

State of Idaho
DEPARTMENT OF INSURANCE

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REGISTRATION OF A REINSURANCE INTERMEDIARY EXEMPTION

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

Please fill out this form and send to the address below. You will receive a confirmation that you are registered and exempt from licensure in Idaho.

NAME OF REINSURANCE INTERMEDIARY: _____

HOME STATE/JURISDICTION: _____ ENTITY FEIN: _____

DOMICILE STATE LICENSE #: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

CONTACT NAME: _____ TITLE: _____

Please process this registration and request for exemption from licensure in your state as a Reinsurance Intermediary as we are actively licensed in our domicile state/jurisdiction as a Reinsurance Intermediary and our state/jurisdiction has similar laws to your state.

States/jurisdictions with similar laws who may request exemption: AK, AR, CA, CO, CT, DE, DC, FL, GA, IL, IA, KS, LA, ME, MA, MN, MO, MT, NE, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX, UT, VA, WA, WV, WY

Please be sure to check out the Idaho Statutes regarding Reinsurance Intermediaries under Chapter 51 under LAWS/RULES/BULLETINS on our website, www.doi.idaho.gov.

When completed please click on SUBMIT below or email the form to agent@doi.idaho.gov.

SUBMIT