

State of Idaho
DEPARTMENT OF INSURANCE

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Date: _____ Provider Number: _____

Entity Name: _____

Signature: _____
(officer or responsible producer may sign this form)

The Idaho Code requires licensee to have an address accessible to the public, which cannot be a post office box. ***The business address provided must be a physical address. The mailing address can be a post office box.***

Business Name: _____

Business Address: _____
(Please include suite number if applicable)

Business Phone # _____ Ext. _____ Toll Free # _____

Fax Number: _____

E-Mail Address _____

Mailing Address: _____

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