

TPA REINSTATEMENT FORM

This Reinstatement form is only valid between January 1st through January 31st

Instructions:

Complete both pages of the form. Be sure to fill in all fields (even if there is no change from what we currently have on file.) Mail completed form with **Non-Refundable \$160 fee** to:

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

All questions and concerns regarding licensing or reinstatement of your license should be directed to 208-334-4311 or via email at doi.tpa@doi.idaho.gov.

TPA Information:

Date: _____ License Number: _____ FEIN: _____

TPA Name: _____

Business Address: _____
Must be physical address NO PO Box allowed

City: _____ State: _____ Zip: _____

Mailing Address: _____
PO Box allowed

City: _____ State: _____ Zip: _____

Contact Person: _____

Business Phone: _____

Email Address: _____

Please Note:

After January 31st, you must reapply with an application, all applicable forms and \$300, non-refundable application fee.

Background Questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently being charged with, committing a crime or had a judgment withheld or deferred, which has not PREVIOUSLY been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not previously been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In response to a “yes” answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If not submitting to the warehouse, please attach them to this application.) | <input type="checkbox"/> | <input type="checkbox"/> |

Attestation:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation or b) has a child support obligation and is currently in compliance with that obligation.
5. I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of Idaho.
7. I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

Authorized Signature:

Signature: _____

Date: _____

Printed Name: _____

Title: _____