



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604

Website http://insurance.arkansas.gov/license.htm

ARKANSAS REPLACEMENT LICENSE RENEWAL
FOR PRODUCERS, ADJUSTERS, TITLE AND SURPLUS LINES

Enclosed Fees: Renewal Fee + Late Fee + CE Filing Fee = \$ Total
Producers and adjusters required continuing education must pay a filing fee of \$20.00

Name Last First Middle Initial License # License Class Type

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

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

Current Residence Address: Street Number City State Zip

Home Phone Number: Business Phone Number: Fax #

E-Mail Address: If you are due CE—date continuing education completed

THESE QUESTIONS MUST BE ANSWERED: If you answer yes, you must attach to this renewal form (a) a written statement explaining the circumstances of each incident, (b) a copy of any legal notice and (c) a copy of the official documentation showing the resolution or final judgment.

- 1. Have you been convicted of or currently charged with a crime...
2. Have you or any business in which you are or were an owner, partner, officer, or director...
3. Has any demand been made or judgment rendered against you for overdue monies...
4. Have you been subject to a bankruptcy proceeding since you last renewed this license?
5. Have you been notified by any jurisdiction of any delinquent tax obligation?
6. Since your last renewal, are you a party to, or have you been found liable in, any lawsuit or arbitration proceeding...
7. Do you have a child support obligation in arrearage?
a) By how many months are you in arrearage?
b) Are you currently subject to a repayment agreement?
c) Are you the subject of a child support related subpoena/warrant?

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license renewal and may subject me to criminal penalties.

SIGNATURE: DATE: (Wet ink signature is required---Do not use stamped signature)

Ark. Code Ann 23-61-706 requires payment on or before the expiration date. If payment is late "the fine shall be twice the amount required..."
Example: If payment is received late for a Producer, the total needed would be the fee plus a penalty of double fee for a total of triple fee.. See list below for complete listing of fees. MAKE CHECK PAYABLE TO THE ARKANSAS INSURANCE DEPARTMENT TRUST FUND. Payment must be personal check, money order or cashier's check--no counter checks can be accepted.

PLEASE MAIL PAYMENTS AND THE COMPLETED FORM to the attention of the License Division at the address listed above.

For 2012

Table with 3 columns: Renewal Fee, Late Fee, Total. Rows for Producer, Adjuster, Title, Consultant, Surplus Lines, and CE Filing Fees.

Department Use Only:

Route Slip or Check No. or Cash Receipt No.
Date Received: Record Posted