



State of Idaho
Division Of Occupational and Professional Licenses
Real Estate Commission

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
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**INDEPENDENT ERRORS & OMISSIONS INSURANCE
CERTIFICATION OF COVERAGE FOR COMPANY**

This form must be completed by an authorized agent or employee of the insurance carrier.

Brokerage Information

Brokerage Name: _____

Brokerage License No.: _____

Insurance Information

Insurance Company: _____ Insurance Agent: _____

Address: _____ Phone No.: _____

Policy No.: _____ Policy Effective Date: _____ Policy Expiration Date: _____

Policy Purchase Date: _____ Policy Purchase Time: _____

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

SPECIFY TYPE OF POLICY:

- Company Only (no individual licensees are covered)
- Brokerage Firm (this covers the company AND all licensees associated with the office.)

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 24.37.01.118.

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 24.37.01.118.01.

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 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 24.37.01.122.