

*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 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 license(s) to act as a Title Insurance Agent for the following county (give business address for the county):

---



---



---

As provided for in the Idaho Code and do certify to the following facts:

1. Name of Applicant \_\_\_\_\_  
Show individual, firm, or corporate name which is used in transactions with insurance companies.  
(a) If corporation, give name(s) of Idaho resident key management persons who will exercise the license privilege \_\_\_\_\_

2. Social Security Number or FEIN: \_\_\_\_\_

3.

Business Address (Physical Street)		Suite #	City	State	Zip
Business Phone Number	Business Fax Number	Business E-Mail Address		Business Website Address	
Mailing Address	PO Box	City	State	Zip	

4. (a) If partnership or association, are all members bonafide Idaho residents? \_\_\_\_\_  
(b) If a corporation, is it now only authorized to do business in Idaho? \_\_\_\_\_  
(c) If an individual, are you a bonafide Idaho resident? \_\_\_\_\_  
(d) Date the above entity was formed. **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

5. Do you own or maintain a complete set of tract indexes and abstract records for each county wherein you propose to do business? \_\_\_\_\_

- 6. List below the names, and provide information for all who will exercise the powers and privileges of your license.
- 7. Do you certify each individual so named as having reasonable experience and instruction in the field of title examinations and title insurance? \_\_\_\_\_

First Name	Middle Initial	Last Name	Title or Position

NAME OF APPLICANT: (Type) \_\_\_\_\_  
 Being first duly sworn on oath and says: That he/they represent(s) applicant and that the matters and things set forth in the foregoing application are true to the best of his/their knowledge and belief.

If applicant is a corporation, president and secretary must sign. If applicant is a partnership, all partners must sign.

Signed: \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public in and for the State of Idaho

Residing at \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**ENDORSEMENT BY TITLE INSURER**

We hereby appoint \_\_\_\_\_, whose name appears on Line Number 1 of this application as our agent to issue and countersign title insurance policies on behalf of \_\_\_\_\_, and certify that the  
 (Name of Insurer)

applicant is know to have a good reputation and is worthy of public trust and we know of no fact or condition that would disqualify the applicant (including the listed persons) from receiving a Title Insurance Agent’s license.

Must be signed by an officer of the Title Insurance Company \_\_\_\_\_  
 Name and Title (Type or Print)

\_\_\_\_\_  
 Signature

DATED:

**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	

## FINANCIAL INTEREST NOTICE

IDAPA 18.05.01.015.01 requires a title entity to notify the Director of the Department of Insurance of the names and addresses of all producers of title business that have a financial interest in the title entity, including the financial interest held by the producer of title business and the date the financial interest was acquired. Further, IDAPA 18.05.01.015.02 requires a title entity to provide this financial interest notice to the Director of the Department of Insurance prior to the granting of a title agent license and upon request for renewal of a title agent license.

<b>Name of Producer of Title Business</b>	<b>Address</b>	<b>Financial Interest Percentage</b>	<b>Date Financial Interest Acquired</b>