SLA IDAHO
SURPLUS LINE ASSOCIATION OF IDAHO

Broker Authorization for Third-Party Filer

The Surplus Line Association of Idaho ("SLA Idaho") does not approve, endorse, or recommend any third-party filing service. SLA Idaho does not enter into special arrangements, provide considerations, or make agreements regarding the activities of such third parties.

Surplus Line Broker Name: _____
Surplus Line Broker NPN: _____

The undersigned Surplus Line Broker authorizes SLA Idaho to provide access to my Idaho Surplus Line Broker Portal account to the Third-Party Filer(s) listed below:

- **Third-Party Filer Name:** _____
- **Primary Contact Name:** _____
- **Third-Party Filer Address:** _____
- **Third-Party Filer Email:** _____
- **Third-Party Filer Phone:** _____
- **Authorization Expiration Date (if any):** _____

If no expiration date is provided, this authorization will remain in effect until withdrawn in writing by the Surplus Line Broker or revoked by SLA Idaho, effective upon receipt and processing.

By signing this Broker Authorization, the undersigned grants the above-named Third-Party Filer access as a standard user/filer for my account. As a standard user/filer, the Third-Party Filer will have permission to:

- Create and edit policy data and transaction details on my behalf
- View and address flags
- Receive and access information, including reports, in the Idaho Broker Portal
- Receive, access, and pay stamping fee and late fee invoices

Authorized Signature of Surplus Line Broker and Broker Authorization Terms

I accept full responsibility for all actions taken on my license by the authorized Third-Party Filer. I agree to notify SLA Idaho in writing if I discontinue this authorization, effective upon receipt and processing by SLA Idaho. SLA Idaho may also suspend or revoke Third-Party Filer access at its discretion, with or without notice.

I agree to indemnify and hold harmless SLA Idaho, its officers, employees, and agents from any claims, damages, or expenses (including reasonable attorneys' fees) arising out of the acts or omissions of an authorized Third-Party Filer, or from the delegation of filing authority.

I remain responsible under all applicable laws and procedures for the accuracy and timeliness of filings submitted on my behalf, including payment of stamping fees, late fees, and resolution of any compliance deficiencies.

Signature of Surplus Line Broker or Officer: _____ **Date:** _____

Printed Name of Surplus Line Broker or Officer: _____