

LIST REQUEST FOR THE IDAHO DEPARTMENT OF INSURANCE

Date: _____

Name: _____

Please send a list of Idaho producer licenses with the following criteria:

Resident Status Requested: Resident Non-Resident

Agent/Agency Status Requested: Agent Agency

License Type Requested: Producer Bail Adjuster
 Surplus Lines Third Party Administrator (TPA)

Line(s) of Authority Requested: Property/Casualty
 Personal Lines
 Disability (Health), Life, Variable
 Other: _____

- This list will be sorted in ZIP CODE order.
- This list will be formatted in an EXCEL SPREADSHEET.
- This list will be sent via email as an attachment.
- This list will include producer names/license numbers and mailing addresses. The Department **does not** provide phone numbers or email addresses.

Email address to send file(s): _____

If we have questions while processing your request, whom should we contact?

Name: _____ Phone: _____

Attach \$9.75 in check or money order form made payable to
Idaho Department of Insurance, and mail check and completed form to:

Idaho Department of Insurance

PO Box 83720

Boise, ID 83720-0043