IDAHO FILING SUBMISSION DOCUMENTATION FORM

Leave sections which do not apply blank. **DATE**_____

Company Name	Group, Bureau or Rating Organization Name	☐ ISO Member ☐ Reference ☐ Subscriber
Address		Domiciliary State
NAIC Company & Group Number	Federal ID Number	Idaho Certificate of Authority Number

TYPE OF FILING CHECK ONLY AS APPLICABLE

Attach listing showing description of forms, form numbers and forms being replaced.

☐	Property	☐	Casualty	☐	Commercial	☐	Personal
☐	Auto	☐	Marine	☐	Inland Marine	☐	Surety
☐	Title	☐	Multi-Line	☐	Mortgage Guarantee	☐	Rate Deviation
☐	Life (non-variable)	☐	Annuity (non-variable)	☐	Variable Life or Annuity	☐	Disability
☐	Group	☐	Individual	☐	Health Benefit Plans	☐	Advertising
☐	Other Disability Products	☐	Term	☐	Ordinary	☐	Universal (Interest Sensitive)
☐	Forms	☐	Rules	☐	Rates	☐	Informational
☐	Policy	☐	Application	☐	Supplements	☐	Riders
☐	Endorsements	☐	Actuarial Memorandum	☐	Other (Specified and explained in detail in the filing cover letter)		
☐	Reference State and Bureau Filing Number						

Under Idaho Code, section 41-1812, forms must be filed and certified to be in compliance with applicable sections of the Idaho Code. If the forms are later found to be in noncompliance with the Idaho Code and rules of the Department, the Director shall, in accordance with the Idaho administrative procedures act, prohibit the use of such forms and administrative penalties may be assessed. Insurers would have to correct the forms, retroactive to the date of first use.

CERTIFICATE OF COMPLIANCE

I, the undersigned, declare that I am an officer, or authorized representative of an officer, of the organization named above, and that I have the authority to bind that organization by my signature. I have reviewed the contents of this filing and all applicable sections of the Idaho Insurance code, rules and bulletins. I certify that, to the best of my knowledge and belief, all documents contained herein comply with said code, rules and bulletins, are in final printed format and all terms contained therein appear exactly as they will appear when offered for issuance or delivery in the State of Idaho.

X_____ _____ _____

Officer's or Representative Signature | Print Name | Title