

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

ENDORSEMENT BY TITLE INSURANCE COMPANY

We hereby appoint _____ a licensed Title Insurance Agent for _____ county, as our agent to issue and countersign title insurance policies on behalf of _____.
(Name of Insurer)

We certify that the agent is known to have a good reputation and is worthy of public trust and we know of no fact or condition that would disqualify the agent (including the listed escrow officers) from holding a Title Insurance Agent's license.

Listed below are the names of all who will exercise the power and privileges of this Title Insurance Agent license.

Must be signed by an officer
of the Title Insurance Company

Name and Title (Type or Print)

Signature

Dated: _____

This form is to be used for currently licensed Title Agents when changing their agency name or sponsoring Title Insurance Company, or adding another sponsoring Title Insurance Company to their records.

Mail or fax completed and signed form to:

IDAHO DEPARTMENT OF INSURANCE
ATTN: Agent Licensing
PO BOX 83720
BOISE ID 83720-0043

Equal Opportunity Employer