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

FOR DOI USE ONLY

Evaluation for Licensure After Revocation

To successfully re-apply for your license after a revocation, you must petition the Idaho Department of Insurance (DOI) and show good cause why the prior revocation should not be deemed a bar to the issuance of a new license, as set forth in Idaho law. You must also demonstrate your rehabilitation, any adjustments made to prevent another violation, how consumers would be protected in the future, and why it is in the best interest of the state to approve your license.

An evaluation request does not guarantee that a new license will be issued.

Instructions:

1. Fill out this form in its entirety.
2. Gather all required additional documents as determined by this form.
2. Add the completed form and all additional documents to your application packet.
3. Complete your application as is appropriate for the license being applied for.

BIOGRAPHICAL INFORMATION

Name	National Producer Number (NPN)	
Address		
City	State	Zip Code
Email Address	Phone Number	

LEGAL ORDER INFORMATION

Were you a Resident Producer in Idaho?

☐ Yes ☐ No

What is the Idaho Docket Number for the regulatory action that revoked your license?

#_____ Please provide a copy of the order with this form.

What other state or states were or are you currently licensed in?

Has your license ever been suspended by order of any other state or jurisdiction?

☐ Yes ☐ No If yes, please provide copies of all suspension orders with this form.

Has any other state taken regulatory action on your producer's license?

☐ Yes ☐ No If yes, please provide copies of all regulatory orders with this form.

Have all regulatory actions been reported to Idaho and the NIPR Database?

☐ Yes ☐ No

Were there any fines or penalties issued by the Idaho DOI at the time your Idaho license was revoked?

☐ Yes ☐ No If yes, how much were those fines or penalties from the DOI? $_____

ADDITIONAL REQUIRED INFORMATION

Provide a document answering the following questions:

A. What conditions or events contributed to the prior license being revoked?

B. What corrective actions have you personally taken that demonstrate you've learned from the prior administrative actions?

C. Have you made restitution to previous victims? If so, what and how?

D. If issued a license again, what controls or safeguards will you personally implement to ensure you avoid administrative discipline from the DOI in the future?

E. Which other licensees do you intend to affiliate with (producers, agencies, etc.)?

F. Which insurers do you intend to be appointed by?

G. Who among the identified parties from the question above will provide oversight and support to your activities as a producer if issued a license again?

H. Identify all parts of the Order that revoked your prior license and how you have resolved them in full.

I. Reflecting back on the events that led to the DOI's prior administrative action against you, what could you have done differently to avoid the administrative action altogether?

J. Since the date of the Order revoking your prior license, have you been subject to any corrective actions by other regulatory bodies? Explain and provide detailing of such instances.

K. Since the date of the Order revoking your prior license, have you been party to any misdemeanors or felonies? Explain and provide detailing of such instances.

L. Why is it in the best interest of the state and its consumers to approve your application?