State of Idaho
DEPARTMENT OF INSURANCE
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
FAX # (208)334-4398

APPLICATION FOR REINSURANCE INTERMEDIARY LICENSE: BROKER

This form is for entities applying for a Reinsurance Intermediary License as a Broker.

A broker is described in Idaho as any person, other than an officer or employee of the ceding insurer, firm, association or corporation who solicits, negotiates or places reinsurance cessions or retrocessions on behalf of a ceding insurer without the authority or power to bind reinsurance on behalf of such insurer.

If an entity needs to be able to bind reinsurance on behalf of an insurer they would use the Application for Reinsurance Intermediary License: Manager.

All questions must be answered and all information requested must be submitted with this application to be accepted by this Department.

This application must be verified and executed by each Officer, Partner, Member , designated Employee, or Director who desires to be named to act as a Reinsurance Intermediary Broker in the license applied for herein.

Instructions:

Step 1. Complete all the required forms.

Documents Required for ALL applications

- ☐ Application Form
- ☐ Errors and Omissions
- ☐ Organization Structure
- ☐ Balance Sheet
- ☐ Biographical Affidavit
- ☐ Affidavit of Verification

Documents Required Dependent on the Situation

- ☐ Additional documentation as needed per answers given on the application
- ☐ Schedule 1: List of Bank Accounts
- ☐ Schedule 2: Regarding Settlement of Claims
- ☐ Schedule 3: Interested Entities
- ☐ Schedule 4: Sole Proprietorship Addendum

Step 2: Obtain a check or money order for the non-refundable $80 application fee, made out to the Idaho Department of Insurance.

Step 3: Assemble the application packet. This packet must contain all the forms listed in step 1 and the payment from step 2.

Step 4: Mail the completed packet and the non-refundable application fee to:

Idaho Department of Insurance
700 W State Street,3rd Floor
PO Box 83720
Boise ID 83720-0043

Application-Reinsurance Intermediary Broker

1. Enter the demographic information for the Applicant below.

Applicant Name		FEIN or SSN	NPN
Business Address (physical street, no PO Boxes)			
City		State	Zip Code
		-	
Phone Number	Fax Number	E-mail Address	
Business Mailing Address of the Principal Administrative Office (PO Boxes are accepted)			
City		State	Zip Code
		-	
Name of Responsible Contact Person	Phone Number	E-mail Address	

2. What type of business organization is the applicant?

___ Association ___Partnership ___ Proprietorship ___ Corporation

If it is a corporation: State of Incorporation/Organization. -____ Date of Incorporation /Organization:_____

3. Does the Applicant intend to transact business under any other names or under its initials? If "Yes", a list all name(s) to be used and a copy of the filing with the Idaho Secretary of State must be included in the application packet.	☐ Yes ☐ No
4. Does the Applicant Collect Premiums? If "Yes", a list of the partners, including their name(s) and address(es) must be included in the application packet.	☐ Yes ☐ No
5. Will the Entity keep all funds received or collected in such capacity separate from other funds? If "No" will the applicant immediate remittance of collections be made to insurers?	☐ Yes ☐ No
6. Will the applicant settle claims? If Yes, the completed Schedule 1 and Schedule 2 must be included in the application packet.	☐ Yes ☐ No
7. Does the Applicant, or any employer of the Applicant, hold a one percent (1 %) or greater ownership interest, either directly, indirectly, or beneficially, in an insurer, other than as a policyholder or claimant? If yes, the completed Schedule 3 must be included in the application packet.	☐ Yes ☐ No
8. Is the Applicant now, or has it ever been, indebted, other than for current accounts, to any company, organization or person for unpaid premiums or return premiums? If yes, a statement for each such occurrence giving full details concerning the indebtedness including how it arose, the parties involved and the final outcome.) must be included in the application packet.	☐ Yes ☐ No

