

IDAHO DEPARTMENT OF INSURANCE APPOINTMENT

AUTHORITY TO ACT UNDER **COMPANY** LICENSE

Date: _____

Appointment for: Individual Agency

Name of Producer: _____

Idaho License Number: _____

Lines of Authority to be Appointed:

- | | | | |
|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Life | <input type="checkbox"/> Disability (Health) | <input type="checkbox"/> Casualty | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ | | |

Notice is hereby given that the above listed individual/agency is authorized to act under our company license for the lines of authority indicated above.

Effective Date: _____ (*cannot be backdated more than 15 days)

Company Name: _____

NAIC #: _____ FEIN #: _____

Signature of Authorized Individual

Printed Name/Title

NOTE:

1. This request must be signed by an authorized individual of the Company.
2. Please press SUBMIT bellow when completed or email the form to agent@doi.idaho.gov.
3. For confirmation of this transaction, please consult our website to view your company record at www.doi.idaho.gov. Allow a minimum of 24 hours for processing.
4. Appointments cannot be backdated more than 15 from date Idaho Dept. of Insurance receives the request. They also cannot be backdated prior to license issue/active date.

In case we have questions, please provide a contact name, email, and phone below:

Contact name _____ Phone: _____

Email address: _____

Please click SUBMIT bellow when complete or email to agent@doi.idaho.gov

SUBMIT