

How to Apply for a Non-Resident Independent Adjuster License.

Step 1. Hold an Independent Adjuster license in your home state or a designated home state (DHS).

Non-Resident Independent Adjusters with a DHS must meet the following requirements.

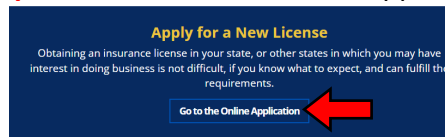
- The adjuster's resident address must be in a state that does not license Independent Adjusters. Non-licensing states are:

Colorado	Maryland	New Jersey	South Dakota
Illinois	Massachusetts	Nort Dakota	Tennessee
Iowa	Missouri	Ohio	Virginia
Kansas	Nebraska	Pennsylvania	Wisconsin

- The DHS Must be reflected on the PDB.
- The adjuster must have only one DHS state listed on the PDB.

Step 2. Apply for a license using [NIPR](#).

Step 3. Click on "Go to Online Application".



Step 4. Click on "Individual".



Step 5. Enter your identifying information and click "Next".

The "Identify Licensee" form shows the "Individual" selection. Under "Search Type", there are three radio button options: "License Number", "National Producer Number (NPN)", and "Social Security Number (SSN)". A red arrow points to the "License Number" option. Below these options is the text "Select one identifier above" and a warning icon with the text "Please select a search type". At the bottom, there is a checkbox labeled "I accept the NIPR Use Agreement" with a red arrow pointing to it. The "Next" button at the bottom right is highlighted with a red arrow.

Step 6. Click "Start"



Step 7. Click the Adjuster Licensing, Initial and Non-Resident buttons and click "Next".

The "Select Product" screen has a blue header. Below it are three sections: "Product Type", "Application Type", and "Residency Type". Each section has several radio button options. In "Product Type", "Adjuster Licensing" is selected. In "Application Type", "Initial" is selected. In "Residency Type", "Non-Resident" is selected. A red arrow points to the "Next" button at the bottom right.

Step 8. Select Idaho from the list of states and click "Next".

Note: Depending on your home state NIPR may ask for your home state/DHS BEFORE asking for the state you are applying for.

Select States

Search

IDAHO	Deselect
ILLINOIS	Select
INDIANA	Select
IOWA	Select
KANSAS	Select
KENTUCKY	Select

1 select

Select All Deselect All

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Step 9. Select the Independent Adjuster and click "Next".

Note: Only licenses you have in your home state/DHS will appear on the list.

Bail Bond Agent

Bail Bond Agent Select All Deselect All

Independent Adjuster

Independent Adjuster Select All Deselect All

Public Adjuster

Public Adjuster Select All Deselect All

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Step 10. Verify your selections and the fee, then click "Next".

Fee Estimate

IDAHO

Edit

Independent Adjuster

Independent Adjuster	State Fee	\$80.00
	NIPR Fee	\$5.60
	Total State Fees	\$80.00
	Total NIPR Fees	\$5.60
	Grand Total	\$85.60

This is an estimate. Exact fees will be shown before payment.

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Step 11. Depending on your home state the information in the next sections may auto populate. If your home state does not provide this information you will need to enter it. Click "Next" once you have confirmed the information is correct. Each "Next" will take you to the next section.

Note: All biographic and contact information must match the home state/DHS license.

Biographic Data

Last Name

First Name

▲ First Name is a required field

Middle Name

Optional

Suffix

Optional

Gender Male Female

Date of Birth MM/DD/YYYY

Are you a citizen of the United States? Yes No

If applicable, FINRA Individual CRD

Optional Only Financial Industry Regulatory Authority (FINRA) numbers are allowed

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Addresses

Phone Contact Data

Web Information

Affiliations

Background Questions

Step 12. Review the information for errors and click "Next"

Biographic	
First Name	JANE
Middle Name	
Last Name	DOE
Suffix	
Gender	FEMALE
Date of Birth	06/18/1988
Are you a citizen of the United States? If applicable, FINRA Individual Control Registration Depository (CRD)	YES

