

## How to Apply for a Non-Resident Producer License.

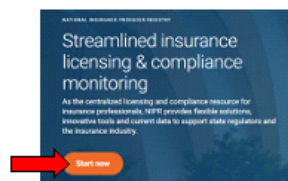
Insurance producers who have a resident (home state) license in a state other than Idaho are eligible to apply for a non-resident producer license in Idaho. Idaho is reciprocal with all US states and territories.

**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 Health 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.
  - ◊ Long Term Care 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
  - ◊ 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 [Department's website](#).

**Step 2.** Apply for a license using NIPR.com.

**Step 3.** Click on “Start Now” .



**Step 4.** Click on “Individual”.

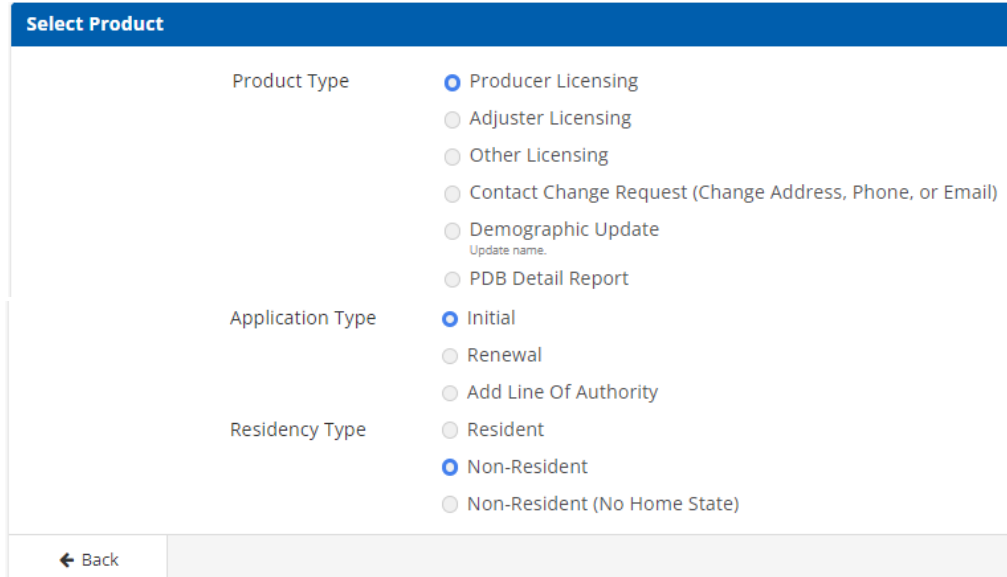


**Step 5.** Enter your identifying information and click “Next”.

**Step 6.** Click "Start"

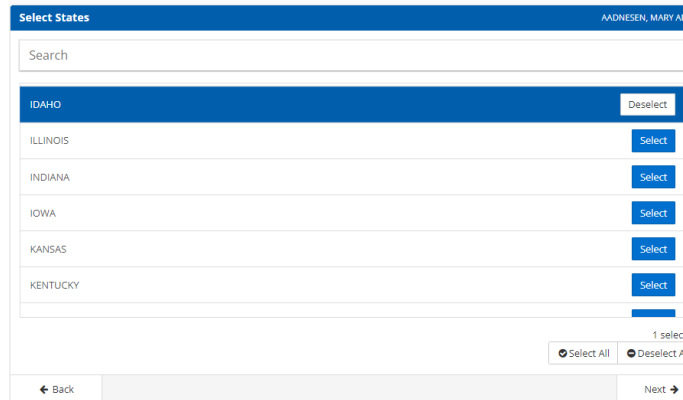


**Step 7.** Click the Producer Licensing, Initial, and Non-Resident buttons and click "Next".



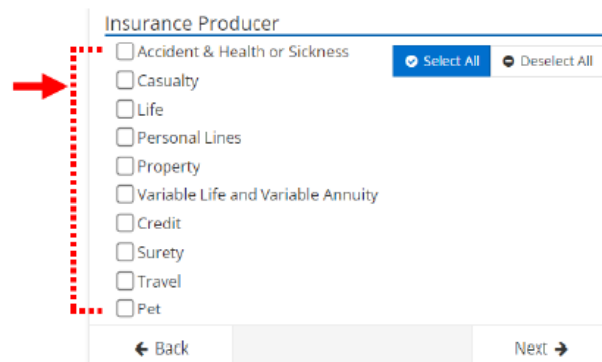
**Step 8.** Select Idaho from the list of states and click "Next".

