



PURCHASING GROUPS  
NAME, ADDRESS, AND AMOUNT OF PREMIUM WRITTEN FOR EACH IDAHO INSURED  
**This form is required** per Idaho Code § 41-247, 41-4808, 41-4811, 41-4816 and 41-1233.  
(Please Type)

This form may be duplicated, if necessary.

Name \_\_\_\_\_ Premium Written \$ \_\_\_\_\_

Address \_\_\_\_\_ Effective Date \_\_\_\_\_

\_\_\_\_\_ Termination Date \_\_\_\_\_

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Address \_\_\_\_\_ Effective Date \_\_\_\_\_

\_\_\_\_\_ Termination Date \_\_\_\_\_

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