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: ______________________________________________________________