How to Apply for a Non-Resident Producer License.

Insurance producers who have a resident (home state) license in a state other than Idaho are eligible to apply for a non-resident producer license in Idaho. Idaho is reciprocal with all US states and territories.

- **Step 1.** Hold a Producer License in your home state which has the same lines of authority you are applying for. Idaho will not issue a LOA to a non-resident that is not carried, by name, in their home state. Please see below for the most common interstate LOA issues.
 - Accident Heath and Sickness is the same as Disability or Health.
 - Medicare is under Accident Health and Sickness and is not it's own LOA in Idaho.
 - \diamond Long Term Care and is not it's own LOA in Idaho.
 - Property and Casualty, when held together cover the following LOAs:
 - ◊ Personal Lines
 - ◊ Surety
 - ◊ Crop
 - ◊ Pet
 - ◊ Credit
 - ◊ Travel
 - $\diamond \text{GAP}$
 - ◊ Self-Service Storage
 - Personal Lines covers the following LOAs:
 - ◊ Crop
 - ◊ Pet
 - ◊ Credit
 - ◊ Travel
 - ◊ GAP
 - ◊ Self-Service Storage
 - The Travel LOA in Idaho is meant for wholesalers. The individual Travel LOA is meant for people who are the DRLP of a Travel wholesalers. Licensees with the Travel LOA will be expected to know and perform the same tasks as a travel wholesaler as outlined on the <u>Department's website</u>.



Use		
	er Menu	Hannara Contor
	🗷 🕅 Start 🗲	Message Center
Step 7. Click	the Producer Licensing	g, Initial, and Non-Resident buttons and click "Next".
Select Pro	duct	
	Product Type	O Producer Licensing
		Adjuster Licensing
		Other Licensing
		 Contact Change Request (Change Address, Phone, or Email)
		 Demographic Update Update name.
		PDB Detail Report
	Application Type	O Initial
		 Renewal
		Add Line Of Authority
	Residency Type	 Resident
		Non-Resident Non-Resident (No. Non-Resident)
		Non-Resident (No Home State)
		Next 🔺
← Back	Step 8. Select Idaho f [•] home state, NIPR, may a	from the list of states and click "Next". ask for your home state BEFORE asking for the state you are applying to the state yo
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Step 10. Verify your selections and the fee. then click "Next". Fee Estimate IDAHO Edit **Insurance Producer** • Accident & Health or Sickness State Fee \$80.00 Life 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. Back Next 🔶

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 license.

→ Biographic	Data			
Last Name				
First Name				
	A First Name is a re	quired 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		4
If applicable, FIN	RA Individual CRD			`
	Optional	Only Financial Industry Regulatory Authority (FINRA) numbers are allowed		
		Next 🗲		
Addresses			ľ	
Phone Contact	Data			
Web Informatio	on			
Affiliations				
Background Qu	estions			

