

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street
Boise, Idaho 83720
Phone (208)334-4250

LETTER OF INTENT
APPLICATION FOR ACCREDITATION
REINSURANCE ONLY COMPANIES

This is to certify that the following company, _____, whose state of domicile is _____, is applying for accreditation as a reinsurance only company under Idaho Code Section 41-514(b).

The company intends to reinsure the following lines of business in the State of Idaho (please check the applicable lines; for more information, refer to Idaho Code Title 41, Chapter 5):

- Life
- Disability
- Property
- Marine and Transportation
- Casualty
- Workers' Compensation
- Surety
- Title
- Mortgage Guaranty

This will also certify that the company referenced above, if accredited, will submit to the jurisdiction of the State of Idaho, and that the company will submit to the authority of the Department of Insurance to examine its books and records.

Dated this _____ day of _____, 20 ____.

Signature of Officer

(SEAL)

Title