



## Agent Designation: Attestations

Agent to be Designated: \_\_\_\_\_

Idaho License #: \_\_\_\_\_

\_\_\_\_\_ I authorize this Agent or Broker permission to access, enter and update information in my online application. I, further grant permission to the Agent or Broker to submit my completed application, including signing the application on my behalf.

\_\_\_\_\_ I understand that I can revoke the authorization for this Agent or Broker at any time through my account dashboard or by calling 1-855-YH-IDAHO (1-855-944-3246).

\_\_\_\_\_ I grant permission to the Agent or Broker to enter payment information on my behalf. I understand that the form of payment I provide will be charged the quoted premium.

### Signature

Applicant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant Signature

Last 4 of SNN: \* \* \* - \* \* - \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_