

**IDAHO DEPARTMENT OF INSURANCE**  
**APPOINTMENT**  
AUTHORITY TO ACT UNDER **COMPANY** LICENSE

Notice is hereby given that \_\_\_\_\_  
(Name of Producer)

with **Idaho** license #: \_\_\_\_\_ for line(s) of authority: \_\_\_\_\_

\_\_\_\_\_ is to be added to our license as  
authorized to act under the company license.

Effective date: \_\_\_\_\_  
(\*see below for rules)

Name of Company: \_\_\_\_\_

NAIC # \_\_\_\_\_ FEIN # \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

**NOTE:**

\_\_\_\_\_  
Date

1. This request must be signed by an authorized individual of the company.
2. Please click SUBMIT bellow or email completed form to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).
3. For confirmation of this transaction please consult our website to view your company record at [www.doi.idaho.gov](http://www.doi.idaho.gov). Allow min 24 hours for process.
4. \*Appointments cannot be backdated more than 15 from date Idaho Dept. of Insurance receipt of your request or prior to license issue date.

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

Contact name \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**SUBMIT**

**PRODUCER APPOINTMENT FORM CONTINUED:**

For multiple listings of agents to be appointed to this company, see below:

<u>Producer name</u>	<u>Idaho Lic #</u>	<u>Line(s) of Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NO FEE REQUIRED**

**SUBMIT**

**Questions?**

Contact us at [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)