9. Has the Applicant or any principal, partner, officer, director or controlling stockholder, regardless of how minor the infraction (excludes traffic violations which resulted in a penalty not exceeding $100.00 or anything that happened before an individual's 18th birthday) ever been:

a. served with criminal summons, been arrested, been taken into custody, been indicted, been charged with, been tried for, or pled guilty and/or nolo contendere to, been convicted of or been the subject of an investigation concerning the commission of any felony or misdemeanor? ☐ Yes ☐ No

b. the subject of an investigative or administrative proceeding by any federal or state government regulatory agency? ☐ Yes ☐ No

c. permitted to change a plea of guilty after conviction of a crime or had a judgment or verdict of guilt vacated, set aside or expunged, or had your civil rights restored following conviction? ☐ Yes ☐ No

If you answered "YES," to any part of this question, please furnish a statement giving the complete facts in your own words, including the date and nature of the offense. The documents must show the name and locality of the law enforcement agency involved and a disposition of each such matter.

10. *Sole Proprietorship Applicants Only: Are you a member or employee of a partnership, or an officer, director or employee of a corporation which acts, or intends to act, as a Reinsurance Intermediary from an address in the State of Idaho?*

If yes, the completed "Schedule 4" must be included in the application packet.

☐ Yes
☐ No

11. Describe the basis of compensation such as commissions, charges and other fees for the Applicant:

12. Describe your process of collecting and depositing funds on behalf of insurers or reinsurers:

13. List all producer licenses held by the Applicant. If there are not enough spaces below please submit multiple copies of this page.

14. Has any insurance license referenced in question 13 been denied, suspended or revoked in ANY state?

☐ Yes
☐ No

If yes, a statement giving the relevant facts, including names, dates and circumstances must be included in the application packet.

Type of License			License Number
State of Issue	Is it a resident or non-resident license	Issue Date	Expiration Date
–			

Type of License			License Number
State of Issue	Is it a resident or non-resident license	Issue Date	Expiration Date
–			

Type of License			License Number
State of Issue	Is it a resident or non-resident license	Issue Date	Expiration Date
–			

Type of License			License Number
State of Issue	Is it a resident or non-resident license	Issue Date	Expiration Date
–			

Type of License			License Number
State of Issue	Is it a resident or non-resident license	Issue Date	Expiration Date
–			

Type of License			License Number
State of Issue	Is it a resident or non-resident license	Issue Date	Expiration Date
–			

15. List address of all offices maintained by Applicant, including the location of members, officers, directors or employees to be included in the license applied for herein.

What is located at the following address? For all answers except Office enter the name under the applicable entity.

Office	Director	Employee	Member	Officer

Street Address			
City	State	Zip Code	Phone #
	-		

What is located at the following address? For all answers except Office enter the name under the applicable entity.

Office	Director	Employee	Member	Officer

Street Address			
City	State	Zip Code	Phone #
	-		

What is located at the following address? For all answers except Office enter the name under the applicable entity.

Office	Director	Employee	Member	Officer

Street Address			
City	State	Zip Code	Phone #
	-		

What is located at the following address? For all answers except Office enter the name under the applicable entity.

Office	Director	Employee	Member	Officer

Street Address			
City	State	Zip Code	Phone #
	-		

What is located at the following address? For all answers except Office enter the name under the applicable entity.

Office	Director	Employee	Member	Officer

Street Address			
City	State	Zip Code	Phone #
	-		

15. List all partners or members, officers, directors and designated employees and give information requested. Please list officers first, followed by designated directors then employees.

16. A completed NAIC Biographical Affidavit form must be attached for every person listed below. You can use the form on pages 9-17 of this document or download the complete form from the NAIC.

Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No
Name			Title
Are they a Director?	___Yes ___No	Will they act as Intermediary?	___Yes ___No

16.

AFFIDAVIT OF VERIFICATION

THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL PERSONS NAMED IN SCHEDULE "6"

I (we) the undersigned do certify under penalty of perjury that: _I am an individual applicant; We are members and/or designated employees of the applicant partnership (ALL PAR1NERS MUST SIGN); or _I (we) am (are) officers, directors and/or designated employees of the applicant corporation or association; and that I (we) have read the foregoing application and know that the contents thereof to be complete, true and correct. I (we) understand that pursuant to Idaho Code, Section 41-5111(1), any false statement may subject all licenses issued pursuant to this application to suspension or revocation.

