

**PRODUCER APPOINTMENT
(AUTHORITY TO ACT UNDER COMPANY LICENSE)**

To: **IDAHO DEPARTMENT OF INSURANCE
700 W STATE ST FL 3
PO BOX 83720
BOISE ID 83720-0043**

Notice is hereby given that _____
Name of Producer

Agent's **Idaho** license #: _____ **RESIDENT STATE:** _____

Lines of Authority: _____ is to be added to our license as an individual/business entity authorized to act under the company license.

Effective date: _____
(*see below for rules)

Name of Company: _____

Idaho COA # _____ **RESIDENT STATE** _____

or NAIC # _____

Signature of Officer

Officer's Title

Date

NOTE:

1. This request must be signed by an officer of the company.
2. For confirmation of this transaction please consult our website or submit this form in duplicate and provide stamped, self-addressed envelope.
3. Show company and producer names and license numbers exactly as they appear on our web.
4. *Appointments can be backdated up to 15 days but cannot pre-date license issue date.

NO FEE REQUIRED

