



IDAHO DEPARTMENT OF FINANCE

Mail: P.O. Box 83720
Boise, Idaho 83720-0031

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Idaho Code 30-912 addresses the transferability of an Idaho Escrow license. The Department requires new licensure for any change in control that includes a name and address change. However, if the change is limited to a change in principal officers and equity owners, the Department may approve the change after completing background reviews.

Your completion of this form will provide the Department with information needed to initiate our review.

License Entity Name:		
Main/Home Office License No.:		
PLEASE ANSWER THE FOLLOWING.		
1.	Will the Supervising Escrow/Exchange Officer change due to the change in control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "YES," provide Attachment B and Attachment C of the application. The Supervising Officer must demonstrate a minimum of three (3) years supervisory experience over escrow and/or 1031 exchange activity.</i>		
2.	Has the licensee made any changes to its name, d/b/a or structure type?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	If the change in control will result in new contact information please identify the name, mailing address, email and phone numbers for the licensee's contact person for the following:	
Complaints:		
Address:		
E-mail Address:		Phone:
Compliance (licensing, exams):		
Address:		
E-mail Address:		Phone:
4.	A. List all proposed principal officers and title held directors, partners, and members. (Attach addendum if necessary)	
Name & Title	Principal Office Address	% Ownership
Name & Title	Principal Office Address	% Ownership
Name & Title	Principal Office Address	% Ownership
Name & Title	Principal Office Address	% Ownership
Name & Title	Principal Office Address	% Ownership

B. List all persons that will have a 10% or greater equity interest not listed above.		
Name	Principal Office Address	% Ownership
Name	Principal Office Address	% Ownership
Name	Principal Office Address	% Ownership
5.	Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.	
A.	Are there any civil or criminal proceedings pending <u>or</u> civil or criminal convictions, plea of nolo contendere, withheld judgment or plea to lesser charge entered against proposed principal officers or owners that involve theft, fraud, dishonest dealings or moral turpitude? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Have the proposed principal officers or owners ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has any state or federal government agency denied the proposed principal officers or owners a license? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Have the proposed principal officers or owners been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, cease and desist or the revocation or suspension of any business license or permit? <i>If yes, attach explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Read the following questions carefully, if the answer is yes to any of the questions, a replacement to the item will need to be provided prior to the Department's approval. <i>COVERAGE FOR ALL POLICIES SHOULD BE CONTINUOUS (no lapse in coverage). Insurer must notify the Department 30 days prior to cancellation.</i>	
A.	Is the licensee's Surety Bond policy going to change? If the answer is yes, a new Surety Bond will need to be provided to the Department. (Form has been attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Is the licensee's Fidelity Bond policy going to change? If the answer is yes, a new Fidelity Bond certificate of liability insurance will need to be provided to the Department. (See the insurance information sheet for further instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Is the Licensee's Errors and Omission policy going to change? If the answer is yes, a new Errors and Omission certificate of liability insurance will need to be provided to The Department. (See the insurance information sheet for further instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Is the licensee's Trust Account going to change? If the answer is yes, attach new Authorization to Examine Trust Account. (Form has been attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	SUBMIT THE FOLLOWING ATTACHMENTS:	
A.	Authority Sheet completed and notarized for everyone listed in section #4. (See Attachment B)	
B.	A current 3-year employment/experience form for everyone listed in section #4.(See Attachment C)	
C.	Provide a roster of personnel at this location. Include name and title. (NOTE: If your business has 75 or more employees, provide a roster of those new employees added since last renewal)	

APPLICATION AFFIDAVIT

I, on behalf of licensee, understand and certify that in accordance with Idaho Code 30-907(2) information contained in this application shall be updated and filed with the director as necessary to keep the information current.

Signed this ____ day of _____ 20____

Name of Company

By: _____
Signature of Authorized Person

Print Name and Title

.....

STATE OR COMMONWEALTH OF _____

COUNTY / PARISH OF _____

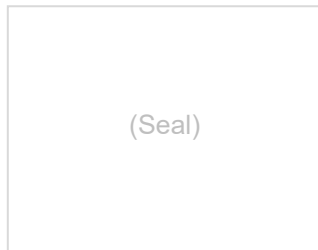
_____ personally came and appeared before me, the undersigned
(authorized person above)

notary, and declared under oath that she/he is the _____ of
(Title)

_____, that she/he is authorized to sign and submit the attached
(Name of Company)

application and that all statements and representations made therein are true and correct to the best of his/her knowledge, information and belief.

