

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398

**APPOINTMENT OF AUTHORITY TO ACT UNDER COMPANY LICENSE**

*Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.*

**This form is for appointments to a COMPANY only. Do not use this form for agency registrations.**

This request must be signed by an authorized individual of the company. Individuals and agencies cannot submit this form on the companies behalf.

Appointments cannot be backdated more than 15 from date Idaho Department of Insurance's receipt of the request or prior to license issue date.

**Notice is hereby given that the COMPANY named below authorizes the licensee listed on this form authority to act under the COMPANY license for the indicated line(s) of authority.**

Effective date: \_\_\_\_\_

Name of Company: \_\_\_\_\_ NAIC/Idaho COA# \_\_\_\_\_

Name of Producer: \_\_\_\_\_ National Producer Number: \_\_\_\_\_

Life	Accident & Health or Sickness	Casualty	Property
Surety	Variable	Personal Lines	Credit
Travel	Other: _____		

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

Contact name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Questions?  
Contact us at [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)

