

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
 Governor

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DEAN L. CAMERON
 Director

RENEWAL APPLICATION FOR TITLE INSURANCE AGENT LICENSE

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

<u>DO NOT WRITE IN THIS SPACE</u>	
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

**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