

REQUEST TO REINSTATE LICENSE

Note: This form is to be used when the resident individual has moved and returned to Arkansas within 12 months or if a non-resident surrenders the license and then decides to reinstate the license within 12 months. If the license has become inactive because of nonrenewal then remit the renewal fee for the license with a late renewal fee of double fee. See fees listed at bottom of this form.

Name: _____

License # _____ License Expiration Date: _____

Current Mailing Address: _____
Street or P.O. Box City State Zip

Current Resident Address: _____
Street City State Zip

Current Business Address: _____
Street or P.O. Box City State Zip

Current Resident Phone #: _____ Current Business Phone #: _____

Current e-mail Address: _____

Note: If you are close to your previous expiration date you will be due renewal funds and residents may be due continuing education hours before the license can be reinstated.

Please respond to all of questions below: (provide a written statement and documentation for affirmative responses)

- 1. Have you been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime that has not been previously disclosed to the Arkansas Insurance Department? Yes ___ No ___
- 2. Have you been named or involved as a part in an administrative proceeding, including FINRA sanctions or arbitration proceedings regarding any professional or occupational license or registration that you have not disclosed to the Arkansas Insurance Department? Yes ___ No ___
- 3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner Officer or director, or member or manager of limited liability company, for overdue monies by an insurer or producer, or Have you been subject o a bankruptcy proceeding that you have not disclosed to the Arkansas Insurance Department? Yes ___ No ___
- 4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax Obligation that is not the subject of a repayment agreement that you have not disclosed to the Arkansas Insurance Department? Yes ___ No ___
- 5. Are you currently a party to or have you been found liable in, any lawsuit or mediation proceeding involving allegations of fraud, misappropriation or conversion of fund, misrepresentation or breach of fiduciary duty? Yes ___ No ___
- 6. Are you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability, ever had an insurance agency contract or any other business relationship with an insurance company Terminated for any misconduct? Yes ___ No ___
- 7. Do you currently have a child support obligation in arrearage? Yes ___ No ___

Reason for Reinstatement Request:

I hereby certify that, under penalty of perjury, all the information submitted in this application and attachments is true and complete.

Month Day Year

Wet Signature of Applicant—Full Legal Name

Full Legal Name (printed or typed)