

**REGISTRATION OF AGENT
TO ACT UNDER CORPORATE OR FIRM LICENSE**

To: **IDAHO DEPARTMENT OF INSURANCE**
700 W STATE ST FL 3
PO BOX 83720
BOISE ID 83720-0043
FAX: 208-334-4398

Notice is hereby given that _____
(Name of producer)

Idaho license #: _____ **RESIDENT STATE:** _____

Lines of Authority: _____ is to be added to our agency license
as an individual authorized to act under the firm license, effective _____.
(date of affiliation*)

Name of Agency: _____

Idaho license #: _____ **RESIDENT STATE:** _____

(Signature of Officer)

(printed name of officer)

(Officer's Title)

(Date)

NOTE:

1. This request must be signed by an officer of the firm.
2. Check the firm license record at www.doi.idaho.gov for confirmation.
3. Show agent/ agency names and Idaho license numbers exactly as they appear on Idaho license.
4. *Registrations cannot be backdated more than 15 days, or prior to license issue date.
5. Multiple registrations use page 2.

Contact name: _____ Phone #: _____

NO FEE REQUIRED

REGISTRATION OF AGENT TO ACT UNDER CORPORATE OR FIRM LICENSE cont.

For multiple listings of agents to be affiliated to firm listed on page 1, see below:

<u>Producer name</u>	<u>Idaho Lic #</u>	<u>Lines of Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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