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

Biographic		Alia	ses						
First	Name JANE	Dat	a not entered	for this sectio	10				
Middle	Name	Emp	oloyment His	story					
Last	Name DOE	#	From	To	Employer	Position	City	Country	State
	SUTIX FEMALE	1	Apr / 2018	Anr / 2023	Test	Test	Boise	United States Of Ameri	ra Irlaho
Date	Birth 06/13/1983			- du contra					100010
Are you a citizen of the United States? YES If applicable, HINRA Individual Control Registration Depository (CRD)		Affiliations							
		Dette	Posta par astrond for this random						
		Back	around Our	stions Reen	oner.				
Resident Address		DOL	ground que	aciona Resp	ionises				
Address	Line 1 123 MAIN ST.	14	chaiged with const	nitting a misdeme	20212	a justification and	Contra of G	energy in service carriently	Net
	City BOISE	18	Have you ever here	n convected of a fe	iony, had a judge	ex withheid or	r defened	or are you currendy charged	No
	State ID	101	net committing a	Congi and a second	in the second second	branch of the sta	hour me	analysis for written consent to	39
214	UNITED STATES OF AMERICA		ergage in the busi	ness of insurance	it your home stat	e an required b	y 18 USC 1	0337	NRC ADDRESS
Business Address	unity on the states of America	182	If so, was options	granted? (Atrach o	apy of 1038 corre	ent approved to	yhorre sta	02.1	hat Applicate
Address	ine 1 123 MAIN ST.	- 16	charged with come	n converted of a re nicting a military of	ntary unerse, ha flanca?	e stroffine c n	ageneration of	deterred, or are you currently	No
	City BOISE	2	Have you ever been	n named or involv	ed as a plarty in ar	administrative	e proceeds	rg, including FINRA senction or	No
	State ID		sibilitation process	Sing regarding any	professional or o	cospitional ko	HIGH OF HES	Istration?	
Ziç	Code 83709	*	owner, surfairs of	foer or director, o	reserver renained as	parent you or an	nji businev ci kabilitiv i	ormany, for overdae monies by	Pio 1
C	unitry UNITED STATES OF AMERICA		an insurer, insurer	t or producer, or h	ave you ever bee	n subject to a b	anknuptcy	proceeding? De not include	
Mailing Address			personal bankrups Have you have not	thes, unless they is tilled by any larged	ivolve funds held intion to which we	on-behalf of or	thers. of any deb	we and the obligation that is not	1000
Apdress	inc 1 123 MAIN ST.		the subject of a re-	payment agroense	(0)			-the state of the state of the state of the	Pen
	City BOISE	5	Are you currently	s party to, or have	you ever been for	und liable in, an	ry lawsuit,	arbitrations or mediation	fin
7	State 10		of fiduciary duty?	og angestra n e	out emotorie	Landro da Cocayan		or, manipresentation or oneach	
	UNITED STATES OF AMERICA	6	Have you or any b	crites in which y	ou are or serve as	owner, partrie	, officir o	desctor, er member or manager	No
Phone Contact Data	anay children of Antonio		of a limited liability	company, ever the	at an insurance a	gency contract	or any ore	er business relationship with an	
Business	hone (208)555-5555	7	De you have a chil	d support obligate	on in arrearage?				-
Home	mone (208)555-5555	7A	By how many more	ths are you in am	urapi?				Not Applicate
Web Contact Info		78	Are you currently :	subject to and in o	impliance with an	у нераутнется	greenerd		Not Applicable
Persona	Email FAKE@FAKE.COM	70	Are you the subject	t of a child support	t related subpoor	a/warrint?			Not Applicable
Business	Email FAKE@FAKE.COM		In response to a "y	es" anower to one	or more of the Ba	edgeound Que	tions for t	his application, ane you	Not Applicabl
Web Ar	dress FARE.COM	EA.	subverting docume Will you be amount	entrica ten trian NAAC-II Sing Clenkings previo	WPR Attachesents turily filed docum	warehouse? entalition the N	WCNPR.	Attachments Warehouse to this	
Business Entity	Name PARE BUSINESS LLC.		apple abord					and a second second second second	NUC PROVINCE
			+ Back						+ Meat
		-							. 1954

Step 13. Answer the question and click "Next". **Authorized Submitter** I am submitting for Myself O Someone else Back Next 🗲 Step 14. Read the attestation and click "I accept", then click "Next". HAMMOND-FLESHMAN, DAWN ANN Attestation 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	ch
jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or formed	er
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.
- 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).



← Back

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

 Your receipt and any ad 	ditional information ab	out this transaction will be sent to the following email addresses.
	Email	Required
	Email	Optional
	Email	Optional
	Email	Optional

Step 16. Verify the transaction information and click "Submit and Pay".

The following states will be sent the requ	ests made durir	ng this se	ssion.	
State Description	State Fee N	IIPR Fee	Fee Summary	
IDAHO Insurance Producer	\$80.00	\$5.60	Total State Fees	\$80.00
 Accident & Health or Sickness Life 	5		Total NIPR Fees	\$5.60
Fees are not refundable Allow up to 5 days for changes to Requests are not complete until payment	display on PD t is made. Pleas	B e click the	Grand Total	\$85.60 ton.
← Back			Submit 8	Pay 🗲

Next -

Stop 17 Entor the payment intermation and (lick "Novt" until the transaction is done
Step 17. Enter the payingent mornation and t	
Choose Payment Type	
How would you like to pay? Billing Details	
Credit Card * = Required Electronic Check * Eirst Name	
* Least Neuron	
Last name.	
* Address Line 1.	
Address Line 2:	
Address Line J:	
* Chy:	
* state of Province:	V United Clubes of America
t de la courter de	
* Zip Code:	
T Phone:	
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Step 18. Click "I Agree". Enter your payment info	rmation and click "Submit \$ Payment".
Step 18. Click "I Agree". Enter your payment info Fee's will not be refunded by either NIPR of	rmation and click "Submit \$ Payment".
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Step 18. Click "I Agree". Enter your payment info Fee's will not be refunded by either NIPR of User understands all fees are non-refundable ■ I Agree Submit \$85 60 Payment	rmation and click "Submit \$ Payment".
	rmation and click "Submit \$ Payment". The Idaho Department of Insurance. The Idaho Department of Insurance. User understands all fees are non-refundable. © I Agree
Step 18. Click "I Agree". Enter your payment info <u>Fee's will not be refunded by either NIPR of</u> User understands all fees are non-refundable User understands all fees are non-refundable Submit \$285.60 Payment Beck Cancel	rmation and click "Submit \$ Payment". The Idaho Department of Insurance. The Idaho Verification of the Idaho Verific
Step 18. Click "I Agree". Enter your payment info <u>Fee's will not be refunded by either NIPR of</u> User understands all fees are non-refundable Jugree Submit 385 60 Payment Back Cancel	rmation and click "Submit \$ Payment". The Idaho Department of Insurance. The Idaho Department of Insurance.