

Table of Contents

18.01.42 - LISTING FEES - SURPLUS LINES INSURERS

000. LEGAL AUTHORITY.	2
001. TITLE AND SCOPE.	2
002. - 010. (RESERVED).	2
011. LISTING FEES PREREQUISITE TO SURPLUS LINES INSURERS' ELIGIBILITY.	2
012. -- 999. (RESERVED).	2

**IDAPA 18
TITLE 01
Chapter 42**

18.01.42 - LISTING FEES - SURPLUS LINES INSURERS

000. LEGAL AUTHORITY.

This rule is promulgated pursuant to authority granted by 41-268, Idaho Code, 41-1232, Idaho Code, and Chapter 52 of Title 67, Idaho Code. (7-1-93)

001. TITLE AND SCOPE.

The purpose of this rule is to ensure that all insurers, as defined in 41-103, Idaho Code, contribute to the Arson, Fire, and Fraud Prevention Account. (7-1-93)

002. - 010. (RESERVED).

011. LISTING FEES PREREQUISITE TO SURPLUS LINES INSURERS' ELIGIBILITY.

01. Arson, Fire, and Fraud Prevention Account. Section 41-268, Idaho Code, establishes the Arson, Fire, and Fraud Prevention Account in the agency asset fund in the State Treasury. Subsections (2), (3), and (6) of Section 41-268, Idaho Code, require the Director to assess insurers, as defined by Section 41-103, Idaho Code, according to the guidelines set forth therein, in order to provide monies for the Arson, Fire, and Fraud Account. (7-1-93)

02. Surplus Lines Insurers. Surplus Lines Insurers are not licensed by the department and are not subject to assessment as are other insurers also defined in 41-103, Idaho Code. (7-1-93)

03. Surplus Lines Insurers Listing Fee. Therefore, a listing fee in an amount equal to the assessment levied under 41-268(3) against authorized insurers writing similar coverage will be charged surplus lines insurers as a prerequisite to inclusion on the list of Eligible Surplus Lines Insurers, as authorized under 41-1217, Idaho Code. (7-1-93)

04. Manner of Payment of Listing Fee. The listing fee will be paid in the same manner, as required of authorized insurers, or in the case of surplus lines insurers newly applying for listing, upon notification of eligibility for listing. (7-1-93)

012. -- 999. (RESERVED).

APPLICATION

IDAHO STATE CERTIFIED FIRE INSPECTOR

Applicant Name _____ Tel. _____

Address _____ City _____ County _____

Endorsement by Government Unit Official:

Date _____ Signature of Fire Chief, Sheriff, Fire District
Commissioners, or County Commissioners

Date _____ Signature of Applicant

STATE FIRE MARSHALL
Department of insurance
700 W. State St.
Boise, Id 83720

Date Approved

State Fire Marshall

A \$10.00 Examination Fee and \$5.00 Certification Fee must accompany this application unless it is for recertification, and then a \$5.00 Certification fee ONLY must accompany this application.