



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604
Website: www.insurance.arkansas.gov/license.htm

Limited Lines Individual Resident Insurance Producer License Instructions

1. a. Applicant must complete the Arkansas Individual Resident Insurance Producer License Application form AID-LI-RP and attach a cashier's check, company check, or money order in the amount of \$70.00 made payable to "Arkansas Insurance Department Trust Fund." The fee is for a two year license.
- b. **EFFECTIVE MAY 1, 2006: The Arkansas Insurance Department is required to complete criminal background checks on all resident applicants. The applicant must complete the Arkansas State Police Form ASP-122 (located at the end of the License Application). You must also attach a separate company, agency, money order or cashier's check in the amount of \$22.00 made payable to the "Arkansas Insurance Department." No personal checks accepted.**
- c. Application forms and fees should be mailed to:

Arkansas Insurance Department
License Division
1200 West Third Street
Little Rock, AR 72201-1904

2. These fees are fully earned when the application is processed. *These fees are not refundable.*
3. If the applicant has held a license in another state, a letter of clearance must be submitted with the application.
4. The applicant must be at least 18 years of age or if not of legal age, minority rights must be removed by a court order and a copy of the court order must be forwarded along with the application and fees.
5. How to complete the License Application:

Since an application is a legal form, certain fields of information are required and must be completed prior to the application being processed. If the *required* information is not disclosed on the application, the application will be returned for completion. These instructions illustrate the specific areas of the application that must have responses before the application can be processed. If the information is required, the item is marked "**a required field**," and you must provide us with this information. If you reach a line which is not required and the question does not apply to you, then mark the line "N/A." However, if you have information you can include it in the non-required field -- one example is your e-mail address. If the Department has your e-mail address, we can send e-mail notices of important changes to laws and rules that govern your license. Since this is a legal document, corrections should be made by drawing one line through the incorrect information, rather than scratching out the information or using liquid paper. Illegible applications will be returned unprocessed.

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1. Social Security Number---**a required field**
2. If assigned, National Producer Number (NPN)
3. If applicable, NASD Individual Central Registration Depository (CRD) Number
4. Are you affiliated with a financial institution/bank? ---**a required field**
5. Last Name--- **a required field**

6. First Name-- **a required field** —**This must be your legal name—no nicknames.**
7. Middle Name---not required
8. Date of Birth--- **a required field**
9. Resident/Home Address-- **a required field**—must be a physical address cannot be a P.O. Box
10. P.O. Box---not required but you can complete if you want mail sent to that address
11. City--- **a required field**
12. State-- **a required field**
13. Zip ---- **a required field**
14. Foreign Country
15. Home phone number-- **a required field**---you can use cell phone number if you do not have a home phone.
16. Gender--- **a required field**
17. Are you a Citizen of the United States--- **a required field**—if you are not a citizen you need to attach a copy of your permit to live and work in the United States.
18. Business name---not a required field, but you can provide the information if you have a business Name.
19. Business Address—not a required field
20. P.O. Box—not a required field
21. City-not a required field
22. State—not a required field
23. Zip—not a required field
24. Foreign Country
25. Business Phone Number—not a required field
26. Business Fax Number—not a required field
27. Business e-mail Address—not a required field (e-mail address information should be given so you can receive information from the Department.
28. Business Web Site Address—not a required field
29. Applicant's Mailing Address-- **a required field**
30. P.O. Box---not required but complete if mail is to be sent to the P.O. Box
31. City-- **a required field**
32. State-- **a required field**

33. Zip-- **a required field**
34. Foreign Country
35. Assumed Business Name/Trade Name--- not a required field but should be given if you will use an assumed business name.
36. Agency or Business Entity Affiliation— not a required field; however, completing this field will not put you on an agency license—the agency must submit an addition form #**AID-LI-AGY-ADD** and fee. This form can be found on the Department Website www.insurance.arkansas.gov under the License Division under License Forms.
37. Employment History-- **a required field** –you must show a full 5 years of employment history and your dates must be consistent. If you run out of space you can put information on a piece of paper and attach to the application. Begin with the present then work backwards. This chronology should also include unemployment, military service or full time education.