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

By: _____
Signature Printed Name Title

State of _____

County of _____

SUBSCRIBED AND SWORN TO before me this _____day of _____+_____, 20_____.

_____ _____ _____
Notary Public Signature Notary Public, Printed Name My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.
Contact information for the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name			
Street Address			
City	State	Zip Code	Phone #
	-		

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1.Affiant's Full Name (Initials Not Acceptable): _____
First Middle Last

2. a. Are you a citizen of the United States?
☐ No. ☐ Yes

b. Are you a citizen of any other country?
☐ No. ☐ Yes. If yes, what country? _____

3.Affiant's occupation or profession: _____

4. Affiant's business address:

Street Address		
City	State	Zip Code
	-	
Business Phone #	Business Email	

5. Education and training:

College/University	City/State	Dates Attended		Degree Obtained

Graduate Studies	College/University	City/State	Dates Attended		Degree Obtained

Other Training: Name	City/State	Dates Attended		Degree Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Telephone#	Contact Person
Address of Society/Association		
Name of Society/Association	Telephone#	Contact Person
Address of Society/Association		
Name of Society/Association	Telephone#	Contact Person
Address of Society/Association		
Name of Society/Association	Telephone#	Contact Person
Address of Society/Association		

7. Present or proposed position with the Applicant Company: _____

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships).Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide a telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Employer's Name	Offices/Positions Held	Beginning Date	Ending Date
Type of Business	Supervisor/Contact:		
Street Address			
City and State	Zip Code	Country	Phone #
Employer's Name	Offices/Positions Held	Beginning Date	Ending Date
Type of Business	Supervisor/Contact:		
Street Address			
City and State	Zip Code	Country	Phone #
Employer's Name	Offices/Positions Held	Beginning Date	Ending Date
Type of Business	Supervisor/Contact:		
Street Address			
City and State	Zip Code	Country	Phone #

9. a. Have you ever been in a position which required a fidelity bond?
☐ No. ☐ Yes. If any claims were made on the bond, give details:

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
☐ No. ☐ Yes. If yes, give details:

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License			License Type	License #
Date Issued (MM/YY)	Date Expired (MM/YY)	Reason for Termination:		
Street Address				
City		State/Province	Zip Code	Country
		-		
Non-Insurance Regulatory Phone Number (if known):				
Organization/Issuer of License			License Type	License #
Date Issued (MM/YY)	Date Expired (MM/YY)	Reason for Termination:		
Street Address				
City		State/Province	Zip Code	Country
		-		
Non-Insurance Regulatory Phone Number (if known):				
Organization/Issuer of License			License Type	License #
Date Issued (MM/YY)	Date Expired (MM/YY)	Reason for Termination:		
Street Address				
City		State/Province	Zip Code	Country
		-		
Non-Insurance Regulatory Phone Number (if known):				

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
____No. ____Yes.

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
____No. ____Yes.

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
____No. ____Yes.

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
____No. ____Yes.

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
____No. ____Yes.

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
____No. ____Yes.

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
____No. ____Yes.

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
____No. ____Yes.

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
____No. ____Yes.

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
____No. ____Yes.

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

If any of the stock is pledged or hypothecated in any way, give details

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

_____No. _____Yes. If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14.Have you ever been adjudged a bankrupt?

_____No. _____Yes. If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

_____No. _____Yes.

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

_____No. _____Yes.

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

_____No. _____Yes.

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, it should be answered in the positive and an explanation provided.

Dated and signed this day of 20 _____ at _____ . I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

_____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

_____ _____

(Signature of Affiant) (Printed Name of Affiant)

State of: _____

County of: _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ____day of _____, 20____ by _____, and: who is personally known to me, or who produced the following identification: _____ .

_____

Notary Public Signature

[SEAL]

_____

Printed Notary Name

_____

My Commission Expires

BIOGRAPHICAL AFFIDAVIT: Supplemental Personal Information

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Applicant Company Name			
Street Address			
City	State	Zip Code	Phone #
	-		

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): _____
First Middle Last

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

☐ No. ☐ Yes. If yes, give the reason and the full name(s) and date(s) used.

