

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
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Phone (208)334-4250
FAX # (208)334-4398

BRANCH OFFICE NOTIFICATION

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

This form serves as notification to the Idaho Department of Insurance of an additional Branch Office affiliated with the business entity listed below.

NOTE: It is optional to report a branch office. Branches are not required to be licensed separately in Idaho provided they are operating under the same name and FEIN as the main licensed entity.

Date: _____ Idaho Agency License Number: _____

FEIN#: _____

Firm Name: _____

Signature: _____

(officer or authorized person may sign this form)

Branch Address:

(Please include suite number if applicable)

(please provide a physical address only)

Name of Registered Producer for this branch: _____

License # of Registered Producer: _____

Questions? Please contact Producer Licensing agent@doi.idaho.gov

SUBMIT