

**LIST REQUEST FOR THE IDAHO DEPARTMENT OF INSURANCE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please send a producer list of Idaho licensees with the following criteria:

Resident  Non-resident  Both

Agent  Agency  Both

License type(s)/line(s) \_\_\_\_\_

\_\_\_\_\_

This list will be sorted in zip order.

This list will be formatted in an Excel Spreadsheet.

This list will be sent via email as an attachment.

Please provide email address for sending list:

\_\_\_\_\_

Your contact information for questions is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach **\$9.75** in check or money order form made payable to the Idaho Department of Insurance. Mail this form with check to: Idaho Department of Insurance PO Box 83720 Boise ID 83720-0043.

**Note: List provides producer name/license number and mailing address. The dept does not provide phone numbers or email addresses on lists.**