

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
Fax (208)334-4398
Website: <http://www.doi.idaho.gov>

DEAN L. CAMERON
Director

INSTRUCTIONS FOR RENEWAL OF TITLE INSURANCE AGENT LICENSE

**A SEPARATE RENEWAL PACKAGE FOR EACH LICENSED COUNTY IS REQUIRED
THIS FORM IS A PART OF THE RENEWAL APPLICATION AND MUST BE
RETURNED WITH THE RENEWAL PACKAGE**

Idaho Code § 41-2710(2) provides that an Idaho title agent's licenses shall continue from the date of issue until the first day of January of each year and shall be automatically renewed thereon upon the payment of the **annual non-refundable fee of fifty dollars (\$50.00)** by the agent. If the renewal fee is not paid by the first day of January of each year, the license will not be considered renewed and is not valid at the end of business on the thirty first day of December. The agent may then be required to appear at a hearing before the Director of the Department of Insurance pursuant to Idaho Code § 41-2710(5) and/or be subject to a **non-refundable late fee of two dollars (\$2.00) a day** up to a maximum of one hundred dollars (\$100) before the license can be renewed.

IN ORDER TO PROCESS YOUR RENEWAL, SUBMIT THE FOLLOWING INFORMATION ALONG WITH THE RENEWAL APPLICATION FORM, THE FINANCIAL INTEREST NOTICE, EXHIBIT A, AND THE NON-REFUNDABLE RENEWAL FEE OF \$50.00 TO THE DEPARTMENT AT THE ADDRESS LISTED ABOVE.

- 1) Furnish a list of the full names of all current individuals designated to exercise the powers and privileges of your license pursuant to Idaho Code § 41-2702 Countersignature of Policies. Include their title or position.
- 2) Furnish a list of the full names of all current escrow officers. Also, list the names of all escrow officers who have been deleted during the past year. A notation that there are no changes will be considered inadequate.
- 3) Provide the contact information of the individual designated to manage correspondence sent from the Department of Insurance.

_____	_____	_____
Full Name	Email Address	Phone Number
- 4) Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding, regarding any professional or occupational license, or registration, which has not been previously reported to this insurance department? Yes _____ No _____
- 5) Provide the following information for your current surety bond required by Idaho Code § 41-2711:
Bond Number _____ Amount of Bond _____
Company Name _____
- 6) Do you certify that all escrow officers, title officers, marketing persons, managers and supervisors have reasonable experience and instruction in the field of title examinations, escrows, marketing, and title insurance? Yes _____ No _____
- 7) Do you certify that all persons engaged in marketing activities has received a copy of and understands IDAPA 18.05.01.031 Rebates and Illegal Inducements to Obtaining Title Insurance Business Rules? Yes _____ No _____
- 8) Furnish a list of your current title insurance underwriters.

Under penalty of perjury, I declare that these statements and all accompanying information have been examined by me and to the best of my knowledge are true, correct, and complete statements.

Date Licensed Name License #

Telephone # Printed Name & Title of Person Completing This Form

E-Mail Signature

Equal Opportunity Employer

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RENEWAL APPLICATION FOR TITLE INSURANCE AGENT LICENSE

Non-Refundable Fee: \$50
License Expires December 31, Annually

<u>DO NOT WRITE IN THIS SPACE</u>	
Receipt #:	
Fee Received:	
Bond #:	
License #:	

TO THE DIRECTOR OF INSURANCE OF THE STATE OF IDAHO:

I/we hereby apply for a renewal of a license to act as a Title Insurance Agent.

 Licensed Name _____
 License #

If a corporation, give name(s) of Idaho resident key management persons who will exercise the license privileges:

PRIMARY LOCATION

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number	Primary Contact Name for Location		Primary Contact E-Mail	
Mailing Address	PO Box	City	State	Zip	

SATELLITE LOCATION #1

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

SATELLITE LOCATION #2

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

SATELLITE LOCATION #3

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number		Primary Contact Name for Location		Primary Contact E-Mail
Mailing Address	PO Box	City	State	Zip	

PRINTED NAME AND TITLE OF APPLICANT: _____

Being first duly sworn on oath and says: That I represent applicant and that the matters and things set forth in the foregoing application are true to the best of my knowledge and belief.

 Signature

 Date

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FINANCIAL INTEREST NOTICE

IDAPA 18.05.01.015.01 requires a title entity to notify the Director of the Department of Insurance of the names and addresses of all producers of title business that have a financial interest in the title entity, including the financial interest held by the producer of title business and the date the financial interest was acquired. Further, IDAPA 18.05.01.015.02 requires a title entity to provide this financial interest notice to the Director of the Department of Insurance prior to the granting of a title agent license and upon request for renewal of a title agent license.

Name of Producer of Title Business	Address	Financial Interest Percentage	Date Financial Interest Acquired

EXHIBIT A

STATE OF IDAHO
DEPARTMENT OF INSURANCE
INFORMATION REGARDING TITLE PLANT

TITLE INSURANCE AGENT NAME: _____

PHYSICAL ADDRESS OF TITLE PLANT: _____

Physical Street

Suite #

City

State

Zip

County

- 1. Date your tract indexes begin _____
2. Date your county records begin _____
3. County records not covered by tract indexes, if any _____
4. Whether all, or only part of county area is covered by your indexes, stating parts covered if partial _____
5. Do you have a copy of all filed or recorded instruments legally affecting title to real property including any recorded judicial proceedings? _____ If not, explain. _____
6. Type of plant: () geographic () tract index () computer
In what form are all documents referred to in question 5 sorted and retrieved? _____
If card index, do you rely on cards for examination of titles? _____
If you use a form of card take off or tract index, do you have microfilm of records in your office for examination purposes? _____
7. Do you have a general index file of names including all live judgments, state, and federal tax liens? _____
8. Do you regularly maintain a daily take off, currently posted or filed into your plant? _____
9. As of the date this Exhibit A is signed and dated, what date was your title plant posted to? _____
10. Character of plant ownership:
Individual _____ Partnership _____
Corporation _____ Leased _____
If plant is leased, please give name of owner _____
Term of your lease _____ years ending _____

Name and Title (Type or Print)

Signature

Date