LIST REQUEST FOR THE IDAHO DEPARTMENT OF INSURANCE

Date: _____

Name: _____

Please send a producer list of Idaho licenses with the following criteria:

Resident Status Requested:	☐ Resident	☐ Non-Resident	☐ both
Agent/Agency Status Requested:	☐ Agent	☐ Agency	☐ both
License Type Requested:	☐ Producer	☐ Bail	☐ Adjuster
	☐ Surplus Lines		

Line(s) of Authority Requested (producer only):

☐ Property/Casualty

☐ Personal Lines

☐ Disability (Health), Life, Variable

- This list will be sorted in ZIP CODE order.
- This list will be formatted in an EXCEL SPREADSHEET.
- This list will be sent via email as an attachment.
- This list will include producer names/license numbers and mailing addresses. The Department **does not** provide phone numbers or email addresses.
- Maximum number of lists per request = 2

Email address to send file(s): _____

If we have any questions while processing your request, contact:

Name: _____ Phone: _____

Attach **$9.75** in check or money order form made payable to
Idaho Department of Insurance and mail check and completed form to:

Idaho Department of Insurance
PO Box 83720
Boise, ID 83720-0043

INS-LIC-LIST-21