



IREC use only

License #: _____
Receipt #: _____
Approved: _____

INDEPENDENT ERRORS & OMISSIONS INSURANCE CERTIFICATION OF COVERAGE FOR COMPANY

This form must be completed by an authorized agent or employee of the insurance carrier. Altered or partially handwritten forms will not be accepted.

COMPANY NAME: _____

COMPANY LICENSE NUMBER: _____

INSURANCE AGENT: _____ PHONE: _____

ADDRESS: _____

INSURANCE COMPANY: _____ PHONE: _____

ADDRESS: _____

POLICY NUMBER: _____

POLICY DATES: Effective _____ Expiration _____

PURCHASE DATE: _____ PURCHASE TIME: _____

Coverage Limits: \$ _____ Per Occurrence \$ _____ Aggregate

SPECIFY TYPE OF POLICY:

COMPANY ONLY (no individual licensees)

BROKERAGE (FIRM) This policy covers the company AND all licensees* associated with the office.
***Attach a list of licensees and license numbers covered by this policy.**

I hereby certify that the above information is correct. The licensee named is covered for all activities licensed under Chapter 20, Title 54, Idaho Code, and the above-referenced policy meets the standards and coverage requirements of Idaho Code 54-2013 and IDAPA 33.01.01.119.

I specifically certify that the Insurance Company named above currently maintains an A.M. Best Company rating of B+ or better, and an A.M. Best Financial Size Category of Class VI or higher, as required by IDAPA 33.01.01.119.03.

It is understood and agreed that the Insurance Company will not terminate, cancel, lapse, fail or refuse to renew or modify the policy without first providing the Commission and the licensee with thirty (30) days written notice.

SIGNATURE: _____ TITLE: _____
Insurance Representative

DATE: _____

Falsification of this Certification by an insurance representative is punishable under Idaho Code 41-1321. A real estate licensee who knowingly submits a false Certification is subject to discipline, including but not limited to suspension or revocation of the license. IDAPA 33.10.10.122.