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

SUBMIT