INSTRUCTIONS
APPLICATION FOR IDAHO ESCROW AGENCY LICENSE

This application will not be considered complete until this office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.

No. 1 Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the Secretary of State.

No. 2 If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of assumed business name filed with the Idaho Secretary of State.

No. 3 Street address of the corporate/home/main office location that will appear on the face of the license.

No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.

No. 5 Main office phone number, fax number, web site and/or e-mail address.

No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.

No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.

No. 8 Self-explanatory

No. 9 Self-explanatory

No. 10 Self-explanatory

No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") Registered Agent must be a person located in the state in which you are applying.

No. 12 Self-explanatory

No. 13 Self-explanatory

No. 14 Self-explanatory

No. 15 Self-explanatory

No. 16 List the name, title, complete address, and percentage of ownership of each director, manager, member, partner all 10% or greater equity owners, and the supervising escrow agent. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, limited partners or others that own equity in the business seeking licensure. The supervising escrow agent must demonstrate a minimum of three (3) years of supervisory experience in relation to an escrow business.

No. 17 Self-explanatory

No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

Please submit all items simultaneously. All approved licensees are posted to the Department's website daily.
www.finance.idaho.gov

Mail completed application, attachments and fees to the Idaho Department of Finance:
USPS: P.O. Box 83720, Boise, Idaho 83720-0031
Overnight/delivery: 11341 W. Chinden Blvd., Suite A300, Boise, Idaho 83714-1021

REVISED 03/2016	**APPLICATION FOR IDAHO ESCROW AGENCY LICENSE**	☐ Escrow ☐ 1031 Exchange ☐ Both

1.	Full legal name of applicant *(attach secretary of state certificate from the state in which you are applying):*			
2.	Trade name, dba, or assumed name of applicant, if applicable: *(attach registration documentation/certificate)*	Fed. Tax I.D. #:		
3.	Home/main office street address:			
	City:	State:	Zip Code:	
4.	Mailing address (street or post office box):			
	City:	State:	Zip Code:	
5.	Business Phone No:	Business Fax No:		
	E-mail address:	Website:		
6.	Type Of Organization**:**			
	☐ Corporation	☐ Sole Proprietorship	☐ Limited Liability Partnership	
	☐ Limited Liability Company (LLC)	☐ General Partnership	☐ Other (Explain)	
7.	State/Commonwealth of Incorporation:	Date of Incorporation/Organization:		
8.	Does applicant engage in any business activity other than escrow activity? ☐ Yes (If yes, attach description of activity.) ☐ No			
9.	Physical address of location at which the official books and records of the applicant are kept:			
	City:	State:	Zip Code:	Phone No:
10.	Does applicant engage in escrow activity through electronic or automated mediums, such as the internet? ☐ Yes (if yes, attach description of activity and web site address.) ☐ No			
11.	Registered agent for service of legal process: ***(must be located in Idaho)***			
	Name:			
	Mailing Address:			
	City:	State:	Zip Code:	Phone No:
12.	Person authorized to answer questions pertaining to this application:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No:
	E-Mail Address:	Fax No:		

13.	Person authorized to answer regulatory compliance issues:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No:
	E-Mail Address:		Fax No:	
14.	Person authorized to answer consumer complaints:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No:
	E-Mail Address:		Fax No:	

15. State Reference: Enter appropriate number in the box for each jurisdiction where the applicant is or has ever been licensed to engage in escrow business.

Enter "1" if applicant **is newly applying** in that jurisdiction
Enter "2" if applicant has a **pending application** in that jurisdiction
Enter "3" if applicant **is already licensed/registered** in that jurisdiction
Enter "4" if applicant **is surrendering/canceling** in that jurisdiction
Enter "5" if applicant **was formerly licensed/registered** in that jurisdiction

AL		FL		LA		NE		OK		VT	
AK		GA		ME		NV		OR		VA	
AZ		HI		MD		NH		PA		WA	
AR		ID		MA		NJ		RI		WV	
CA		IL		MI		NM		SC		WI	
CO		IN		MN		NY		SD		WY	
CT		IA		MS		NC		TN			
DE		KS		MO		ND		TX		GUAM	
DC		KY		MT		OH		UT		PR	

- For each state marked, attach a written explanation which includes the name and address of the state regulatory entity issuing the license. (A copy of the State issued license is satisfactory.)
- If applicant has been examined by the regulatory entity issuing the license, please include the date of the most recent examination. If applicant has not been examined, please mark N/A.

