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

ADD A LINE OF AUTHORITY

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

This form is designed to add a line of authority to an existing producer license.

Instructions:

- 1. Meet the qualification for the desired line of authority.
 - -Residents must pass the corresponding exam for the following lines: Accident Health and Sickness, Casualty, Life, Property, Personal Lines
 - -Non-Resident must hold the line of authority in their home state for all lines of authority.
 - -Residents and Non-residents must have an active FINRA registration with their own CRD number for Variable
 - -Business Entities must also provide a DRLP for the new line of authority.
- 2. Fill out the Add a Line of Authority form.
- 3. Click the submit button at the bottom of the form or create an e-mail addressed to agent@doi.idaho.gov and attach the completed form.
- 4. If adding a line of authority that requires an exam, attach the pass slips to the e-mail before sending.

Name:	License Number or NPN:		
I wish to add the foll	owing lines of authority	<i>7</i> :	
□ Life	Casualty	Property	Accident & Health or Sickness
□ Surety	Variable	Personal Lines	Credit
\Box Travel	Other:		
If adding the Var	iable Line, FINRA CR	D #:	
License type:	Personal		
	Agency		
	DRLP for add	ded line(s):	
	DRLP Idaho	license #:	
		tration information not pre charging document, and	reviously disclosed to the Departmen l resolution document.
Signature	e of Licensee (Officer of agen	ncy signature acceptable only f	for agency licenses)
Printed Name:			

Add a Line of Authority, 11/23

SUBMIT