

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

Renewal Application for Licensed Third Party Administrators

This form is for Licensed TPAs only. Registered TPAs please use the Registered TPA Application and Renewal form.

Your TPA license expires at midnight on December 31st. Follow these instructions to renew this license:

1. Fill out this form in its entirety.
2. Prepare a check or money order payable to the Idaho Department of Insurance in the amount of the renewal fee as applicable
 - If paying between November 2nd and December 31st the fee is \$80.00
If the renewal and payment are received before before November 2nd, the renewal will be rejected and payment is nonrefundable.
 - If the renewal and payment are received after December 31st, up to January 31st the fee is \$160.00.
If you fail to meet either of the above deadlines your license will become inactive and you will be required to reapply.
3. Mail the completed form and payment to:

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

TPA Information

Agency Name: _____ License #: _____

Address: _____

Phone: _____ Email: _____

I attest that this license is in good standing in the domicile state and that all administrative actions and criminal prosecutions have been timely reported to the Idaho Department of Insurance, as required by Idaho Code §41-916.

(Signature of officer) Title: _____

(Print name of officer) Date: _____

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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. 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.	
5. I acknowledge that I understand and comply with the insurance laws and regulations of Idaho.	
6. 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.	
7. I attest that this license is in good standing in the domicile state and that all administrative actions and criminal prosecutions have been timely reported to the Idaho Department of Insurance, as required by Idaho Code §41-916.	
_____	Title: _____
(Signature of officer)	
_____	Date: _____
(Print name of officer)	

If you have renewal application questions contact:
 Idaho Department of Insurance Company Analysis Section
 Phone: (208)334-4311
 Email: doi.tpa@doi.idaho.gov