

# Idaho Industrial Commission

## Contact Form

<b>COMPANY NAME:</b>		
<b>NAIC:</b>		
<b>ENTER ALL CHANGES/UPDATES BELOW</b>		
<b>Contact Type:</b>	<b>IC-4008 Premium Tax</b>	<b>ISIF Assessment Bills</b>
Contact Name:		
Phone, Fax (F):		
Address Line 1:		
Address Line 2:		
City, State, ZIP:		
E-Mail:		
Second E-Mail:		
<b>Contact Type:</b>	<b>IC-36 Unpaid Awards</b>	<b>IC-2/327 Loss Report</b>
Contact Name:		
Phone, Fax (F):		
Address Line 1:		
Address Line 2:		
City, State, ZIP:		
E-Mail:		
Second E-Mail:		
<b>Contact Type:</b>	<b>Security Deposits</b>	
Contact Name:		<b>PLEASE SUBMIT THIS REPORT WHENEVER REQUESTED, OR PERSONNEL CHANGES TO <a href="mailto:wca@iic.idaho.gov">WCA@IIC.IDAHO.GOV</a></b>  <b>Or Mail to:</b> Idaho Industrial Commission ATTN: Fiscal PO Box 83720 Boise, ID 83720-0041
Phone, Fax (F):		
Address Line 1:		
Address Line 2:		
City, State, ZIP:		
E-Mail:		
Second E-Mail:		

THIS FORM COMPLETED BY:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**For questions on above contact types,  
please contact below Financial Specialists**

**For company names beginning with:**  
**A-M:** Alan Pace at (208) 334-6083  
**N-Z:** Eric Summers at (208) 334-6026  
[wca@iic.idaho.gov](mailto:wca@iic.idaho.gov)

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<b>COMPANY NAME:</b>			
<b>NAIC:</b>			
<b>Primary Idaho Claims Administrator</b>	<p>Each insurance company is required to maintain a claims office in the State of Idaho, or to designate a third-party claims administrator (TPA) with an office in the state of Idaho. The insurance company must designate a <i>primary</i> claims administrator and report any change as it occurs. Additionally, the FEIN of the claims administrator must be included in the Proof of Coverage EDI filing for every policy.</p> <p>For questions, please contact Benefits at (208) 334-6000 or <a href="mailto:FROI@iic.idaho.gov">FROI@iic.idaho.gov</a>.</p>		
	<b>ENTER ALL CHANGES/UPDATES BELOW</b>		
	<b>Claims Administrator Company</b>	<b>FEIN:</b>	
	<b>Insurance Company's Contact*</b>	<b>Contact Name:</b>	
		<b>Phone:</b>	
		<b>E-Mail:</b>	
<i>*for Inquiries Regarding TPA Designations</i>			
<b>Compliance Contact</b>	Contact for audits and non-compliance issues.		
	<b>ENTER ALL CHANGES/UPDATES BELOW</b>		
	<b>Contact Name:</b>		
	<b>Title:</b>		
	<b>Phone:</b>		
<b>E-Mail:</b>			

THIS FORM COMPLETED BY:

**PLEASE SUBMIT THIS REPORT  
WHENEVER REQUESTED, OR  
PERSONNEL CHANGES TO**

**[FROI@IIC.IDAHO.GOV](mailto:FROI@IIC.IDAHO.GOV)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_