

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

APPLICATION FOR TITLE INSURANCE AGENT LICENSE

Non-Refundable Fee: \$50

License Expires December 31, Annually

<u>DO NOT WRITE IN THIS SPACE</u>	
Receipt #:	
Fee Received:	
Bond #:	
License #:	

TO THE DIRECTOR OF INSURANCE OF THE STATE OF IDAHO:

I/we hereby apply for a license(s) to act as a Title Insurance Agent for the following county (give business address for the county):

As provided for in the Idaho Code and do certify to the following facts:

1. Name of Applicant _____
Show individual, firm, or corporate name which is used in transactions with insurance companies.
(a) If corporation, give name(s) of Idaho resident key management persons who will exercise the license privilege _____

2. Social Security Number or FEIN: _____

3.

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number	Business E-Mail Address		Business Website Address	
Mailing Address	PO Box	City	State	Zip	

4. (a) If partnership or association, are all members bonafide Idaho residents? _____
(b) If a corporation, is it now only authorized to do business in Idaho? _____
(c) If an individual, are you a bonafide Idaho resident? _____
(d) Date the above entity was formed. **Month** _____ **Day** _____ **Year** _____

5. Do you own or maintain a complete set of tract indexes and abstract records for each county wherein you propose to do business? _____

- 6. List below the names, and provide information for all who will exercise the powers and privileges of your license.
- 7. Do you certify each individual so named as having reasonable experience and instruction in the field of title examinations and title insurance? _____

First Name	Middle Initial	Last Name	Title or Position

NAME OF APPLICANT: (Type) _____
 Being first duly sworn on oath and says: That he/they represent(s) applicant and that the matters and things set forth in the foregoing application are true to the best of his/their knowledge and belief.

If applicant is a corporation, president and secretary must sign. If applicant is a partnership, all partners must sign.

Signed: _____ Title _____
 _____ Title _____
 _____ Title _____

STATE OF _____)
) ss.
 COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary Public in and for the State of Idaho

Residing at _____ My Commission Expires _____

ENDORSEMENT BY TITLE INSURER

We hereby appoint _____, whose name appears on Line Number 1 of this application as our agent to issue and countersign title insurance policies on behalf of _____, and certify that the
 (Name of Insurer)

applicant is know to have a good reputation and is worthy of public trust and we know of no fact or condition that would disqualify the applicant (including the listed persons) from receiving a Title Insurance Agent’s license.

Must be signed by an officer of the Title Insurance Company _____
 Name and Title (Type or Print)

 Signature

DATED:

SATELLITE LOCATION #1

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

SATELLITE LOCATION #2

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

SATELLITE LOCATION #3

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

