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.

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: _____