

IDAHO DEPARTMENT OF INSURANCE
APPOINTMENT
AUTHORITY TO ACT UNDER **COMPANY** LICENSE

Notice is hereby given that _____
(Name of Producer)

with **Idaho** license #: _____ for line(s) of authority: _____

_____ is to be added to our license as
authorized to act under the company license.

Effective date: _____
(*see below for rules)

Name of Company: _____

NAIC # _____ FEIN # _____

Signature of Authorized Individual

Printed name

Title

Date

NOTE:

1. This request must be signed by an authorized individual of the company.
2. Please fax completed form to 208-334-4398 or email to agent@doi.idaho.gov.
3. For confirmation of this transaction please consult our website to view your company record at www.doi.idaho.gov. Allow min 24 hours for process.
4. *Appointments cannot be backdated more than 15 from date Idaho Dept. of Insurance receipt of your request or prior to license issue date.

In case we have questions, please provide a contact name, email, and phone below:

Contact name _____ Phone: _____

Email address: _____

PRODUCER APPOINTMENT FORM CONTINUED:

For multiple listings of agents to be appointed to this company, see below:

<u>Producer name</u>	<u>Idaho Lic #</u>	<u>Line(s) of Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NO FEE REQUIRED

Questions?
Contact us at agent@doi.idaho.gov