



*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

**RENEWAL APPLICATION FOR TITLE INSURANCE AGENT LICENSE**

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

<b><u>DO NOT WRITE IN THIS SPACE</u></b>	
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



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