

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

APPOINTMENT OF TITLE INSURANCE AGENT/ESCROW OFFICER

TO: DEPARTMENT OF INSURANCE
STATE OF IDAHO
PO BOX 83720
BOISE ID 83720-0043

Notice is hereby given that _____
title or position _____ is to be added to our
Title Insurance Agents license as an individual authorized to act under the license. I
certify that this individual has the necessary instruction and experience in the field of title
examinations and title insurance to competently perform the duties of this position.

This appointment is effective _____
Month/Day/Year

Name of Title Insurance Agent _____

License # _____ County _____

Name and Title of Officer (Type or Print)

Signature

Date

NOTE:

1. This request must be signed by an officer of the agency.
2. Provide additional bond, if required.
3. To receive **confirmation**, the form must be submitted in **duplicate** and a return envelope enclosed.