Sworn to and subscribed before me on this the ____ day of _____ 20____



Notary Public

Print Name of Notary Public

Date Commission Expires: _____

Attachment [B]

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

TO BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 4 ON PAGE 1 & ANY INCORPORATOR

Name: _____ Social Security #: XXX-XX-____

List any other name used (e.g. maiden, prior marriage, nickname, other legal change, etc.)

Home Address, City, State, Zip Code:

Date of Birth: _____ Home Telephone No: _____

Read the following questions carefully. If the answer is "yes" to any of the questions within the past ten years, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.

- | | | |
|----|--|--|
| 1. | Have any civil judgments been entered against you during the past 10 years? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 2. | Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 3. | Have you been convicted of, entered a plea of Nolo Contendere, or received a withheld judgment to a felony? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 4. | Have you ever been convicted of, entered a plea of Nolo Contendere or received a withheld judgment to any misdemeanor involving theft, fraud, or dishonesty? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 5. | Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 6. | Have you been subject to any enforcement proceedings by any State or Federal government agency involving a cease and desist order, denial, revocation or suspension of any business, fines or penalties? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 7. | Have you been discharged for cause, been requested to resign from any employment position, or has any professional or occupational license or permit or your right to engage in any business been refused or restricted in any jurisdiction? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |
| 8. | Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in any state, or by the federal government, or by any other jurisdiction? | <input type="checkbox"/> Yes (<i>attach explanation</i>) <input type="checkbox"/> No |

I hereby authorize the licensing authority, to make inquiries of any insurer, financial institution or credit bureau for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.

I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.

Signature

SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20____.
AT: _____, _____
(City) (State or Commonwealth)

(Seal)	_____ Signature of Notary Public
	_____ Print Name of Notary Public
	_____ Date Commission Expires

Attachment [C]

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 3 YRS

Each sole proprietor, officer, director, partner, member, manager, supervising escrow agent, and 10% or greater equity owner of applicant must fill out this form. **You may submit your own résumé as long as it includes ALL the information listed below.** Explain any gaps in work history. (*Attach additional sheets, if necessary*)

Name:			
Employer Name:		Start Date (mo/yr)	End Date (mo/yr)
Employer Address & Phone:			
Position AND Brief Description of Duties (job titles alone are not sufficient)			
Reason for Leaving			

Name:			
Employer Name:		Start Date (mo/yr)	End Date (mo/yr)
Employer Address & Phone:			
Position AND Brief Description of Duties (job titles alone are not sufficient)			
Reason for Leaving			

Name:			
Employer Name:		Start Date (mo/yr)	End Date (mo/yr)
Employer Address & Phone:			
Position AND Brief Description of Duties (job titles alone are not sufficient)			
Reason for Leaving			



**ESCROW AGENCY
AUTHORIZATION TO EXAMINE TRUST ACCOUNT(S)**

To: State of Idaho, Department of Finance, Securities Bureau

For: _____
Escrow Agency Company Name

The undersigned, a principal officer or authorized signer of the above applicant/licensee, hereby certifies that such firm has established and maintains a trust account(s) in compliance with the Idaho Escrow Act, Idaho Code § 30-901 *et seq.*, and that each trust account held for this purpose is correctly identified below:

Trust Account No.: _____
Financial Institution: _____
Idaho Branch: _____
Street Address: _____
City State Zip Code

- The undersigned hereby authorizes the Director of the Department of Finance, or designee, to examine the above described Trust Account(s).
- The undersigned further authorizes the above listed financial institution(s) to release to the Director, or designee, information relating to the Trust Account(s) listed above, such information to include all account records and information.
- The undersigned acknowledges responsibility to notify the Department of any change of financial institution and/or account number(s).

Signature of officer/authorized signer *date*

Print name legibly *title*

BANK VERIFICATION

Account No.: _____ Date Established: _____
Verified by: _____ On Behalf of: _____
Print bank representative name and title *Print name of bank or financial institution*
Signature: _____ Date: _____

(BANK SIGNATURE MUST BE NOTARIZED)

Signed and sworn before me by: _____ this ____ day of _____ 20 ____.
Print bank representative name

Signature of notary public *Print name of notary public*
My Commission Expires: _____

Notary Public in and for the _____, County / Parish of _____
State or Commonwealth of _____

SECURITIES BUREAU



INSURANCE INFORMATION SHEET

PLEASE PAY ATTENTION TO THESE REQUIREMENTS

Fidelity Bond (also known as “commercial crime bond”) carries a minimum coverage requirement of \$200,000. Maximum deductible allowed is \$10,000. This bond must cover the licensee as well as each principal, corporate officer, managing member, employee and escrow officer. The insurance certificate shall either list the above mentioned positions, list current staff by name, or state “in compliance with Idaho Code § 30-909(1).” Additionally, the bond must reference the “Idaho Department of Finance” as the Certificate Holder.

