

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

C.L. "BUTCH" OTTER  
Governor

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P.O. Box 83720  
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Phone (208)334-4250  
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WILLIAM W. DEAL  
Director

**AFFIDAVIT – LOSS OF CERTIFICATE OF AUTHORITY**

**This form must be signed by a company officer**

TO THE DIRECTOR OF INSURANCE, STATE OF IDAHO:

I, \_\_\_\_\_  
(Name) (Title)

hereby certify that I am the person responsible for or involved with the safekeeping of  
Certificate of Authority No. \_\_\_\_\_ issued to:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Home Office Street Address/City/State/Zip Code)

by the Idaho Department of Insurance and that said Certificate of Authority has been lost,  
stolen, or destroyed. The facts concerning such loss, theft, or destruction are as follows:

\_\_\_\_\_

I HEREBY DECLARE THAT \_\_\_\_\_  
(Company)

considers such Certificate of Authority to be void and of no effect, and in the event same  
shall be found, I agree to forward said license to the Department of Insurance, State of  
Idaho, at Boise, Idaho.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_ 2008.

\_\_\_\_\_  
(Notary Public)

In and for the State of \_\_\_\_\_

(Seal) Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_