

# 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> |
| <b>Contact Name:</b>  |                            |                              |
| <b>Phone, Fax (F):</b>  |                            |                              |
| <b>Address Line 1:</b>  |                            |                              |
| <b>Address Line 2:</b>  |                            |                              |
| <b>City, State, ZIP:</b>  |                            |                              |
| <b>E-Mail:</b>  |                            |                              |
| <b>Second E-Mail:</b>   |                            |                              |
| <b>Contact Type:</b>  | <b>IC-36 Unpaid Awards</b> | <b>IC-2/327 Loss Report</b>  |
| <b>Contact Name:</b>  |                            |                              |
| <b>Phone, Fax (F):</b>  |                            |                              |
| <b>Address Line 1:</b>  |                            |                              |
| <b>Address Line 2:</b>  |                            |                              |
| <b>City, State, ZIP:</b>  |                            |                              |
| <b>E-Mail:</b>  |                            |                              |
| <b>Second E-Mail:</b>   |                            |                              |
| <b>Contact Type:</b>  | <b>Security Deposits</b>   |                              |
| <b>Contact Name:</b>  |                            |                              |
| <b>Phone, Fax (F):</b>  |                            |                              |
| <b>Address Line 1:</b>  |                            |                              |
| <b>Address Line 2:</b>  |                            |                              |
| <b>City, State, ZIP:</b>  |                            |                              |
| <b>E-Mail:</b>  |                            |                              |
| <b>Second E-Mail:</b>   |                            |                              |
| <b>PLEASE SUBMIT THIS REPORT<br/>WHENEVER REQUESTED, OR<br/>PERSONNEL CHANGES TO<br/><a href="mailto:WCA@IIC.IDAHO.GOV">WCA@IIC.IDAHO.GOV</a></b> |                            |                              |
| <b>Or Mail to:</b><br>Idaho Industrial Commission<br>ATTN: Fiscal<br>PO Box 83720<br>Boise, ID 83720-0041   |                            |                              |

THIS FORM COMPLETED BY:

Name: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_  
 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: Jinny Geyer at (208) 334-6026  
[wca@iic.idaho.gov](mailto:wca@iic.idaho.gov)

# Idaho Industrial Commission

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|   |   |                             |               |                |                |                                     |                      |  |               |  |                |
|---|---|-----------------------------|---------------|----------------|----------------|-------------------------------------|----------------------|--|---------------|--|----------------|
| <b>Primary Idaho Claims Administrator</b> | <b>COMPANY NAME:</b>  |                             |               |                |                |                                     |                      |  |               |  |                |
|   | <b>NAIC:</b>  |                             |               |                |                |                                     |                      |  |               |  |                |
|   | 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. |                             |               |                |                |                                     |                      |  |               |  |                |
|   | For questions, please contact Benefits at (208) 334-6000 or <a href="mailto:FROI@iic.idaho.gov">FROI@iic.idaho.gov</a> .  |                             |               |                |                |                                     |                      |  |               |  |                |
|   | <b>ENTER ALL CHANGES/UPDATES BELOW</b>  |                             |               |                |                |                                     |                      |  |               |  |                |
|   | <table border="1"><tr><td><b>Claims Administrator</b></td><td><b>FEIN:</b></td></tr><tr><td><b>Company</b></td><td><b>Name:</b></td></tr><tr><td><b>Insurance Company's Contact*</b></td><td><b>Contact Name:</b></td></tr><tr><td></td><td><b>Phone:</b></td></tr><tr><td></td><td><b>E-Mail:</b></td></tr></table>  | <b>Claims Administrator</b> | <b>FEIN:</b>  | <b>Company</b> | <b>Name:</b>   | <b>Insurance Company's Contact*</b> | <b>Contact Name:</b> |  | <b>Phone:</b> |  | <b>E-Mail:</b> |
| <b>Claims Administrator</b>               | <b>FEIN:</b>  |                             |               |                |                |                                     |                      |  |               |  |                |
| <b>Company</b>                            | <b>Name:</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>  |                             |               |                |                |                                     |                      |  |               |  |                |
|   | <table border="1"><tr><td><b>Contact Name:</b></td></tr><tr><td><b>Title:</b></td></tr><tr><td><b>Phone:</b></td></tr><tr><td><b>E-Mail:</b></td></tr></table>  | <b>Contact Name:</b>        | <b>Title:</b> | <b>Phone:</b>  | <b>E-Mail:</b> |                                     |                      |  |               |  |                |
| <b>Contact Name:</b>                      |   |                             |               |                |                |                                     |                      |  |               |  |                |
| <b>Title:</b>                             |   |                             |               |                |                |                                     |                      |  |               |  |                |
| <b>Phone:</b>                             |   |                             |               |                |                |                                     |                      |  |               |  |                |
| <b>E-Mail:</b>                            |   |                             |               |                |                |                                     |                      |  |               |  |                |

THIS FORM COMPLETED BY:

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

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

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