Errors & Omissions Insurance (also known as “professional liability”) carries a minimum coverage requirement of \$50,000 and must cover the licensee; or applicant/licensee must provide other evidence of compliance with Idaho Code § 30-909(2). Additionally, the bond must reference the “Idaho Department of Finance” as the Certificate Holder.

Surety Bond coverage for initial licensure is \$20,000, and the applicant entity shall be named as principal. Said principal must match exactly to that as filed with the Idaho Secretary of State. Coverage at license renewals will be in accordance with Idaho Code § 30-909(3). Any alternative to surety bond coverage must be in accordance with Idaho Code § 30-909(6).

Note: The Director will waive the surety bond requirement if the licensee meets their financial responsibility requirements by maintaining a \$1 million fidelity bond with a deductible no greater than \$10,000 and maintaining a \$250,000 errors and omissions policy. See Policy Statement No. 2007-4 dated July 23, 2007 (available on the Department’s website, www.finance.idaho.gov, under “Policies, Idaho Escrow Act”)

Cancellation notices for all insurance coverage must be provided to the Idaho Department of Finance in writing at least 30 days prior to cancellation. Any disclaimers such as “*will endeavor*” and “*failure to notify imposes no liability*” are not acceptable.

Reinstatement notices and renewals of coverage are the responsibility of the applicant/licensee to provide and place on file with the Department, not that of the insurance provider.

IDAHO DEPARTMENT OF FINANCE

Securities Bureau

11341 W. Chinden Blvd., Suite. A300, Boise, ID 83714-1021

Mail To: P.O. Box 83720, Boise, ID 83720-0031

Phone: (208) 332-8004 Fax: (208) 332-8099

<http://www.finance.idaho.gov>

PROTECTING THE INTEGRITY OF IDAHO FINANCIAL MARKETS



STATE OF IDAHO
DEPARTMENT OF FINANCE
Securities Bureau
Boise, ID 83720-0031
(208) 332-8004

Bond No.: _____

Effective Date: _____

SURETY BOND FOR ESCROW AGENCY

KNOW ALL MEN BY THESE PRESENTS, that, pursuant to the requirements of Idaho Code § 30-909(3), we, _____, as Principal, and _____, a corporation duly incorporated under the laws of the state of _____, and authorized to do business in the state of Idaho, as Surety, are held and firmly bound unto the State of Idaho in the penal sum of \$ _____, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents.

In the event that the Principal or any employee or agent of the Principal fails to faithfully conform to and abide by the requirements of the “Idaho Escrow Act,” Idaho Code § 30-901, *et seq.*, and any rule or order promulgated or issued thereunder, and has damaged or caused loss to any person by any such act or omission, then the bond shall be forfeited and paid by the Surety to all persons who suffer loss or damage by such act or omission or to the State of Idaho for the benefit of any person suffering such loss or damage, and/or paid to the State of Idaho for costs incurred or charges made in connection with any escrow agency’s insolvency or default.

This bond shall be a continuing obligation of the Surety. The Surety's liability under this bond for any claim that is made thereunder, either individually or in the aggregate, shall in no event exceed the penal amount of the bond issued.

PROVIDED, FURTHER, that the Surety may cancel this bond as an entirety by giving thirty (30) days’ written notice by registered mail to the Idaho Department of Finance at Boise, Idaho and to the Principal hereunder. In case of such cancellation by the Surety, no further obligation shall be incurred under this bond after the expiration of said thirty (30) days, but the liability of the Principal and Surety shall apply as above set out as to any acts or omissions which may have occurred prior to the effective date of such cancellation.

(COMPANY NAME OF PRINCIPAL)

(AUTHORIZED SIGNATURE AND TITLE)

Date

(NAME OF SURETY COMPANY)

(SIGNATURE OF OFFICER OF SURETY COMPANY)

Date

(TITLE OF SURETY COMPANY OFFICER)