

SURPLUS LINE ASSOCIATION OF IDAHO, INC.

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MEMBERSHIP / LICENSEE REPORT

(Print legibly or type)

Date _____

Name _____

Firm _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

E-mail _____ Ph _____ Fax _____

(Please print clearly or type)

*I am an IDAHO licensed _____ Resident _____ Non-Resident
Surplus Line Broker and I hereby make application for membership in the Surplus
Line Association of Idaho, Inc. I agree to support the Constitution and By-Laws of
this Association and to abide by the Surplus Line Code and Rules of the State of
Idaho. I understand that I must notify the Surplus Line Association of Idaho if above
information changes or if my Idaho S/L license is not renewed.*

Idaho S/L Lic # _____ S/L Broker Signature _____

PLEASE NOTE:

*1) The Idaho S/L license is an individual license. You, as the licensed broker,
accept the responsibility and authority ... not the agency/brokerage firm. The
license and premium tax follow you, should you change firms. Bulletins to
brokers and notification of changes to Idaho's White List are sent via e-mail;
it is critical that you provide a valid e-mail address. Please print clearly above.*

*2) Membership in the SLA Idaho is mandatory. If this statement is not
completed and returned to the SLA of Idaho within 10 days of receipt, DOI
Licensing will be notified.*

★ *Within 10 days, email completed form to angelica@idahosurplusline.org
or: fax 208.336.2901*

Upon receipt of this form, we will forward information to facilitate your premium tax filings.