16. A. List all 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 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

	C. List designated Supervising Escrow Agent. This person agrees to supervise diligently and control the escrow related activities of its agents, employees and independent contractors in accordance with Idaho Code 30-919(9).		
Name		Principal Office Address	% Ownership
17.	**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 against the applicant or civil or criminal convictions, plea of nolo contendere, withheld judgment or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude? *If yes, attach explanation.*		☐ Yes ☐ No
B.	Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? *If yes, attach explanation.*		☐ Yes ☐ No
C.	Has any state or federal government agency denied the applicant a license? *If yes, attach explanation.*		☐ Yes ☐ No
D.	Is/has the applicant 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? *If yes, attach explanation.*		☐ Yes ☐ No
18.	Is applicant a subsidiary?		☐ Yes ☐ No
	Parent company name:		
	Mailing Address:		
	City:	State:	Zip Code:
19.	Is applicant an affiliate or subsidiary of a title insurance company? ☐ Yes ☐ No		
	If yes, please identify title insurance company		

IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS IN THE ORDER LISTED. THE APPLICATION WILL BE DEEMED INCOMPLETE WITHOUT THIS INFORMATION. EACH ATTACHMENT SHOULD BE A SEPARATE, LABELED EXHIBIT:

A.	Application fee of $350.00, non-refundable, payable to the Idaho Department of Finance
B.	Authority Sheet completed and notarized for everyone listed in #16. (See Attachment B)
C.	A current 3-year employment/experience form for everyone listed in #16.(See Attachment C)
D.	Provide file stamped copies of the following, whichever are applicable. Contact the Idaho Secretary of State at (208) 334-2300 for forms or questions: 1. Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized. 2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments, and an Idaho certificate of authority (if outside Idaho). 3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization, operating agreement and an Idaho application for registration of foreign limited liability company (if outside Idaho). 4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership agreement and appropriate corresponding additional Idaho filing (if outside Idaho). 5. If applicant intends to use a "d/b/a" or "fictitious" business name provide a copy of the certificate of assumed business name for each name.
E.	Authorization to Examine Trust Account—each account must be identified by the term "escrow trust account," on checks, deposit slips and with the depository.
F.	Provide a roster of personnel at this location. Include name and title.
G.	A Balance Sheet, and Profit and Loss Statement dated within 90 days of the application.
H.	Surety bond--$20,000 for initial application (original with all attachments, POA, etc).
I.	Fidelity Bond--$200,000 with a maximum deductible of $10,000, covering applicant, each corporate officer, partner, managing member, escrow agent and employee of the applicant.
J.	E&O Insurance Policy—minimum coverage $50,000 covering applicant (or approved alternative coverage as per Idaho Code 30-909(2)). ***COVERAGE FOR ALL POLICIES SHOULD BE CONTINUOUS*** *(no expiration date, no lapse in coverage). Insurer must notify the Department 30 days prior to cancellation.*

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____

(Seal)

_____
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 # 16 ON PAGE 2 & 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, and judgment amounts.

1.	Have any civil judgments been entered against you during the past 10 years?	☐ Yes (*attach explanation*) ☐ No
2.	Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	☐ Yes (*attach explanation*) ☐ No
3.	Have you been convicted of, entered a plea of Nolo Contendere, or received a withheld judgment to a felony?	☐ Yes (*attach explanation*) ☐ 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?	☐ Yes (*attach explanation*) ☐ No
5.	Have you been the subject of bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	☐ Yes (*attach explanation*) ☐ 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?	☐ Yes (*attach explanation*) ☐ 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?	☐ Yes (*attach explanation*) ☐ 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?	☐ Yes (*attach explanation*) ☐ 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			

IDAHO
DEPARTMENT OF FINANCE

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
State or Commonwealth of _____, County / Parish of _____

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

IDAHO
DEPARTMENT OF FINANCE

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
P.O. Box 83720
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)

(Effective Date of Form: 3/18)