



State of Utah

GARY R. HERBERT
Governor

SPENCER COX
Lieutenant Governor

Insurance Department

TODD E. KISER
Insurance Commissioner

Instructions to Obtain a List or Copies

Before a request for a list of licensees or copy of a company statement can be processed, the Release Agreement and fee payment must be submitted by following the following steps:

1. **Release Agreement** must be completed, signed & returned to Steve Gooch at sgooch@utah.gov.
2. **Fees can be paid** with a credit card by calling **801-538-3890** or by mailing a check to the
Utah Insurance Department
450 North State St.
State Office Bldg, Rm 3110
Salt Lake City, UT 84114

Please do not email credit card information.

3. **Fees:**
 - **For a list** of companies / agencies / agents:
 - List request fee is **\$50** for lists that require no special instructions
 - Special instructions may require additional payment, in which case we will notify you and an invoice will be faxed or emailed to you. Additional costs may be due to a request for specific zip codes, breakout by sector, etc.
 - **For a copy** of Annual / Quarterly Statement (Photocopied or PDF):
 - \$40 complete copy of statement (per company, per year)
 - \$1 per photocopied page.
4. **Response Time:** 2-10 days after we receive the Release Agreement and fee. Only after receiving the agreement and fee will we process the list and email the information to you.
5. **List Format:** The list will be provided via email in an Excel-compatible format. If the file is too large to email, other options can be discussed.

After reading these instructions, if you still have questions, contact Steve Gooch by email or phone, 801-538-3803.

Please note: Agency hours are 8am-5pm, Monday-Friday.



TODD E. KISER
Insurance Commissioner
Utah Insurance Department

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Release Agreement

Please mark the box(es) that best describe the copies or lists you are requesting.

Know that it will take **2 to 10 days** after receiving the agreement and fee for the Department to email your copies or list you.

Copy of annual/quarterly statement for: _____
(Company Name) (Report Year)

List of:

Licensees: Agents Agencies Companies

Type of License: Life Health Property & Casualty
 Bail Bond Title Other _____

Information: Name Address Phone
 Expiration Date Email Address
 Company Affiliation Other _____

Agents/Agencies: Resident Non-Resident

If necessary, please provide special list instructions, i.e. zip codes, etc.:

1. I agree that the information requested is for the purpose of:

a. The information will be used only for the purpose stated in the request and will not be used by the undersigned, its officers, employees, or agents, for any other purpose, commercial or private without the written consent of the department.

2. Payment must be made before information is released – *See instruction sheet.*

(Company name, if applicable)

(Individual Name) (Phone Number)

(Mailing Address) (Email Address)

(City, State, Zip)

(Signature)

(Date)