

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 No.) (County / License No.) (County / License No.) (County / License No.)

For statewide appointment, check here [] and include the Title Insurance Agent's applicable
National Producer Number (NPN):

(A statewide appointment applies to agency agreements in which the appointment covers
all current and prospective counties in Idaho where the Title Insurance Agent is or will be
duly licensed)

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

Listed below are the names of all key management personnel (Idaho Residents) 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)

Dated:

Signature

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

SUBMIT