

**BUREAU OF OCCUPATIONAL LICENSES**  
**700 West State Street, PO Box 83720**  
**Boise, ID 83720-0063**  
**(208) 334-3233**

**REQUEST FOR CONTRACTOR INSURANCE VERIFICATION**

The Idaho Contractor Registration Act (title 54, chapter 52, Idaho Code) requires contractors to maintain general liability insurance, including products and completed operations insurance covering the contractor's construction operations, in an amount of not less than \$300,000 single limit. Although information regarding a contractor's liability insurance is generally exempt from disclosure under the Idaho Public Records Act, Idaho Code § 54-5210(1)(e) provides that the name of a contractor's general liability insurance company, the insured and the policy number shall be made available to persons or their insurers who state that they possess a claim against the contractor. By completing this Request for Contractor Insurance Verification and submitting it to the Bureau of Occupational Licenses, you are certifying that you are a person, or that you are an insurer, who possesses a claim against the contractor who is the subject of this request.

**Information About the Contractor:**

I possess a claim against a contractor who is:  an individual  a business

Name of contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Contractor Registration Number (if known): \_\_\_\_\_

**Your Information:**

I am:  an individual or authorized agent of an entity who has a claim against the above named contractor  
or  an insurer of an individual or an entity who has a claim against the above named contractor

Your name: \_\_\_\_\_

Business name, if an insurer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Contact phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I hereby certify that the foregoing information is true and correct.**

\_\_\_\_\_  
Signature

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires: \_\_\_\_\_