

## 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".

The screenshot shows a "Select Product" screen with three sections: Product Type, Application Type, and Residency Type. Each section has a list of radio button options. The "Producer Licensing" option under Product Type, the "Initial" option under Application Type, and the "Non-Resident" option under Residency Type are selected. At the bottom, there are "Back" and "Next" buttons.

Section	Selected Option	Other Options
Product Type	Producer Licensing	Adjuster Licensing, Other Licensing, Contact Change Request (Change Address, Phone, or Email), Demographic Update (Update name), PDB Detail Report
Application Type	Initial	Renewal, Add Line Of Authority
Residency Type	Non-Resident	Resident, Non-Resident (No Home State)

### 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.

The screenshot shows a "Select States" screen with a search bar and a list of states. "IDAHO" is selected and highlighted in blue. Other states listed include ILLINOIS, INDIANA, IOWA, KANSAS, and KENTUCKY. At the bottom, there are "Back" and "Next" buttons.

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

### 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.

The screenshot shows an "Insurance Producer" screen with a list of checkboxes for lines of authority. A red dashed box highlights the first five items: Accident & Health or Sickness, Casualty, Life, Personal Lines, and Property. At the bottom, there are "Back" and "Next" buttons.

Line of Authority	Selected
Accident & Health or Sickness	<input checked="" type="checkbox"/>
Casualty	<input type="checkbox"/>
Life	<input type="checkbox"/>
Personal Lines	<input type="checkbox"/>
Property	<input type="checkbox"/>
Variable Life and Variable Annuity	<input type="checkbox"/>
Credit	<input type="checkbox"/>
Surety	<input type="checkbox"/>
Travel	<input type="checkbox"/>
Pet	<input type="checkbox"/>

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

**Fee Estimate**

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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

▲ 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

Next →

Addresses

Phone Contact Data

Web Information

Affiliations

Background Questions



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

<b>Biographic</b>		First Name: <b>JANE</b>	<b>Aliases</b>							
Middle Name: <b>DOE</b>		Last Name: <b>DOE</b>	<i>(Data not entered for this section)</i>							
Last Name Suffix: <b>DOE</b>		Gender: <b>FEMALE</b>	<b>Employment History</b>							
Date of Birth: <b>06/13/1983</b>		Are you a citizen of the United States? <b>YES</b>	#	From	To	Employer	Position	City	Country	State
If applicable, FINRA Individual Central Registration Depository (CRD)			1	Apr 7 2018	Apr 7 2023	Test	Test	Boise	United States Of America	Idaho
<b>Resident Address</b>		Address Line 1: <b>123 MAIN ST.</b>	<b>Affiliations</b>		<i>(Data not entered for this section)</i>					
City: <b>BOISE</b>		State: <b>ID</b>	<b>Background Questions Responses</b>							
Zip Code: <b>83709</b>		Country: <b>UNITED STATES OF AMERICA</b>	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>Business Address</b>		Address Line 1: <b>123 MAIN ST.</b>	1B 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 as required by 18 USC 8532?		Not Applicable					
City: <b>BOISE</b>		State: <b>ID</b>	1C If a non-resident granted a copy of 1033 consent approved by home state?		Not Applicable					
Zip Code: <b>83709</b>		Country: <b>UNITED STATES OF AMERICA</b>	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>Mailing Address</b>		Address Line 1: <b>123 MAIN ST.</b>	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					
City: <b>BOISE</b>		State: <b>ID</b>	2 Have 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					
Zip Code: <b>83709</b>		Country: <b>UNITED STATES OF AMERICA</b>	3 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					
<b>Phone Contact Data</b>		Business Phone: <b>(208)555-5555</b>	4 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					
Home Phone: <b>(208)555-5555</b>		Personal Email: <b>FAKE@FAKE.COM</b>	5 Do you have a child support obligation in arrears?		No					
<b>Web Contact Info</b>		Business Email: <b>FAKE@FAKE.COM</b>	6 By how many months are you in arrears?		Not Applicable					
Web Address: <b>FAKE.COM</b>		Business Entity Name: <b>FAKE BUSINESS LLC.</b>	7B Are you currently subject to and in compliance with any insolvency 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 documents to the NAC/NIPR Attachments Warehouse?		Not Applicable					
			8A Will you be enclosing (linking) previously filed documents from the NAC/NIPR 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** 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

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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	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> \$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.

← Back Submit & Pay →

**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”.

**Fee's 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