

Company Name: _____
Surety Code: _____

PREMIUM TAX PREPARER:

ENTER ALL CHANGES/UPDATES BELOW:

Contact Name: _____
Phone #: _____
Fax #: _____
Toll Free #: _____
Address: _____

City/State/Zip: _____
Send Email to: _____

FORM 36 PREPARER:

Contact Name: _____
Phone #: _____
Fax #: _____
Toll Free #: _____
Address: _____

City/State/Zip: _____
Send Email to: _____

IC2, IC327, REPORT PREPARERS:

Contact Name: _____
Phone #: _____
Fax #: _____
Toll Free #: _____
Address: _____

City/State/Zip: _____
Send Email to: _____

This form completed by:

Name: _____
Phone #: _____
Email: _____
Date: _____

Return this form to:

Idaho Industrial Commission
Attn: Financial Specialist
Fiscal Section
PO Box 83720
Boise, ID 83720-0041

Company Name: _____ Surety Code: _____

ISIF ASSESSMENT BILLINGS:	ENTER ALL CHANGES/UPDATES BELOW:
Contact Name:	_____
Phone #:	_____
Fax #:	_____
Toll Free #:	_____
Address:	_____ _____
City/State/Zip:	_____
Send Email to:	_____

SECURITIES DEPOSITS:	
Contact Name:	_____
Phone #:	_____
Fax #:	_____
Toll Free #:	_____
Address:	_____ _____
City/State/Zip:	_____
Send Email to:	_____

NOTE: If you have any questions, please contact one of the following Financial Specialists.
For company names beginning with:

- A - L Alan Pace: (208) 334-6083 or alan.pace@iic.idaho.gov
- M - Z Vanessa Castro: (208) 334-6026 or vanessa.castro@iic.idaho.gov

This form completed by:

Name: _____
Phone #: _____
Email: _____
Date: _____

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Fiscal Section
PO Box 83720
Boise, ID 83720-0041

Company Name: _____
Surety Code: _____ For questions please call Employer Compliance at
(208) 334-6060 or send email to suretyrequest@iic.idaho.gov

IDAHO CLAIMS ADMINISTRATOR: ENTER REQUIRED INFORMATION BELOW:
[Each insurance company is required to maintain a claims office in the state of Idaho or to designate a third party claims administrator with an office in the state of Idaho. If your company uses multiple third party claims administrators in Idaho, attach a list containing the insured name, policy number, effective date, and the third party claims administrator assigned to that insured.]

Claims Administrator: _____
Contact Person: _____
Address: _____

City/State/Zip: _____
Phone#: _____
Fax #: _____
Toll Free #: _____
Email Address: _____

This form completed by:

Name: _____
Phone #: _____
Email: _____
Date: _____

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Fiscal Section
PO Box 83720
Boise, ID 83720-0041

Company Name: _____
Surety Code: _____ For questions please call Patti Vaughn at (208) 334-6063 or
send email to patti.vaughn@iic.idaho.gov

COMPLIANCE OFFICER/CONTACT: ENTER ALL CHANGES/UPDATES BELOW:
[Person to contact for audits and non-compliance issues]
Contact Name: _____
Phone#: _____
Fax #: _____
Toll Free #: _____
Address: _____
City/State/Zip: _____
Send email to: _____

This form completed by:

Name: _____
Phone #: _____
Email: _____
Date: _____

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