

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
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Phone (208)334-4250
FAX # (208)334-4398
agent@doi.idaho.gov

BRANCH OFFICE NOTIFICATION

Date: _____ Idaho Agency License Number: _____

FEIN#: _____

Firm Name: _____

Signature: _____

(officer or authorized person may sign this form)

Branch Address: _____

*(Please include suite
number if applicable)*

(please provide a physical address only)

Name of Registered Producer for this branch: _____

License # of Registered Producer: _____

*Please click **SUBMIT** below when complete or email the completed form to agent@doi.idaho.gov*

NOTE: Branches are not required to be licensed separately in Idaho provided they are operating under the same name and FEIN as the main licensed entity. It is optional to report a branch office. Branch offices are not displayed on any licensing website. It is your responsibility to register the producer to the main license electronically and this service is available via Sircon at www.sircon.com/idaho.

SUBMIT