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38. Type of License---should be Producer---and Lines of Authority --- **a required field**
- 38a. Have you ever or are you currently licensed as agent, producer, consultant or broker in Arkansas --- **a required field**. If yes, list the dates and type of license--- **a required field**
- 38b. Have you ever or are currently licensed as agent, producer, etc in another state-- **a required field**

If you have been licensed in another state in the last 5 years include a clearance letter from the state. A Clearance Letter indicates that your resident license in the prior state has been cancelled and you were in “good standing” at the time of cancellation.

39. **Required Fields –Required Documentation**

If you answer any of the questions yes, you must attach a statement detailing what occurred and what was the outcome of the occurrence. The application indicates what additional documentation is required with the exception of **35.7** and if you answer yes, attach a statement regarding the reason for the arrearage, and documentation from Child Support Enforcement showing your current status of arrearage. **If you have filed a bankruptcy, then attach a current and complete credit report to your application.**

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40. **Required Fields**

The application must be dated and signed with your **full legal name**---no nickname or printed name. It must be a wet signature—not a stamp.

The next line must contain your full legal name—printed or typed

Any questions regarding the completion of an application should be address to the Arkansas Insurance Department **License Division at 501-371-2750.**



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1200 WEST THIRD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604
Website: www.insurance.arkansas.gov/License.htm

Uniform Application for Arkansas Individual Resident Insurance Producer License
(Please Print or Type)

Form fields 1-34 including Soc. Security Number, National Producer Number (NPN), NASD Individual Central Registration Depository (CRD) Number, Affiliation with financial institution, Last Name, First Name, Middle Name, Date of Birth, Residence/Home Address, P.O. Box, City, State, Zip Code, Foreign Country, Home Phone Number, Gender, Citizenship, Business Entity Name, Business Address, Business Phone Number, Business Fax Number, Business E-Mail Address, Business Web Site Address, Applicant's Mailing Address, and other personal/business information.

Agency or Business Entity Affiliations

Field 36: List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)
FEIN _____ NPN _____ Name of Agency _____
FEIN _____ NPN _____ Name of Agency _____
FEIN _____ NPN _____ Name of Agency _____

Employment History

Field 37: Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.
Table with columns: Name, City, State, Foreign Country, From Month, From Year, To Month, To Year, Position Held.

Department Use Only: Date received _____ Funds Received _____ Ch # RS # _____
Date Processed _____ Other _____
ASI Received Dated _____ Date Passed _____ Exam Passed _____

Jurisdiction and Type of License Requested

38) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

| | | | | |
|-----------------------|--------------------------------------|---|---|--|
| License Types: | <input type="checkbox"/> Producer | <input type="checkbox"/> Limited Lines Producer | <input type="checkbox"/> Surplus Lines Producer | <input type="checkbox"/> Consultant |
| Limited Lines: | <input type="checkbox"/> Credit | <input type="checkbox"/> Crop/Hail | <input type="checkbox"/> Travel | <input type="checkbox"/> Prepaid Legal |
| | <input type="checkbox"/> Other _____ | | | |

(Please write the requested line.)

38a. Have you ever or are you currently licensed as an agent, producer, consultant or broker in Arkansas? Yes _____ No _____
If yes, list the dates and the type of license _____

38b. Have you ever or are you currently licensed as an agent, producer, Consultant, broker or adjuster in another state? Yes _____ No _____
If yes, list the dates and the type of license _____

Background Information

39) The Applicant must 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. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

Note: "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 no contest, 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 certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the Business of insurance as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was consent granted? (Attach copy of 1033 consent.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, sanctioned 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 or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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 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, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a written statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy and a current credit report.

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? Yes ___ No ___

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

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration or mediation 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 certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration or mediation proceedings, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency 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.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to a repayment agreement? Yes ___ No ___
- c) Are you the subject of a child support related subpoena/warrant? Yes ___ No ___

If you answered yes, provide documentation showing proof or current payments or an approval repayment plan from the appropriate state child support agency.

Applicants Certification and Attestation

40 The Applicant must read the following very carefully:

1. 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 and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, 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 understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)



ARKANSAS STATE POLICE

ASP-122 (Rev. 11/05)

Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____

Driver's License #: _____ State of Issue: _____

Mailing Address: _____
Street City State ZIP

Daytime Phone #: () _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: _____ ARKANSAS INSURANCE DEPARTMENT
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 1200 West Third Street Little Rock AR 72201-1904
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the
_____ day of _____, 20_____.

Notary Public

82001 Civil Record Check