Name (Specify: First, Middle or Last Name)	Beginning Date	Ending Date	Reason (If NONE, indicate such)

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: _____

4. Government Identification Number if not a U.S. Citizen:

Government ID Number:	Country of Issuance:

5. Foreign Student ID# (if applicable): _____

6. Date of Birth: (MM/DD/YY) : _____ Place of Birth, City: _____

State/Province: - _____ Country: _____

7. Name of Affiant's Spouse (if applicable) : _____

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning Date	Ending Date	Address	City	State	Postal Code	Country
				-		
Beginning Date	Ending Date	Address	City	State	Postal Code	Country
				-		
Beginning Date	Ending Date	Address	City	State	Postal Code	Country
				-		
Beginning Date	Ending Date	Address	City	State	Postal Code	Country
				-		
Beginning Date	Ending Date	Address	City	State	Postal Code	Country
				-		

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this day of 20 _____ at _____ . I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

_____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

_____ _____
(Signature of Affiant) (Printed Name of Affiant)

State of: _____

County of: _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ____day of _____, 20____ by _____, and: who is personally known to me, or who produced the following identification: _____ .

_____
Notary Public Signature

[SEAL]

_____
Printed Notary Name

_____
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of

_____ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential. You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact:

_____
(Company's designated person and their position, or department, address and phone)

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below. A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

_____
(Printed Full Name and Residence Address)

_____ _____
(Signature) (Date)

State of: _____

County of: _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ____day of _____, 20____ by _____, and: who is personally known to me, or who produced the following identification: _____ .

_____
Notary Public

_____
Printed Notary Name

[SEAL]

_____
My Commission Expires

BIOGRAPHICAL AFFIDAVIT: Addendum

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Required Documentation for all applicants

Documents containing the following information are required to be included with for all applications.

Documents provided by the Applicant.	
Document	**Document Contents**
Errors and Omissions	The complete details of errors and omissions policies issued to Applicant.
Organization Structure	A statement and/or organization chart which identifies the Applicant's relationship with all affiliated entities, direct or indirect, including parent (holding entity) and ALL subsidiary entities.
Balance Sheet	The balance sheet and income statement must be certified to be true and correct be signed by a principal and/or officer of the Applicant and be by the NOTARIZED . The statement is to be CURRENT or within ninety (90) days of application filing.
Forms provided in the Reinsurance Intermediary Broker Application	
Form Name/#	**Form Description**
Biographical Affidavit	Biographical information for each partner, officer, director and employee.
Affidavit of Verification	A notarized affidavit that is signed by each person listed on Schedule 6, that the information on the NAIC Biographical Affidavit is correct.

Documents Required Dependent on the Situation

The following documents are required dependent on the applicants situation.

Documents provided by the Applicant or other entity		
Requirement	**Document**	**Document contents**
Applicant is domiciled outside of Idaho.	Foreign Business Registration	An approved Application of Authority for corporations domiciled outside of Idaho as approved by the Idaho Secretary of State Corporations Division
Yes on Question 1	Aliases	A list of all name(s) to be used and a copy of the corresponding filing(s) with the Idaho Secretary of State.
Forms provided in the Reinsurance Intermediary Broker Application		
Requirement	**Form Name/#**	**Document contents**
Yes on Question 5	Schedule 1	List of Bank Accounts
Yes on Question 5	Schedule 2	Information regarding the settlement of claims
Yes on Question 7	Schedule 3	Interested Entities
Yes on Question 10	Schedule 4	Sole Proprietorship Addendum

Documents that May be Required Upon Request

The following documents may be requested to be submitted in addition to the application and/or after the license is issued.

Documents provided by the Applicant.			
Document	**Document Contents**		
Contracts with Insurers	A list of each insurer represented by the applicant in Idaho. The following information needs to be provided for each entity listed upon request:		
	Name of Insurer NAIC No	State of Domicile	Alias/DBAs
	Physical Address	Telephone Number	Contact Person
Other	Other documents as requested by the Idaho Department of Insurance		

Schedule 1: List of Bank Accounts

Complete the information requested below concerning the location of bank accounts.

