

BAIL LICENSE (INDIVIDUAL) 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.

Personal Information:

Date: _____ License Number: _____ NPN: _____

Name: _____

Residential Address: _____

Must be a physical address.
No PO Box allowed

City: _____ State: _____ Zip: _____

Business Address: _____ Business Name: _____

Must be a physical address.
No PO Box allowed

City: _____ State: _____ Zip: _____

Mailing Address: _____

- Same as Residential
- Same as Business
- PO Box allowed

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Please check to ensure you have included the following:

- Fingerprint Receipt (must be done with each renewal/reinstatement)
- Certification of Active Bond (to be completed by your Surety) OR New Bond
- New Appointment (to be completed by your Surety)
- Reinstatement Fee (see page 2 for proper fees)

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.

Fee for Reinstatement/Continuing Education

- My license does not require CE (Non-Residents only.) Fee = \$160.00
- My CE was completed PRIOR to the expiration of my license. 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 Due = \$260.00
 - 60 days after the expiration of the license. Late CE Penalty-\$200 Total Due = \$360.00
 - 90 days after the expiration of the license. Late CE Penalty-\$300 Total Due = \$460.00
- My CE was NOT completed within 90 the expiration of my license. I have now completed my CE and retested for the lines of authority on my license. (Please attach Pass Slips.) Fee = \$80.00

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 no, please attach them to this application.) | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____

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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:

- | | | | |
|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Disability (Health) | <input type="checkbox"/> Casualty | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Travel | <input type="checkbox"/> 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: _____