

INDIVIDUAL RENEWAL FORM

Instructions:

1. Complete entire application (2 pages) even if the information has not changed.
2. Renewals can be submitted no more than 60 days prior to expiration date.
3. Paper renewal forms must be postmarked on or before the expiration date.
4. Mail form, fee, and any additional documentation to: Idaho Department of Insurance, 700 W State St. Floor 3, PO Box 83720, Boise, ID 83720-0043
5. All questions and concerns regarding licensing or renewal of your license should be directed to Producer Licensing at 208-334-4339 or via email at agent@doi.idaho.gov.

Fees (Please check the license type you are renewing):

License Type	Fee	License Type Specific Requirements
<input type="checkbox"/> Producer License	\$80	<input type="checkbox"/> Residents must complete 24 hours of Continuing Education
<input type="checkbox"/> Independent Adjuster	\$80	<input type="checkbox"/> Residents must complete 24 hours of Continuing Education if license issued or last renewal submitted after 7/1/2015
<input type="checkbox"/> Public Adjuster	\$80	<input type="checkbox"/> Residents must complete 24 hours of Continuing Education; <input type="checkbox"/> All Public Adjusters must have a \$20,000 active bond
<input type="checkbox"/> Life Settlement Broker	\$300	<input type="checkbox"/> Producer License also renewed
<input type="checkbox"/> Life Settlement Provider	\$500	<input type="checkbox"/> Producer License also renewed
<input type="checkbox"/> Surplus Lines License	\$80	<input type="checkbox"/> Producer License also renewed
<input type="checkbox"/> Bail License	\$80	<input type="checkbox"/> Fingerprints done for renewal background check

Personal Information:

Date: _____ License Number: _____ NPN: _____

Name: _____

Residential Address: _____

Must be a physical address.
No PO Box allowed

City: _____ State: _____ Zip: _____

Business Address: _____ Business Name: _____

Must be a physical address.
No PO Box allowed

City: _____ State: _____ Zip: _____

Mailing Address: _____

- Same as Residential
 Same as Business
PO Box allowed

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Continuing Education (Residents Only):

- My license does not require CE (limited lines only.) My CE has been completed

Background Questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you been convicted of a crime, had a judgment withheld or deferred, or are currently charged with committing a crime, which has not PREVIOUSLY been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not previously been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have Child Support obligations in arrearage, which has not previously been reported to the Idaho DOI? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) How many months are you in arrearage: _____ | | |
| b) Are you currently subject to and in compliance with any repayment agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are you the subject of a child support related subpoena/warrant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In response to a “yes” answer to one or more of the background questions for this reinstatement application, are you submitting or have you already submitted document(s) to the NAIC/NIPR Attachments Warehouse? (If no, please attach them to this application.) | <input type="checkbox"/> | <input type="checkbox"/> |

Attestation:

- I hereby certify that, under penalty of perjury, all of the above information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director to be my service of process regarding all insurance matters in Idaho and agree that service upon the Director is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Director to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury, a) I have no child support obligation, b) I have a child support obligation and am currently in compliance with that obligation, or c) I have identified my child support obligation in arrearage on this application.
- I authorize the Idaho DOI to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and release the Idaho DOI and any persons acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the insurance laws and regulations of Idaho.
- I hereby certify that upon request, I will furnish Idaho certified copies of any documents attached to this application or requested by the Idaho DOI.

Signature:

Signature: _____ Date: _____