

## AGENCY LATE RENEWAL FORM

All questions regarding licensing or renewal of your license should be directed to  
Producer Licensing at 208-334-4339 or via email at [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).

### Instructions:

1. Complete both pages of this form in its entirety.
2. The fee must be paid by either check or money order made out to "Idaho Department of Insurance". The DOI does not accept electronic payment.
3. Mail the form, non-refundable fee, and any additional documentation to:

Idaho Department of Insurance,  
700 W State St. Floor 3,  
PO Box 83720,  
Boise, ID 83720-0043

Check the license type to renew	Fee	License Type Specific Requirements
Producer License	\$160	DRLP info required, see page 2
Public Adjuster	\$160	All Public Adjusters must have proof of an active \$20,000 bond
Bail Agency	\$160	All Bail Agencies must include proof of an active bond of \$15,000 active bond and an appointment to a surety company
Life Settlement Broker	\$160	Renewal of the accompanying producer license and a DRLP (page 2)
Life Settlement Provider	\$600	Renewal of the accompanying producer license and a DRLP (page 2)
Portable Electronics: Small	\$200	DRP info required on page 2 of this form
Portable Electronics: Large	\$1000	DRP info required on page 2 of this form
Reinsurance Intermediary	\$160	

**DO NOT USE THIS FORM FOR THE FOLLOWING LICENCE TYPES**  
Click the license type for renewal instructions.

[Managing General Agent \(MGA\)](#)  
[Independent Review Organization \(IRO\)](#)  
[Third Party Administrator](#)  
[Title Agent](#)

### Agency Information:

Date: \_\_\_\_\_ License Number: \_\_\_\_\_ FEIN: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Must be a physical address.  
No PO Box allowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Same as Agency

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DRLP (Producer Entities Only):**

As required by Idaho Code, each business entity must have at least one Idaho licensed producer registered to the agency. This individual should carry all lines of authority the agency is requesting and is responsible for the business entity's compliance with the insurance laws and rules of this state.

\_\_\_\_\_ DRLP's Name \_\_\_\_\_ DRLP's Idaho License # \_\_\_\_\_

**Background Questions:**

Yes No

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently being charged with, committing a crime or had a judgment withheld or deferred, which has not PREVIOUSLY been reported to the Idaho DOI?
2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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, which has not previously been reported to the Idaho DOI?
3. In response to a "yes" answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If no, please attach them to this application.)

**Attestation:**

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation or b) has a child support obligation and is currently in compliance with that obligation.
5. I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons 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 comply with the insurance laws and regulations of Idaho.
7. I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

**Authorized Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_