*State of Idaho*
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

For DOI use only

# INDIVIDUAL RENEWAL FORM

**Instructions:**
1. Complete both pages of this form in their entirety.
2. Obtain a check or money order for the non-refundable renewal fee made out to "Idaho Department of Insurance".
3. Mail the completed form with the non-refundable fee to:

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

The renewal application must be postmarked on or before the expiration date to be considered on time. All qualifications for renewal must be met before submission of a renewal application.

Check the License type you are renewing below.

| | License Type | Fee | License Type Specific Requirements |
|---|---|---|---|
| ☐ | Producer | $80 | Residents must complete 24 hours of CE |
| ☐ | Independent Adjuster | $80 | Non-residents must have an active equivalent license in their home state. |
| ☐ | Public Adjuster | $80 | This includes lines of authority. |
| ☐ | Bail | $80 | Residents must complete 24 hours of CE<br>Non-residents must have an active equivalent license in their home state.<br>Fingerprints done for renewal background check. |
| ☐ | Surplus Lines | $80 | Producer License also renewed. |
| ☐ | Life Settlement | $300 | Non-residents must have an active equivalent license in their home state. |

**License Number:** _____ **Name:** _____

**Residential Address:**
No PO Boxes

_____
Street

_____
City State Zip

**Business Address:**
No PO Boxes

_____
Street

_____
City State Zip

**Mailing Address:**
☐ Same as Residential
☐ Same as Business

_____
Street

_____
City State Zip

**Home Phone**: _____ **Business Phone**: _____

**Email Address:** _____

Please Note: If your license has been expired for more than 1 year, you will need to start the licensing process over. You will be required to complete a new application, retest and submit fingerprints and pay all affiliated fees.

## Background Questions:

| | | Yes | No |
|---|---|---|---|
| 1. | Have you been convicted of a crime, had a judgment withheld or deferred, or are currently charged with committing a crime, which has not PREVIOUSLY been reported to the Idaho DOI? | ☐ | ☐ |
| 2. | Have you 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. | Do you have Child Support obligations in arrearage, which has not previously been reported to the Idaho DOI? | ☐ | ☐ |
| | a) How many months are you in arrearage: _____ | | |
| | b) Are you currently subject to and in compliance with any repayment agreement? | ☐ | ☐ |
| | c) Are you the subject of a child support related subpoena/warrant? | ☐ | ☐ |
| 4. | 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. I hereby certify that, under penalty of perjury, all of the above 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 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 myself.
3. I further certify that I grant permission to the Director 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 am currently in compliance with that obligation, or c) I have identified my child support obligation in arrearage on this application.
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 will 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.

## Signature:

Signature: _____ Date: _____