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



**Step 9.** Select the lines of authority you wish to have in Idaho and click "Next".

**Note:** Only LOAs you have in your home state will appear on the list.



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

**Fee Estimate**

IDAHO

**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.



**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

▲ First Name is a required field

Middle Name

Optional Suffix

Optional Gender  Male  Female

Date of Birth

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

- Addresses
- Phone Contact Data
- Web Information
- Affiliations
- Background Questions



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

<b>Biographic</b>		<b>Aliases</b>	
First Name	JANE	<i>(Data not entered for this section)</i>	
Middle Name	DOE	<b>Employment History</b>	
Last Name	DOE	#	From To Employer Position City Country State
Suffix		1	Apr 7 2018 Apr 7 2023 Test Test Boise United States Of America Idaho
Gender	FEMALE	<b>Affiliations</b>	
Date of Birth	06/13/1983	<i>(Data not entered for this section)</i>	
Are you a citizen of the United States?	YES	<b>Background Questions Responses</b>	
If applicable, FINRA Individual Central Registration Depository (CRD)		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
<b>Resident Address</b>	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	1B	If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to employ in the business of insurance in your home state as required by 18 USC 8532? Not Applicable
<b>Business Address</b>	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	1C	If you have ever been granted a stay of execution or a judgment stayed by more than 1 year? Not Applicable
<b>Mailing Address</b>	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	1D	Have you ever been convicted of a felony offense, had a judgment withheld or deferred, or are you currently charged with committing a felony offense? No
<b>Phone Contact Data</b>	Business Phone: (208)555-5555 Home Phone: (208)555-5555	1E	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 registration? No
<b>Web Contact Info</b>	Personal Email: FAKE@FAKE.COM Business Email: FAKE@FAKE.COM Web Address: FAKE.COM Business Entity Name: FAKE BUSINESS LLC.	1F	Has any demand 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 overdue 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
		1G	Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? No
		1H	Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? No
		1I	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
		1J	Do you have a child support obligation in arrears? No
		1K	By how many months are you in arrears? Not Applicable
		1L	Are you currently subject to and in compliance with any repayment agreement? Not Applicable
		1M	Are you the subject of a child support related subpoena/warrant? Not Applicable
		1N	In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting documents to the NAC/NIPR Attachments Warehouse? Not Applicable
		1O	Will you be enclosing (linking) previously filed documents from the NAC/NIPR Attachments Warehouse to this application? Not Applicable
			<input type="button" value="← Back"/> <span style="margin-left: 100px;"><input type="button" value="Next →"/></span>

**Step 13.** Answer the question and click “Next”.

**Authorized Submitter**

I am submitting for  Myself  
 Someone else

← Back Next →

**Step 14.** Read the attestation and click “I accept”, then click “Next”.

**Attestation** HAMMOND-FLESHMAN, DAWN ANN

**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

← Back Next →

**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

← Back Next →

**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	Insurance Producer	\$80.00	\$5.60	Total State Fees	\$80.00
	• Accident & Health or Sickness			Total NIPR Fees	\$5.60
	• Life			<b>Grand Total</b>	<b>\$85.60</b>

• 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.

← Back Submit & Pay →

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

The screenshot shows a form titled "Choose Payment Type". On the left, under "How would you like to pay?", there are radio buttons for "Credit Card" and "Electronic Check". On the right, under "Billing Details", there are several fields marked with an asterisk as required: "First Name", "Last Name", "Address Line 1", "Address Line 2", "Address Line 3", "City", "State or Province" (a dropdown menu), "Country" (a dropdown menu showing "United States of America"), "Zip Code", and "Phone". A red dotted box encloses the "First Name" through "Phone" fields. A red arrow points to the "Next >" button at the bottom right. Below the form, it says "Your Total is: \$85.60" and has "< Back" and "Next >" buttons.

**Step 18.** Click “I Agree”. Enter your payment information and click “Submit \$\_\_\_ Payment”.

**Fee's will not be refunded by either NIPR or the Idaho Department of Insurance.**

The image shows two sequential screenshots of a payment agreement screen. The left screenshot shows the text "User understands all fees are non-refundable" above an unchecked checkbox labeled "I Agree". Below this is a blue button labeled "Submit \$85.60 Payment" and two smaller buttons labeled "Back" and "Cancel". A red arrow points from the "I Agree" checkbox to the "Submit \$85.60 Payment" button. The right screenshot shows the same text, but the "I Agree" checkbox is now checked. Above the checkbox, there are input fields for "Card Number", "MM / YY", and "CVC". A red arrow points from the "Submit \$85.60 Payment" button to the right.