Name of Financial Institution		Name of Contact Person and Title	
Street Address			
City	State	Zip Code	Phone #
	-		
Account Number	Is this a Trust?	Account Type	Current Balance
	-		
Name(s) on the Account			
Reinsurer or Other Beneficiaries of the Account			
Name of Financial Institution		Name of Contact Person and Title	
Street Address			
City	State	Zip Code	Phone #
	-		
Account Number	Is this a Trust?	Account Type	Current Balance
	-		
Name(s) on the Account			
Reinsurer or Other Beneficiaries of the Account			
Name of Financial Institution		Name of Contact Person and Title	
Street Address			
City	State	Zip Code	Phone #
	-		
Account Number	Is this a Trust?	Account Type	Current Balance
	-		
Name(s) on the Account			
Reinsurer or Other Beneficiaries of the Account			

Schedule 2: Regarding Settlement of Claims

1. Is the name of the insurer printed on checks?
   ☐ No. ☐ Yes

2. Are underwriting and rating standards complied with as established by the insurer for acceptance; rejection or cessions of all risk?
   ☐ No. ☐ Yes

3.Complete the following information on attachments:

   a. Attach relevant parts of the contracts with reinsurers that concern any claims settlement responsibilities of the applicant.

   b. Describe your claims payment procedures. Attach relevant parts of contracts with reinsurers concerning responsibilities.

   c. Describe any and all restrictions on the dollar value of claims for which you are responsible for paying.

4. Provide attachments of any parts of the contracts with reinsurer providing for claim payment accounts including, but not limited to:

   a. The address of the business location at which the claim files are maintained;

   b. Provisions regarding examination of records by the reinsurer

   c. Provisions for the maintenance of duplicate records by the reinsurer (if such procedure exists).

5. Give complete details of fidelity or surety bond coverages in effect for the protection of insurers or reinsurers represented by applicant. If it is to long for the space provided you will need to submit it as an attachment.

6. Give complete details of error and omissions policies issued to applicant. If it is to long for the space provided you will need to submit it as an attachment.

Schedule 3: Interested Entities

This form must be completed if the Applicant, or any employer of the Applicant, holds a one percent or greater ownership interest, either directly, indirectly, or beneficially, in an insurer, other than as a policyholder or claimant.

Name of the person or entity who has the relationship		Relationship of the entity to the Applicant
Name of Insurer	Type of Insurer	Percent of Control/Ownership
Name of the person or entity who has the relationship		Relationship of the entity to the Applicant
Name of Insurer	Type of Insurer	Percent of Control/Ownership
Name of the person or entity who has the relationship		Relationship of the entity to the Applicant
Name of Insurer	Type of Insurer	Percent of Control/Ownership
Name of the person or entity who has the relationship		Relationship of the entity to the Applicant
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Name of the person or entity who has the relationship		Relationship of the entity to the Applicant
Name of Insurer	Type of Insurer	Percent of Control/Ownership
Name of the person or entity who has the relationship		Relationship of the entity to the Applicant
Name of Insurer	Type of Insurer	Percent of Control/Ownership

Schedule 4: Sole Proprietorship Applicants

This form applies to Sole Proprietorship Applicants Only

If you are a member or employee of a partnership, or an officer, director or employee of a corporation which acts, or intends to act, as a Reinsurance Intermediary from an address in the state of Idaho you must enter the information for each instance below.

Name of the partnership or corporation		Relationship of the Applicant to the Entity	
Street Address			
City	State	Zip Code	Phone #
	-		
Name of the partnership or corporation		Relationship of the Applicant to the Entity	
Street Address			
City	State	Zip Code	Phone #
	-		
Name of the partnership or corporation		Relationship of the Applicant to the Entity	
Street Address			
City	State	Zip Code	Phone #
	-		
Name of the partnership or corporation		Relationship of the Applicant to the Entity	
Street Address			
City	State	Zip Code	Phone #
	-		
Name of the partnership or corporation		Relationship of the Applicant to the Entity	
Street Address			
City	State	Zip Code	Phone #
	-		
Name of the partnership or corporation		Relationship of the Applicant to the Entity	
Street Address			
City	State	Zip Code	Phone #
	-		