

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
agent@doi.idaho.gov

BRANCH OFFICE NOTIFICATION

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: _____

Please fax to licensing at 208-334-4398. Please contact producer licensing, 208-334-4339, if you have any questions.

NOTE: 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. It is optional to report a branch office. Branch offices are not displayed on any licensing website. It is your responsibility to register the producer to the main license electronically and this service is available via Sircon at www.sircon.com/idaho.