

State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
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TRAVEL INSURANCE PRODUCER ANNUAL REPORT

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

In accordance with Section 41-1092(2)(b), Idaho Code, Travel Insurance Producers must maintain a register of all travel retailers that offer travel insurance on the producer's behalf. This register must be submitted annually to the Department by March 1st. The requirement applies to any licensed agency or producer with the line of authority (LOA) of travel.

This document outlines the Department's required form for this report. Travel Insurance Producers may use their own form as long as the following information is included:

Travel Insurance Producer Information

- Name
- License Number
- FEIN (Federal Employer Identification Number)
- Business Address
- Mailing Address
- Phone Number
- Email Address
- Annual written Travel Insurance premiums for Idaho
- A written certification that all registered travel retailers comply with 18 U.S.C. 1033

Travel Retailer Register Information

- Name of the retailer
- Retailer federal tax ID
- Address of the retailer
- Officer or person who directs or controls the travel retailer's operations
- Contact information of the retailer

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Travel Insurance Producer Information

Date: _____

Agency Name: _____ License Number: _____ FEIN: _____

Business Address (No PO Boxes):

Street: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from Business Address):

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Designated Responsible Licensed Producer:

Name: _____ NPN: _____

Written Travel Insurance Premiums for Idaho in Prior Calendar Year:

Amount: \$ _____

Certification:

I certify all registered travel retailers comply with 18 U.S.C. 1033.

Signature of an authorized representative of the Producer

Register of Travel Retailers

Retailer Name: _____ Retailer Federal Tax ID: _____

Business Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Officer in Charge of the Location's Travel Insurance Operations: _____

Phone Number: _____ Email Address: _____

If reporting multiple locations, we recommend using the format below, either as PDF or Excel

Retailer Name	Federal Tax ID	Address	City	State	Zip Code	Officer	Phone Number	Email
ABC Travel Agency	123456789	123 Main Street	Any Town	ID	12345	Jane Doe	555-555-5555	jane.doe@abc.com
Mary's Travel Agency	987654321	555 Any Street	Your Town	NE	67890	John Doe	111-222-3333	john.doe@mary.com
Joe's Travel Agency	223334448	444 Your Street	A Town	AZ	12233	May Smith	444-555-6666	may.smith@joe.com

To submit this request, please click SUBMIT or email the form to agent@doi.idaho.gov

SUBMIT