How to Change a Designated Responsible Licensed Producer (DRLP)

A Designated Responsible Licensed Producer (DRLP) is an individual responsible for the business entity's compliance with the insurance laws and rules of this state. Multiple producers may be used to cover the lines of the authority held by the business.

Adding a DRLP via NIPR will not reactivate a license that was inactivated due to loss of DRLP. If you are in this situation or have any questions please contact the Department at agent@doi.idaho.gov.

Step 1: Go to NIPR and	log in. https://pdb	.nipr.com/my-n	nipr/frontend/ide	ntify-licensee
🔶 🔒 pdb.nipr.com/my-nipr/frontend,	/identify-licensee 🔶			또 순 ☆ 보
			CONTACT US	GET THE MOBILE APP
NIPR NATIONAL INSURANCE PRODUCER REGISTRY	LICENSING CENTER	PRODUCTS & SERV	/ICES ABOUT NIPR	HELP Q
My NIPR				Guest User 👻
Identify Licensee				
💂 Individual		📰 Βι	usiness Entit	۷ 👍
Sign in as an individu	al	Sign Sign	in as a business entity	
Chan 2. Click the method year w		:f., the husiness	onton	
action ac	ccept the user agre	ement and clic	k "Next".	mation, click that you
Business Entity				
Search	n Type O License Num	ber		
	O National Pro	ducer Number (NPN)		
	-> Federal Empl	loyer Identification Nu	umber (FEIN)	
	Select one iden	tifier above		
1.0-4		Wirk ose Agreement		Next
€ Васк				Next 🗲
	Step 3: 0	Click "Start".		
User Menu			Fake	Business LLC
			contor	
Start 🖛			ssage Center	
S	tep 4: Click "Licens	se Update" ther	າ "Next".	
Select Product			Fake I	Business LLC
Product Type	Producer Licer	nsing		
	Adjuster Licen	sing		
	Other Licensin	g		
	Contact Change	ge Request (Change	Address, Phone, or E	imail)
	Demographic Update name.	Update		
	License Updat	e ponsible Licensed Person		
	 PDB Detail Rep 	port		
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Licensed State:	IDAHO 🚯					
License: INSURA Line(s) of Autho	ANCE PRODUCEF	R t Adjuster				
Current DRLP:	Last Name	First Name	NPN Number	Line(s) of A	Authority Held	
	TODD	JASON	0000003	Insurance	Producer	Telete
9: Once all th	e changes ha	ave been ma	ide scroll to th	ne botton	n of the scre	een and click "I
← Back						Next 🗲
	Step	10: Review t	the changes a	nd click "	Next".	
Designated Resp	onsible Licens	ed Producer R	leview		Fal	ke Business LLC
Business Entity:	Fake Business L	LC				FEIN:00-0000
IDAHO License: Lines of	INSURANCE PRO Authority: Casu	DDUCER ualty, Property				
DRLP:	Jane Doe (00 *Just Added*	00001) •	Line(s) of A	Authority He	eld: Casualty Property	
DRLP:	Jane Doe (00 *Just Added*	00001)	Line(s) of A	Authority He	eld: Casualty Property	Next 🗲
DRLP:	Jane Doe (00 *Just Added* nter your (th	e person ma	Line(s) of A	Authority He	eld: Casualty Property	Next → click "Next".
DRLP:	Jane Doe (00 *Just Added* nter your (th pmitter	e person ma	Line(s) of A	Authority He	eld: Casualty Property mation and	Next → click "Next". ake Business LLC
DRLP:	Jane Doe (00 *Just Added* nter your (th omitter Jennie	e person ma	Line(s) of A	authority He ge) inform Country	eld: Casualty Property mation and F United State	Next → click "Next". ake Business LLC
DRLP:	Jane Doe (00 *Just Added* nter your (th mitter Jennie Gordon	e person ma	Line(s) of A	ge) infor Country ess Line 1	eld: Casualty Property mation and F United State 123 Main St	Next click "Next". ake Business LLC as Of America reet
DRLP: ← Back Step 11: Er Authorized Sub First Name Last Name Title Optional	Jane Doe (00 *Just Added* nter your (th omitter Jennie Gordon	e person ma	Line(s) of A	authority He ge) inform Country ess Line 1 ess Line 2 Optional	eld: Casualty Property mation and F United State 123 Main St	Next click "Next". ake Business LLC as Of America reet
DRLP: ← Back Step 11: Er Authorized Sub First Name Last Name Title Optional Non-USA Phone Number	Jane Doe (00 *Just Added* nter your (th omitter Jennie Gordon	e person ma	Line(s) of A oking the chan Addr Addr	Authority He ge) inform Country ess Line 1 ess Line 2 Optional ess Line 3 Optional	eld: Casualty Property mation and F United State 123 Main St	Next > click "Next". ake Business LLC as Of America reet
DRLP: ← Back Step 11: Er Authorized Sub First Name Last Name Title Optional Non-USA Phone Number Phone Number	Jane Doe (00 *Just Added* nter your (th omitter Jennie Gordon	20001) e person ma	Line(s) of A sking the chan Addr Addr	Authority He ge) inform Country ess Line 1 ess Line 2 Optional ess Line 3 Optional City	eld: Casualty Property mation and F United State 123 Main St Hometown	Next > click "Next". ake Business LLC ss Of America reet
DRLP: ← Back Step 11: Er Authorized Sub First Name Last Name Title Optional Non-USA Phone Number Phone Number Phone Extension Optional	Jane Doe (00 *Just Added* nter your (th omitter Jennie Gordon	20001) e person ma 309	Line(s) of A sking the chan Addr Addr	Authority He ge) inform Country ess Line 1 ess Line 2 Optional ess Line 3 Optional City State	eld: Casualty Property mation and F United State 123 Main St Hometown Idaho	Next > click "Next". ake Business LLC ss Of America reet
CRLP: ← Back Step 11: Er Authorized Sub First Name Last Name Uast Name Title Optional Non-USA Phone Number Phone Number Phone Extension Optional Email	Jane Doe (00 *Just Added* nter your (th mitter Jennie Gordon (208)867-53	20001) e person ma 309 com	Line(s) of A king the chan Addr Addr	Authority He ge) inform Country ess Line 1 ess Line 2 Optional ess Line 3 Optional City State Zip Code	eld: Casualty Property mation and F United State 123 Main St Hometown Idaho 00000	Next Click "Next". Ake Business LLC Store of America reet

