



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2750
FAX: 501-683-2604

SURPLUS LINES PRODUCER FOR BUSINESS ENTITY

To The Insurance Commissioner of the State of Arkansas

The undersigned hereby applies for a Surplus Line Business Entity Producer's License and submits the following information:

1. Business Name \_\_\_\_\_

2. FEIN No. \_\_\_\_\_

3. Business Address \_\_\_\_\_
(Street and Number) (City) (State) (Zip Code)

4. Contact Person: Name \_\_\_\_\_ Phone Number \_\_\_\_\_
Address \_\_\_\_\_
(Street and Number) (City) (State) (Zip code)

5. Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

6. LIST EACH SURPLUS LINES PRODUCER ACTING FOR THE BUSINESS ENTITY:

Surplus Lines Producer Name \_\_\_\_\_ SS# \_\_\_\_\_

Surplus Lines Producer Name \_\_\_\_\_ SS# \_\_\_\_\_

Surplus Lines Producer Name \_\_\_\_\_ SS# \_\_\_\_\_

7. List all Owners, Partners, Officers, and Directors:

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_

8. Legal business type: [ ] Corporation [ ] Partnership
[ ] Limited Liability Company [ ] Limited Liability Partnership

9. If a resident Surplus Lines Business Producer provide bond information below:

Bond Number \_\_\_\_\_ Date of Bond \_\_\_\_\_

Name of Issuing Company \_\_\_\_\_

Is Bond Attached [ ] Yes [ ] No

**Please read the following carefully and each question must be answered. If any of your answers are “Yes,” then you must attach a written statement explaining the circumstances of each yes answer. In addition, supporting documentation must be attached regarding the incident and official documentation of the outcome of the incident.**

- 10. 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
- 11. 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
- 12. 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 or producer.       Yes       No
- 13. Have you ever been subject to a bankruptcy proceeding?       Yes       No
- 14. Has the business entity or any owner, partner, officer or director ever been notified by a jurisdiction of any delinquent tax obligation or back child support obligation.       Yes       No
- 15. 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?  
 Yes       No

**The undersigned Owner, Partner, Officer or Director of the business entity hereby certifies, under penalty of perjury, that:**

**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 revocation and may subject me and the business entity to civil or criminal penalties.**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date Signed \_\_\_\_\_

Printed or Typed Name of Officer or Partner:  
\_\_\_\_\_