

REACTIVATION FORM FOR BUSINESS

Date: _____ License Number: _____ FEIN (tax id) #: _____

Name: _____

Signature of officer: _____

PLEASE REACTIVATE THIS LICENSE. BELOW IS THE CURRENT ADDRESS INFORMATION. PLEASE ASSOCIATE _____, LICENSE # _____ AS OUR REGISTERED PRODUCER.

Business Address:

(Please include suite number if applicable)

Business Phone # _____ Ext. _____ Toll Free # _____

Fax Number: _____

E-Mail Address _____

Contact Name: _____

Mailing Address: _____

Mail completed form to address below. There is no fee for this transaction if there is time left on the agency license before expiration. Please contact us if you have any questions, 208-334-4250. **NOTE: If this license has expired, you will need to use the REINSTATEMENT FORM and pay the applicable fees.** Please contact your carriers to reactivate the agency appointments when you receive the license copy.

Mail to: **Idaho Department of Insurance**
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043

Phone: 208-334-4250

Fax: 208-334-4398
www.doi.idaho.gov

Contact: agent@doi.idaho.gov