testation	Fake Business LLC
Read carefully and Accept to continue.	
 I hereby certify that, under penalty of perjury, all of true and complete. 	f the information and attachments submitted in this request are
2. I am aware that submitting false information or or request is grounds for license revocation and may	itting pertinent or material information in connection with this subject me to civil or criminal penalties.
3. Where required by law, I hereby designate the Com appropriate party in each jurisdiction for which this all insurance matters in the respective jurisdiction of Superintendent of Insurance, or other appropriate personal service upon myself.	nmissioner, Director or Superintendent of Insurance, or other request is made to be my agent for service of process regarding and agree that service upon the Commissioner, Director or party of that jurisdiction is of the same legal force and validity as
 I further certify that I grant permission to the Comr appropriate party in each jurisdiction for which this local government agency, current or former emplo 	nissioner, Director or Superintendent of Insurance, or other s request is made to verify information with any federal, state or yer, or insurance company.
5. I authorize the jurisdictions to give any information municipal agency, or any other organization and I r from any and all liability of whatever nature by reas	concerning me, as permitted by law, to any federal, state or release the jurisdictions and any person acting on their behalf son of furnishing such information.
 I acknowledge that I understand and will comply w I am licensed. 	ith the insurance laws and regulations of the jurisdictions in which
← Back	Next 🗲

Step 13: Enter the e-mail you want the confirmation receipt to go to and click "Next".

Verification Contact	Fake Business LLC
Your receipt and any additional in	formation about this transaction will be sent to the following email addresses.
Email	fake@fake.com
Email	Optional
Email	[þptional
Email	Optional
← Back	Next 🗲

Step 14: Review the information and click "Submit". The process is now complete.

Submit Requests Fake Business LLC					
The following sta	ates will be sent the requests	made during this se	ssion.		
State	Description	State Fee	NIPR Fee	Fee Summary	
IDAHO	License Update -	\$0.00	\$0.00	Total State Fees	\$0.00
Responsible				Total NIPR Fees	\$0.00
	Producer Update			Grand Total	\$0.00
• Allow up to	o 5 days for changes to disp	lay on PDB			
Requests are not	t complete until payment is n	hade. Please click the	e Submit button.		
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