

How to Apply for a Non-Resident Producer License.

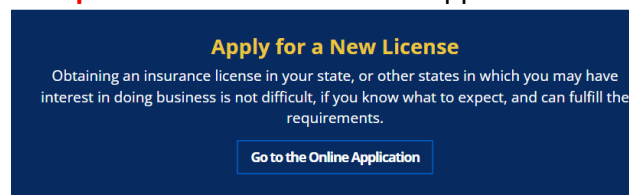
Insurance producers who have a resident (home state) license in a state other than Idaho are eligible to apply for a non-resident producer license in Idaho. Idaho is reciprocal with all US states and territories.

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 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
 - ◊ 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](#).

Step 3. Click on “Go to Online Application” .



Step 4. Click on “Individual”.



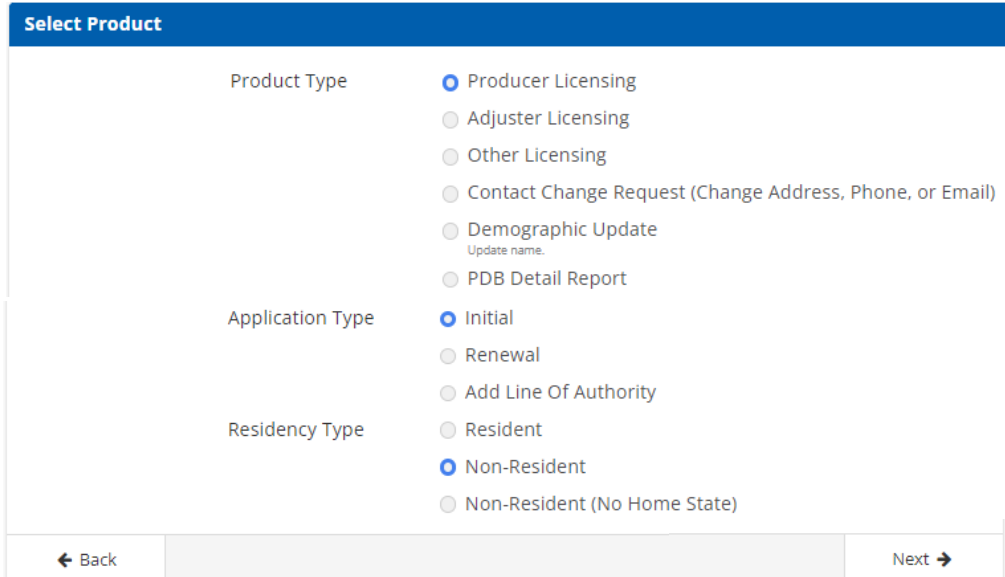
Step 5. Enter your identifying information and click “Next”.

A screenshot of a web form titled "Identify Licensee" with a sub-header "Individual". The form has a "Search Type" section with three radio button options: "License Number", "National Producer Number (NPN)", and "Social Security Number (SSN)". A red arrow points to the "Social Security Number (SSN)" option. Below the radio buttons is the text "Select one identifier above" and a warning icon with the text "Please select a search type". At the bottom of the form is a checkbox labeled "I accept the NIPR Use Agreement" with a red arrow pointing to it. The form has "Back" and "Next" buttons at the bottom.

Step 6. Click "Start"

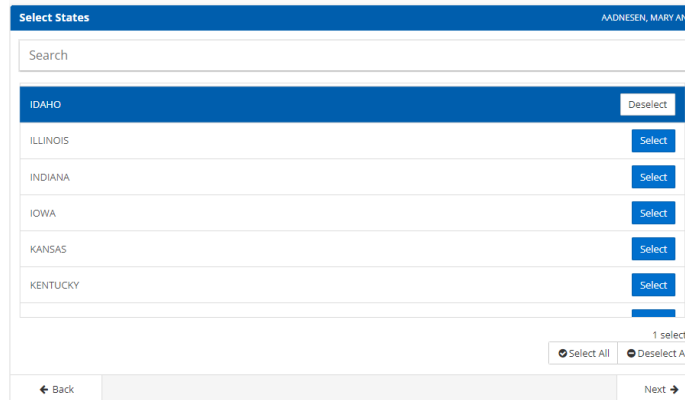


Step 7. Click the Producer Licensing, Initial, and Non-Resident buttons and click "Next".



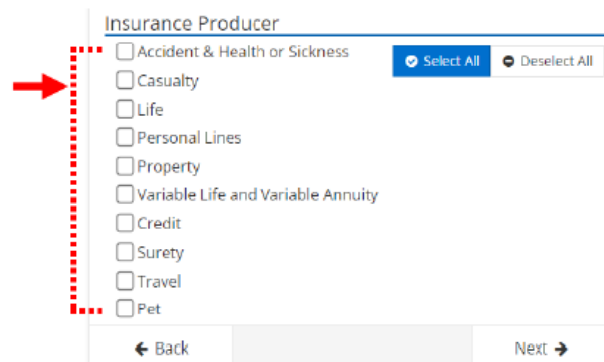
Step 8. Select Idaho from the list of states and click "Next".

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

[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.

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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 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

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



Step 12. Review the information for errors and click “Next”.

Biographic		Aliases	
First Name	JANE	<i>(Data not entered for this section)</i>	
Middle Name	DOE	Employment History	
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	Affiliations	
Date of Birth	06/13/1983	<i>(Data not entered for this section)</i>	
Are you a citizen of the United States?	YES	Background Questions Responses	
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
Resident Address	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
Business Address	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	1C	Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony offense? No
Mailing Address	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	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 registration? No
Phone Contact Data	Business Phone: (208)555-5555 Home Phone: (208)555-5555	3	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
Web Contact Info	Personal Email: FAKE@FAKE.COM Business Email: FAKE@FAKE.COM Web Address: FAKE.COM Business Entity Name: FAKE BUSINESS LLC.	4	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
		5	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
		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 in arrears? No
		8	By how many months are you in arrears? Not Applicable
		9A	Are you currently subject to and in compliance with any repayment agreement? Not Applicable
		9B	Are you the subject of a child support related subpoena/warrant? Not Applicable
		9C	In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting documents to the NAC/REFR Attachments Warehouse? Not Applicable
		9A	Will you be enclosing (linking) previously filed documents from the NAC/NIPR Attachments Warehouse to this application? Not Applicable
			← Back Next →



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			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.

← 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