

ARKANSAS INSURANCE DEPARTMENT
 LICENSE DIVISION
 1200 WEST THIRD STREET
 LITTLE ROCK, AR 72201
 PHONE: 501-371-2750
 FAX: 501-683-2604
 WEBSITE: <http://www.insurance.arkansas.gov/license.htm>

PORTABLE ELECTRONIC INSURANCE LICENSE INSTRUCTIONS

The licensing for portable electronic insurance under Arkansas Code Ann. 23-88-502 is effective July 26, 2011. The license is for vendors only and there is no requirement of licensure for employees and authorized individuals.

There are two different applications and fee schedules based on the number of physical locations in the state: **AID-LI-PEI** for more than 10 physical locations and **AID-LI-PEI-LIMITED** for 10 or fewer physical locations. Locations are defined as a physical location in this state, a website or a call center site offering insurance to Arkansas residents.

More than 10 physical locations in Arkansas, including call centers and/or websites offering insurance to residents of Arkansas:

If the vendor has more than 10 physical locations in the State of Arkansas offering or enrolling customers with insurance for repair or replacement of portable electronics, the vendor must complete form **AID-LI-PEI** listing all locations, call centers or websites.

- The application must be printed or typed and the form can be electronically reproduced without any modification to content.
- All fields on page 1 of the form must be complete but if the information does not apply then a response of N/A should be inserted.
- If the vendor has more locations than spaces allowed on the form, then the vendor should list the other sites on a separate paper in the same format of the form and attach it to the form.
- If any of the questions on page 2 of the form are given an affirmative response, a signed statement giving detailed explanation of the occurrence and documentation related to the occurrence must be attached to the form.
- The form must be signed and dated by an official, director, principal, or partner of the business.
- Submit a 2 year license fee of \$1,000 made payable to the Arkansas Insurance Department Trust Fund. Payment may be a business check, money order or cashier's check. Counter checks are not acceptable.
- If the vendor derives more than 50% of its revenue from the sale of portable electronics insurance, then all officers, directors, and shareholders of record that have beneficial ownership of 10% must complete form **AID-LI-PEI-Supplement**.

10 or less physical locations in Arkansas, including call centers and/or websites offering insurance to residents of Arkansas:

If the vendor has 10 or less physical locations in the State of Arkansas offering or enrolling customers with insurance for repair or replacement of portable electronics, the vendor must complete form **AID-LI-PEI-Limited** listing all locations, call centers or websites.

- The application must be printed or typed and the form can be electronically reproduced without any modification to content.
- All fields on page 1 of the form must be completed but if the information does not apply then a response of N/A should be inserted.
- If the vendor has more locations than spaces allowed on the form, then the vendor should list the other sites on a separate paper in the same format of the form and attach it to the form.
- If any of the questions on page 2 of the form are given an affirmative response, a signed statement giving detailed explanation of the occurrence and documentation related to the occurrence must be attached to the form.
- The form must be signed and dated by an official, director, principal, or partner of the business.
- Submit a 2 year license fee of \$100.00 made payable to the Arkansas Insurance Department Trust Fund. Payment may be a business check, money order or cashier's check. Counter checks are not acceptable.
- If the vendor derives more than 50 % of its revenue from the sale of portable electronics insurance, then all officers, directors, and shareholders of record that have beneficial ownership of 10 % must complete form **AID-LI-PEI-Supplement**.

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LIMITED
PORTABLE ELECTRONIC INSURANCE LICENSE
 (Please Print or Type)

① Vendor /Business Entity Name		② Incorporation/Formation Date		③ FEIN	
④ List any name under which you are doing business		⑤ State of Domicile		⑥ Country of Domicile	
⑦ Contact's Name		⑧ Contact's Resident Address			
⑨ Business Address		⑩ City		⑪ State	⑫ Zip or Foreign Country
⑬ Phone Number		⑭ Fax Number		⑮ Business Website Address	⑯ Business E-Mail Address
⑰ Mailing Address		⑱ P.O. Box	⑲ City		⑳ State
					㉑ Zip or Foreign Country

List the name and address of all physical locations in Arkansas where coverage is offered:
 (If you have more than 10 locations, do not use this form - use Portable Electronic Insurance Form No. AID-LI-PEI.)

㉒ Identify all physical locations where coverage is offered.

Name _____	Address: _____

List calls center information or website information where coverage is offered:

㉓ Call Center:

Name: _____ Location: _____ Phone number _____

Website Address: _____

(State Use)

Background Information

24 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had a contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

Applicants Certification and Attestation

- 25 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
 2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
 3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
 4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
 5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
 6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
 7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

I hereby appoint the Commissioner of the Arkansas Insurance Department as agent of service for any legal process issued against this entity and agree that the process of the Commissioner is valid and binding.

Must be signed by an officer, director, principal or partner of the business entity:

 Month Day Year

 Signature

 Typed or Printed Name

 Title

 Social Security Number

 Address

 City State Zip

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IF THE VENDOR DERIVES MORE THAN 50% OF ITS REVENUE FROM THE SALE OF PORTABLE ELECTRONIC INSURANCE, THEN ALL OFFICERS, DIRECTORS, AND SHAREHOLDERS OF RECORD THAT HAVE BENEFICIAL OWNERSHIP OF 10% OR MORE MUST PROVIDE THE FOLLOWING INFORMATION:

	Name	Title	SS#	Percentage of Ownership	Resident Address
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				
11.	_____				
12.	_____				
13.	_____				
14.	_____				
15.	_____				
16.	_____				
17.	_____				
18.	_____				
19.	_____				
20.	_____				