IDAHO DEPARTMENT OF INSURANCE
REGISTRATION**

AUTHORITY TO ACT UNDER **AGENCY** LICENSE

Date: _____

Name of Producer: _____

Idaho License Number: _____

This producer should be listed as the DRLP for our agency

Lines of Authority to be Registered:

- | | | | |
|---------------------------------|--|---|-----------------------------------|
| <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 is authorized to act under our agency license for the lines of authority indicated above.

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

Agency Name: _____

Idaho License #: _____ FEIN #: _____

Signature of Authorized Individual

Printed Name/Title

NOTE:

1. This request must be signed by an officer of the agency/firm.
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 agency record at www.doi.idaho.gov. Allow a minimum of 24 hours for processing.
4. *Registrations 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: _____