How to Transfer a Business Entity's Resident State to Idaho.

Business entities moving their business resident state to Idaho must transfer the resident state to Idaho within 90 days of moving to Idaho or within 90 days of cancellation of the former resident state license.

Please follow the 6 steps below to ensure the process goes smoothly.

__ Step 1: Register the business entity with the Idaho Secretary of State as a domestic business entity.

__ Step 2: Make your Application Packet.

This packet must include*:

- __ The completed paper application (pages 2-5 of this document).
- __ A copy of the filing with the Idaho Secretary of State or other document showing the business entity has been registered.
- __ The non-refundable application fee of $8000. This can be a check or money order made out to "Idaho Department of Insurance".

__ Step 3: Deliver the Application Packet.

Send the complete Application Packet to:

Idaho Department of Insurance
700 West State Street Floor 3
PO Box 83720
Boise, ID 83720-0043

__ Step 4: Wait to hear from the Department of Insurance.

The Department will contact you when it is time to move to step 5.

__ Step 5: Request a "Letter of Clearance" from the previous home state.

If the home state does not issue letters of clearance, you will need to follow your home state's prescribed procedure to terminate the license. Idaho will be unable to process the application until the previous home state posts the deactivation of your license to the PDB.

__ Step 6: Send the Letter of Clearance to agent@doi.idaho.gov with the subject line "Letter of Clearance for Business Name".

*If the business entity has one of the following license types and does not already have a non-resident license in Idaho you will need to include the items listed below with the application packet.

Bail Bond Agencies are also required to submit:

- __ A bond in the amount of $15,000. The bond must be on the DOI's bond form.
- __ An appointment to a surety company.

Public Adjusters are also required to submit:

- __ A bond in the amount of $20,000. The bond needs to be on the DOI's bond form.

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

Application to Transfer the Resident State to Idaho

Entity Type Selection

License Type		Insurance Producer		Independent Adjuster		Independent Adjuster-Designated Home State
		Bail Bonds Agent		Public Adjuster		

Business Demographics

Business Entity Name	Formation Date	National Producer Number (NPN)

FEIN	Business Type	Domicile State	Domicile Country

Resident License				Is the Business Entity affiliated with a Financial Institution/Bank?
Yes		No		Yes. Financial Institution/Bank Name______________________

Business Address (PO boxes are not allowed)

Street	

City	State/Province	ZIP/Postal Code	Country

Mailing Address (PO boxes are allowed) ___Copy from Business Address

Street	

City	State/Province	ZIP/Postal Code	Country

Phone	Business	Fax	Other
Email	Business	Other	Other
Website			

DESIGNATED RESPONSIBLE LICENSED PRODUCER

National Producer Number (NPN)	License Number	Name

OPOD

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a LLC.

Name of Officer/Owner	Title

BACKGROUND QUESTIONS

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. *Note: For Questions 1a, 1b, and 1c, "Convicted"includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.*

If you answer "Yes" to any of the below questions (1a, 1b, or 1c), you must attach to this application:

a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document of each incident,
c) a copy of the official documents of each incident, which demonstrates the resolution of the charges or any final judgment.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, EVER been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes ☐ No ☐

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company EVER been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes ☐ No ☐

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? (Note: For detailed information related to the requirements of 18 USC 1033 as it pertains to insurance licensing please refer to the NAIC publication "Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994" https://www.naic.org/documents/prod_serv_legal_sir_op.pdf NA ☐ Yes ☐ No ☐

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) NA ☐ Yes ☐ No ☐

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, EVER been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes ☐ No ☐

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, EVER been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding, regarding any professional or occupational license, or registration? Yes ☐ No ☐

"Involved" means having a license or registration censured, suspended, revoked, canceled, terminated, restricted; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license or entering into a settlement to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to failure to pay a renewal or late filing fee.

If you answer yes, you must attach to this application:

a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies or EVER been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others, which would include, but is not limited to, deposits, insured's premium payments, employee tax withholdings, escrow accounts, or any monies held by you in a capacity for third parties. NA ☐ Yes ☐ No ☐

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, EVER been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ☐ No ☐

If you answer yes, identify the jurisdiction(s) :________________________________

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or EVER been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ☐ No ☐

If you answer yes, you must attach to this application :

a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or meditation proceedings and
c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company EVER had an insurance agency or securities broker contract or any other business relationship with an insurance company or securities business terminated for any alleged misconduct? NA ☐ Yes ☐ No ☐

If you answer yes, you must attach to this application :

a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

7. In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting, or have you previously submitted document(s) to the NAIC/NIPR Attachments Warehouse? NA ☐ Yes ☐ No ☐

NOTE: The state(s) identified on this application will receive an alert that your supporting documents are available if:
You have previously loaded a document(s);
You have recently submitted an application that is pending;
You are submitting the same type of application (resident/nonresident, initial/renewal); and You are answering "Yes" to the same background question(s).
If you have not previously loaded your supporting documents, you may do so after you have successfully completed your application. You will be provided a link to the Attachment Warehouse instructions upon completion.

APPLICANT'S CERTIFICATION AND ATTESTATION

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.

2. Unless provided otherwise by law or regulation of the jurisdiction , the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.

3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/ registration.

7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

____
Month/Day/Year

____
Signature

____
Typed or Printed Name

____