

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

BRAD LITTLE  
Governor

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
Fax (208)334-4398  
Website: <http://www.doi.idaho.gov>

DEAN L. CAMERON  
Director

**INSTRUCTIONS FOR RENEWAL OF TITLE INSURANCE AGENT LICENSE  
THIS FORM IS A PART OF THE RENEWAL APPLICATION AND MUST BE  
RETURNED WITH THE RENEWAL APPLICATION FORM**

Idaho Code § 41-2710(2) provides that an Idaho title agent's licenses shall continue from the date of issue until the first day of January of each year and shall be automatically renewed thereon upon the payment of the annual fee of fifty dollars (\$50.00) by the agent. If the renewal fee is not paid by the first day of January of each year, the license will not be considered renewed and is not valid at the end of business on the thirty first day of December. The agent may then be required to appear at a hearing before the Director of the Department of Insurance pursuant to Idaho Code § 41-2710(5) and/or be subject to a late fee of two dollars (\$2.00) a day up to a maximum of one hundred dollars (\$100) before the license can be renewed.

**IN ORDER TO PROCESS YOUR RENEWAL, SUBMIT THE FOLLOWING INFORMATION ALONG WITH  
THE RENEWAL APPLICATION FORM, THE FINANCIAL INTEREST NOTICE AND  
THE \$50.00 RENEWAL FEE TO THE DEPARTMENT AT THE ADDRESS LISTED ABOVE.**

- 1) Furnish a list of the full names of all current individuals designated to exercise the powers and privileges of your license pursuant to Idaho Code § 41-2702 Countersignature of Policies. Include their title or position.
- 2) Furnish a list of the full names of all current escrow officers. Also, list the names of all escrow officers who have been deleted during the past year. A notation that there are no changes will be considered inadequate.
- 3) Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding, regarding any professional or occupational license, or registration, which has not been previously reported to this insurance department?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Provide the following information for your current surety bond required by Idaho Code § 41-2711:  
Bond Number \_\_\_\_\_ Amount of Bond \_\_\_\_\_  
Company Name \_\_\_\_\_
- 5) Do you certify that all escrow officers, title officers, marketing persons, managers and supervisors have reasonable experience and instruction in the field of title examinations, escrows, marketing, and title insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Do you certify that all persons engaged in marketing activities has received a copy of and understands IDAPA 18.05.03 Rebates and Illegal Inducements to Obtaining Title Insurance Business?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Furnish a list of your current title insurance underwriters.

Under penalty of perjury, I declare that these statements and all accompanying information have been examined by me and to the best of my knowledge are true, correct, and complete statements.

\_\_\_\_\_  
Date Licensed Name License #

\_\_\_\_\_  
Telephone # Printed Name & Title of Person Completing This Form

\_\_\_\_\_  
E-Mail Signature

*Equal Opportunity Employer*

*State of Idaho*  
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**RENEWAL APPLICATION FOR TITLE INSURANCE AGENT LICENSE**

**Non-Refundable Fee: \$50**  
**License Expires December 31, Annually**

<b><u>DO NOT WRITE IN THIS SPACE</u></b>	
Receipt #:	
Fee Received:	
Bond #:	
License #:	

**TO THE DIRECTOR OF INSURANCE OF THE STATE OF IDAHO:**

I/we hereby apply for a renewal of a license to act as a Title Insurance Agent.

\_\_\_\_\_  
 Licensed Name \_\_\_\_\_  
 License #

If a corporation, give name(s) of Idaho resident key management persons who will exercise the license privileges: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIMARY LOCATION**

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number	Primary Contact Name for Location		Primary Contact E-Mail	
Mailing Address	PO Box	City	State	Zip	

**SATELLITE LOCATION #1**

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

**SATELLITE LOCATION #2**

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

**SATELLITE LOCATION #3**

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

PRINTED NAME AND TITLE OF APPLICANT: \_\_\_\_\_  
 \_\_\_\_\_

Being first duly sworn on oath and says: That I represent applicant and that the matters and things set forth in the foregoing application are true to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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Director

**FINANCIAL INTEREST NOTICE**

IDAPA 18.05.02.008 requires a title entity to notify the Director of the Department of Insurance of the names and addresses of all producers of title business that have a financial interest in the title entity, including the financial interest held by the producer of title business and the date the financial interest was acquired. Further, IDAPA 18.05.02.008 requires a title entity to provide this financial interest notice to the Director of the Department of Insurance prior to the granting of a title agent license and upon request for renewal of a title agent license.

<b>Name of Producer of Title Business</b>	<b>Address</b>	<b>Financial Interest Percentage</b>	<b>Date Financial Interest Acquired</b>

*Equal Opportunity Employer*

**EXHIBIT A  
STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
INFORMATION REGARDING TITLE PLANT  
REQUIRED BY IDAHO CODE § 41-2710(2)**

TITLE INSURANCE AGENT NAME: \_\_\_\_\_

PHYSICAL ADDRESS OF TITLE PLANT: \_\_\_\_\_

	Physical Street	Suite #
City	State	Zip
County		

1. Date your tract indexes begin \_\_\_\_\_

2. Date your county records begin \_\_\_\_\_

3. County records not covered by tract indexes, if any \_\_\_\_\_

4. Whether all, or only part of county area is covered by your indexes, stating parts covered if partial \_\_\_\_\_

5. Do you have a copy of all filed or recorded instruments legally affecting title to real property including any recorded judicial proceedings? \_\_\_\_\_ If not, explain. \_\_\_\_\_

6. Type of plant: ( ) geographic ( ) tract index ( ) computer  
In what form are all documents referred to in question 5 sorted and retrieved? \_\_\_\_\_

If card index, do you rely on cards for examination of titles? \_\_\_\_\_

If you use a form of card take off or tract index, do you have microfilm of records in your office for examination purposes? \_\_\_\_\_

7. Do you have a general index file of names including all live judgments, state, and federal tax liens? \_\_\_\_\_

8. Do you regularly maintain a daily take off, currently posted or filed into your plant? \_\_\_\_\_

9. As of the date this Exhibit A is signed and dated, what date was your title plant posted to? \_\_\_\_\_

10. Character of plant ownership:  
Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Leased \_\_\_\_\_

If plant is leased, please give name of owner \_\_\_\_\_

Term of your lease \_\_\_\_\_ years ending \_\_\_\_\_

\_\_\_\_\_  
Name and Title (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date