

# LATE RENEWAL, BAIL AGENT



## Instructions:

1. Have your fingerprints taken per the instructions in the applicable fingerprint packet. [Resident Fingerprint Packet, Bail Agent](#)  
[Non-Resident Fingerprint Packet, Bail Agent](#)
2. Complete the Late Renewal, Bail Agent form.
3. Assemble your late renewal packet. This packet includes:
  - Late Renewal Bail Agent form
  - Certification of Active Bond
  - Appointment to a Surety Company
  - Late Renewal Fee
4. Mail completed form with appropriate fee to: Idaho Department of Insurance  
700 W State St. Floor 3  
PO Box 83720  
Boise, ID 83720-0043

The renewal fee is based on the timing of the renewal the completion date of the Continuing Education. Please see Title 41 Chapter 10 for detailed information.

## Check the box that applies to you:

My license has expired and has no CE requirement. **Total Non-Refundable Fee = \$160.00**

My license has expired and the CE was completed PRIOR to the expiration of my license. **Total Non-Refundable Fee = \$160.00**

My CE was NOT completed prior to the expiration of my license but was completed within:

30 days after the expiration of the license. Late CE Penalty-\$100 **Total Non-Refundable Fee = \$260.00**

60 days after the expiration of the license. Late CE Penalty-\$200 **Total Non-Refundable Fee = \$360.00**

90 days after the expiration of the license. Late CE Penalty-\$300 **Total Non-Refundable Fee = \$460.00**

My CE was NOT completed within 90 days of the expiration of my license. I have now completed my CE and retested for the lines of authority on my license. Pass Slips from the exams must be included with the late renewal application. **Total Non-Refundable Fee = \$80.00**

License Number: \_\_\_\_\_ Name: \_\_\_\_\_

## Residential Address:

Must be a physical address.  
No PO Box allowed

Street \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

## Business Address:

Must be a physical address.  
No PO Box allowed

Business Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

## Mailing Address:

PO Box allowed  
Same as Residential  
Same as Business

Street \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

All questions regarding licensing should be directed to Producer Licensing at  
[agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).



**Background Questions:**

Yes No

1. Have you been convicted of a crime, had a judgment withheld or deferred, or are currently charged with committing a crime, which has not PREVIOUSLY been reported to the Idaho DOI?
2. Have you been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not previously been reported to the Idaho DOI?
3. Do you have Child Support obligations in arrearage, which has not previously been reported to the Idaho DOI?
  - a) How many months are you in arrearage: \_\_\_\_\_
  - b) Are you currently subject to and in compliance with any repayment agreement?
  - c) Are you the subject of a child support related subpoena/warrant?
4. In response to a “yes” answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If not submitting to the warehouse, please attach them to this application.)

**Attestation:**

1. I hereby certify that, under penalty of perjury, all of the above information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child support obligation, b) I have a child support obligation and am currently in compliance with that obligation, or c) I have identified my child support obligation in arrearage on this application.
5. I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons 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 will comply with the insurance laws and regulations of Idaho.
7. I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

**Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BAIL AGENT CERTIFICATION OF ACTIVE BOND

(To be completed by the Surety Company)

## Surety Company Information:

Surety Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Producer Information:

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

## Bond Information:

Effective Date: \_\_\_\_\_ Bond Number: \_\_\_\_\_

Amount: \_\_\_\_\_

I certify that the Bond number listed above is current and active for the producer listed above as of the date signed below.

## Surety Company Authorized Signature:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Idaho Department of Insurance  
700 W State St. Floor 3  
POBox83720  
Boise, ID 83720-0043  
agent@doi.idaho.gov

All questions and concerns regarding licensing or reinstatement of your license should be directed to Producer Licensing at email at agent@doi.idaho.gov.

**IDAHO DEPARTMENT OF INSURANCE APPOINTMENT  
AUTHORITY TO ACT UNDER COMPANY LICENSE**

Date: \_\_\_\_\_

Appointment for:    Individual    Agency

Name of Producer: \_\_\_\_\_

Idaho License Number: \_\_\_\_\_

Lines of Authority to be Appointed:

Life	Disability	Casualty	Property
Surety	Variable	Personal Lines	Credit
Travel	Other: _____		

**Notice is hereby given that the above listed individual/agency is authorized to act under our company license for the lines of authority indicated above.**

Effective Date: \_\_\_\_\_ (\*cannot be backdated more than 15 days)

Company Name: \_\_\_\_\_

NAIC#: \_\_\_\_\_ FEIN#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name/Title

**NOTE:**

1. This request must be signed by an authorized individual of the Company.
2. Please email completed form to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).
3. For confirmation of this transaction, please consult our website to view your company record at [www.doi.idaho.gov](http://www.doi.idaho.gov). Allow a minimum of 24 hours for processing.
4. Appointments cannot be backdated more than 15 from date Idaho Dept. of Insurance receives the request. They also cannot be backdated prior to license issue/active date.

In case we have questions, please provide a contact name, email, and phone below:

Contact name \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_