



**IREC use only**

License #: \_\_\_\_\_

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.

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: \_\_\_\_\_  
Insurance Representative

TITLE: \_\_\_\_\_

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.**