BAIL LICENSE (AGENCY) REINSTATEMENT PACKET

Instructions:
Complete both pages of the form AND include all necessary attachments. Fill in all fields (even if there
is no change from what we currently have on file.) Mail completed form with appropriate fee to:
Idaho Department of Insurance
700 W State St. Floor 3
PO Box 83720
Boise, ID 83720-0043

All questions and concerns regarding licensing or reinstatement of your license should be directed to
Producer Licensing at 208-334-4250 or via email at agent@doi.idaho.gov.

Agency Information:

Date: _______________ License Number: _______________ FEIN: _______________

Agency Name: ____________________________________________________________

Agency Address: __________________________________________________________
Must be a physical address.
No PO Box allowed

City: _______________ State: _____ Zip: ______

Mailing Address: __________________________________________________________
☐ Same as Agency
☐ PO Box allowed

City: _______________ State: _____ Zip: ______

Contact Person: _______________ Business Phone: _______________________

Email Address: __________________________________________________________

DRLP:

As required by Idaho Code, each business entity must have at least one Idaho licensed producer
registered to the agency. This individual should carry all lines of authority the agency is
requesting and is responsible for the business entity's compliance with the insurance laws and
rules of this state.

________________________________________ ________________________________
DRLP's Name DRLP's Idaho License #

Please check to ensure you have included the following:

☐ Certification of Active Bond (to be completed by your Surety) OR New Bond
☐ New Appointment (to be completed by your Surety)
☐ $160 Reinstatement Fee

Please Note: If your license has been expired for more than 1 year, you will need to
start the licensing process over. You will be required to test, fingerprint, and
complete a new application with the $80 licensing fee.
Background Questions:

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently being charged with, committing a crime or had a judgment withheld or deferred, which has not PREVIOUSLY been reported to the Idaho DOI?  □ □

2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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. 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 no, please attach them to this application.)  □ □

Attestation:

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 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 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 the business entity.

3. The business entity or limited liability company grants permission to the Director to verify information 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 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 comply with the insurance laws and regulations of Idaho.

7. I certify that I am licensed and in good standing in my home/resident state for the lines of authority on my Idaho license.

8. 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.

Authorized Signature:

Signature: _______________________________ Date: ______________

Printed Name: _______________________________ Title: ______________
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: ________________

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agent@doi.idaho.gov

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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 (Health) □ 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 fax completed form to 208-334-4398 or email to agent@doi.idaho.gov.
3. For confirmation of this transaction, please consult our website to view your company record at 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: __________________________________________