

WHOLESALE TRAVEL RETAILER ANNUAL REPORT

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

Wholesale entities must report all retail outlets and individuals authorized under the Wholesaler's Producer Limited Lines Travel license annually by March 1st. This report must also be sent if adding the line of travel to an agency license or applying for the producer license with the single line of authority (LOA) of travel.

The following pages of this document contain the Departments form for this report. Travel wholesale entities can send this report on their own form as long as the following information is present and prominent :

Wholesale Travel Licensee Information

- Agency Name
- License Number
- FEIN
- Business Address
- Mailing Address
- Phone Number
- Email Address
- Designated Responsible Licensed Producer-Name
- Designated Responsible Licensed Producer-NPN

Retail Location Information

- Name of the retail location
- Address of the retail location
- Contact information for the of retail location
- Officer or person who directs or controls the travel retailer's operations.
- Travel retailer's federal tax ID
- A written statement certifying the travel retailer complies with 18 U.S.C. 1033 law.
- Annual report of written premiums for Idaho

Wholesale Travel License Information

Date: _____ License Number: _____ FEIN: _____

Agency Name: _____

Business Address: _____
No PO Boxes Street

City State Zip code

Mailing Address: _____
Street

City State Zip code

Phone Number: _____ Email Address: _____

Designated Responsible License Producer

Name: _____ NPN: _____

WHOLESALE TRAVEL RETAILER ANNUAL REPORT-RETAIL LOCATIONS

Retail Location _____ of _____

I certify the travel retailer listed below complies with 18 U.S.C. 1033 law. _____
Signature of an authorized representative of the Wholesaler

A report of written premium(s) for Idaho is attached: _____

Retailer Name: _____ Retailer's federal tax ID: _____

Business Address: _____

No PO Boxes Street

City State Zip code

Phone Number: _____ Email Address: _____

Person in charge of the locations travel insurance operations: _____

List of Individuals who sell Travel Insurance at the location:

To submit this request click the Submit button or e-mail the form to agent@doi.idaho.gov

SUBMIT