

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: <https://doi.idaho.gov>

DEAN L. CAMERON
Director

ENDORSEMENT BY TITLE INSURANCE COMPANY

We hereby appoint _____ a licensed Title Insurance Agent as our duly authorized agent to issue and countersign title insurance policies on behalf of

_____ in the following licensed county:

(Name of Insurer / Idaho License or NAIC CoCode #)

County / License Number: County / License Number: County / License Number:

County / License Number: County / License Number: County / License Number:

We certify that the agent is known to have a good reputation and is worthy of public trust and we know of no fact or condition that would disqualify the agent (including employees acting as escrow agents) from holding a Title Insurance Agent license.

Listed below are the names of all who will exercise the power and privileges of this Title Insurance Agent license.

Must be signed by an officer of the Title Insurance Company

Name and Title (Type or Print)

Signature

Dated:

This form is to be used for currently licensed Title Agents when changing their agency name or sponsoring Title Insurance Company name, or adding another sponsoring Title Insurance Company.

Please click on SUBMIT below when complete or email the form to title@doi.idaho.gov