Idaho Industrial Commission

Self-Insurer Contact Form

COMPANY NAME:		
FEIN:		
ENTER ALL CHANGES/UPDATES BELOW		
Contact Type:	**IC-4010 Premium Tax**	**ISIF Assessment Bills**
Contact Name:		
Phone, Fax (F):		
Address Line 1:		
Address Line 2:		
City, State, ZIP:		
E-Mail:		
Second E-Mail:		
Contact Type:	**IC-211 Unpaid Awards**	**IC-2/327 Loss Report**
Contact Name:		
Phone, Fax (F):		
Address Line 1:		
Address Line 2:		
City, State, ZIP:		
E-Mail:		
Second E-Mail:		
Contact Type:	**Security Deposits**	
Contact Name:		**PLEASE SUBMIT THIS REPORT WHENEVER REQUESTED, OR PERSONNEL CHANGES TO** WCA@IIC.IDAHO.GOV **Or Mail to:** 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

A-M: Alan Pace at (208) 334-6083
N-Z: Jinny Geyer at (208) 334-6026
wca@iic.idaho.gov

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COMPANY NAME:		
NAIC:		

Primary Idaho Claims Administrator

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 *primary* 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 FROI@iic.idaho.gov.

ENTER ALL CHANGES/UPDATES BELOW

Claims Administrator Company	**FEIN:**	
	Name:	
Insurance Company's Contact*	**Contact Name:**	
	Phone:	
	E-Mail:	

**for Inquiries Regarding TPA Designations*

Compliance Contact

Contact for audits and non-compliance issues.

ENTER ALL CHANGES/UPDATES BELOW

Contact Name:	
Title:	
Phone:	
E-Mail:	

THIS FORM COMPLETED BY:

Name: _____ Date: _____

E-Mail: _____ Phone: _____

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FROI@IIC.IDAHO.GOV