

State of Idaho
DEPARTMENT OF INSURANCE

700 West State Street, 3rd Floor
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Phone (208)334-4250
FAX # (208)334-4398
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VERIFIED STATEMENT OF MANAGING GENERAL AGENT

_____, as a Managing General Agent, does hereby certify that the Managing General Agent contracts with the following insurers contain the provisions required by Idaho Code § 41-1504.

(list insurers)

If Corporation or Other Legal Entity:

President

(Please type name below signature)

(S E A L)

Secretary

(Please type name below signature)

If Partnership:

Partner

(Please type name below signature)

If Individual

(Please type name below signature)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____

Notary Public

County of _____

State of _____

My commission expires _____