

# MGA RENEWAL/REINSTATEMENT FORM

**Instructions:**

Fill in all fields (even if there is no change to what is currently on file.) Mail completed form with fee to:

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

All questions and concerns regarding licensing or reinstatement should be directed to Producer Licensing at 208-334-4250 or via email at [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).

**Fee due:**            **\$80 (On or prior to 6/30)**                            **\$160 (on or after 7/1)**

**Agency Information:**

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

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

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

Must be a physical address.  
No PO Box allowed

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

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

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

**Additional Required Information:**

Total amount of funds handled for Idaho for the previous calendar year: \_\_\_\_\_

- Our current bond reflects at least 10% of the amount listed above (minimum of \$5,000)
- Attached is a new ORIGINAL BOND or RIDER to amend our current bond

Have you entered into any new agreements with authorized insurers in the past 2 years?

- No
- Yes (please attach a Verified Statement of MGA for all new insurers)

Have you had any change in officers since your last renewal?

- No
- Yes (please attach a Change of Officers form)

**Authorized Signature:**

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

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