# NON-RESIDENT AGENCY REINSTATEMENT FORM

**Instructions:**
Complete both pages of the form. Be sure to fill in all fields (even if there is no change from what we currently have on file.) Mail completed form with $160 fee to:

Idaho Department of Insurance
700 W State St. Floor 3
PO Box 83720
Boise, ID 83720-0043

All questions and concerns regarding licensing or reinstatement of your license should be directed to Producer Licensing at 208-334-4250 or via email at agent@doi.idaho.gov.

**Agency Information:**

Date: _____ License Number: _____ FEIN: _____

Agency Name: _____

Agency Address: _____
Must be a physical address.
No PO Box allowed
City: _____ State: _____ Zip: _____

Mailing Address: _____
☐ Same as Agency
PO Box allowed
City: _____ State: _____ Zip: _____

Contact Person: _____ Business Phone: _____

Email Address: _____

**DRLP:**

As required by Idaho Code, each business entity must have at least one Idaho licensed producer registered to the agency. This individual should carry all lines of authority the agency is requesting and is responsible for the business entity's compliance with the insurance laws and rules of this state.

_____ _____
DRLP's Name DRLP's Idaho License #

***Please Note: If your license has been expired for more than 1 year, you will need to start the licensing process over. You will be required to complete a new application with the $80 licensing fee. The system may require you to submit a paper application.***

## Background Questions:

| | | Yes | No |
|---|---|---|---|
| 1. | Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently being charged with, committing a crime or had a judgment withheld or deferred, which has not PREVIOUSLY been reported to the Idaho DOI? | ☐ | ☐ |
| 2. | Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not previously been reported to the Idaho DOI? | ☐ | ☐ |
| 3. | In response to a "yes" answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If no, please attach them to this application.) | ☐ | ☐ |

## Attestation:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation or b) has a child support obligation and is currently in compliance with that obligation.
5. I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of Idaho.
7. I certify that I am licensed and in good standing in my home/resident state for the lines of authority on my Idaho license.
8. I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

## Authorized Signature:

Signature: _____ Date: _____

Printed Name: _____ Title: _____