Resident Address	
Address Line 1	123 MAIN ST.
City	BOISE
State	ID
Zip Code	83709
Country	UNITED STATES OF AMERICA

Business Address	
Address Line 1	123 MAIN ST.
City	BOISE
State	ID
Zip Code	83709
Country	UNITED STATES OF AMERICA

Mailing Address	
Address Line 1	123 MAIN ST.
City	BOISE
State	ID
Zip Code	83709
Country	UNITED STATES OF AMERICA

Phone Contact Data	
Business Phone	(208)555-5555
Home Phone	(208)555-5555

Web Contact Info	
Personal Email	FAKE@FAKE.COM
Business Email	FAKE@FAKE.COM
Web Address	FAKE.COM
Business Entity Name	FAKE BUSINESS LLC.

Aliases	
*Data not entered for this section.	

Employment History							
#	From	To	Employer	Position	City	Country	State
1	Apr / 2018	Apr / 2023	Test	Test	Boise	United States Of America	(Idaho)

Affiliations	
*Data not entered for this section.	

Background Questions Responses	
1A Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?	No
1B Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?	No
1B1 If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state or insured by 18 USC 1025?	Not Applicable
1B2 If so, was consent granted (attach copy of 1033 consent approved by home state)	Not Applicable
1C Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?	No
2 Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or right to practice?	No
3 Have any financials been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for over due monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding (do not include personal bank accounts, unless they involve funds held on behalf of others)	No
4 Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligations that is not the subject of a repayment agreement?	No
5 Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceedings involving allegations of fraud, misrepresentation or conversion of funds, misrepresentation or breach of fiduciary duty?	No
6 Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency, contract or any other business relationship with an insurance company terminated for any alleged misconduct?	No
7 Do you have a child support obligation as a manager?	No
7A By how many months are you in arrears?	Not Applicable
7B Are you currently subject to and in compliance with any repayment agreement?	Not Applicable
7C Are you the subject of a child support related subpoena/warrant?	Not Applicable
8 In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting documentation to the IIR, IIRP, or otherwise, the insurer?	Not Applicable
9A Will you be attaching (linking) previously filed documents from the RMCANPR Attachments Warehouse to this application?	Not Applicable

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Step 13. Answer the question and click "Next".

Authorized Submitter

I am submitting for Myself
 Someone else

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Step 14. Read the attestation and click "I accept" then click "Next".

Attestation

i Read carefully and **Accept** to continue.

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I accept

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Step 15. Enter the e-mail(s) you want the transaction receipt to go to and click "Next".

Verification Contact

i Your receipt and any additional information about this transaction will be sent to the following email addresses.

Email	Required
Email	Optional
Email	Optional
Email	Optional

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Step 16. Verify the transaction information and click “Submit and Pay”.

Submit Requests

The following states will be sent the requests made during this session.

State	Description	State Fee	NIPR Fee	Fee Summary
IDAHO	Independent Adjuster <ul style="list-style-type: none">Independent Adjuster	\$80.00	\$5.60	Total State Fees \$80.00
				Total NIPR Fees \$5.60
				Grand Total \$85.60

• Fees are not refundable
• Allow up to 5 days for changes to display on PDB

Requests are not complete until payment is made. Please click the Submit & Pay button.

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Step 17. Enter the payment information and click “Next” until the transaction is done.

Choose Payment Type

How would you like to pay?
 Credit Card
 Electronic Check

Billing Details
* = Required

* First Name:
* Last Name:
* Address Line 1:
Address Line 2:
Address Line 3:
* City:
* State or Province:
* Country: United States of America
* Zip Code:
* Phone: - -

Your Total is: \$85.60

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Step 18. Click “I Agree”. Enter your payment information and click “Submit \$____ Payment”. **Fees will not be refunded by either NIPR or the Idaho Department of Insurance.**

User understands all fees are non-refundable.

I Agree

[Submit \\$85.60 Payment](#)

[Back](#) [Cancel](#)

Card Number
MM / YY CVC

User understands all fees are non-refundable.

I Agree

[Submit \\$85.60 Payment](#)

[Back](#) [Cancel](#)