ARKANSAS
Insurance Department

Pre-Licensing/Continuing Education Provider Information Packet

Administrative Services Provided by PSI Service.

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JUNE 2025

INTRODUCTION

Welcome to the Arkansas Insurance Department (AID) Provider Information Packet. This packet is designed to guide education providers through the process of submitting applications for processing and approved to offer pre-licensing (PE) and continuing education (CE) courses for insurance professionals in Arkansas, in accordance with AR Admin Rules 31 and 50. It outlines the requirements, procedures, and responsibilities for maintaining compliance with the Arkansas Insurance Department (AID).

This packet includes application instructions, regulatory references, applications for courses and instructors, and contact information to streamline the approval process.

SUPPORT

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PSI Services – CE Dept.
Hours of Op.: 4:30am -4:30pm PT
Phone: 877-526-6833
Fax: 702-932-2666
Email: ar-ceprocessing@psionline.com
Mailing address: 450 North Stephanie St. 2nd Fl. Ste.#200
Henderson NV 89014

Inquiries about Requirements for:
- Submitting New CE/PE Provider Applications
- Submitting New CE/PE Courses Applications
- Course Revisions
- Submitting New CE/PE Instructor Applications
- Application Status

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Arkansas Insurance Department (AID)
Hours of Op.: 8:00am - 4:30pm CT
Phone: (501) 371-2750
Fax: (501) 683-2604
Website: http://www.insurance.arkansas.gov/
Mailing Address: 1 Commerce Way, Suite 102
Little Rock, Arkansas 72202

Inquiries about:
- Licensee Issues
- Provider Exceptions
- Name Changes (Business Entity)
- Course Roster Corrections
- Rule 31 & Rule 50

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State Base System (SBS)
Hours of Op.: 8:00am -4:00pm CT
Phone: 501-371-2750
Fax: 501-683-2604
Website: https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?dswid=4074&state=AR
Mailing Address: 1100 Walnut Street Suite 1000
Kansas City, MO 64106

Inquiries about How-To:
- Login/Sign-up
- How to use SBS site
- How to Add/Updated Business Entity
  - Address
  - Contact
  - Email

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National Insurance Producer Registry (NIPR)
Hours of Op.: 4:30am -4:30pm PT
Phone: (855) 674-6477
Fax: (501) 683-2604
Website: https://nipr.com/
Mailing Address: 1100 Walnut Street Suite 1000
Kansas City, MO 64106

Where to:
- Add a line of Authority
- Change Contact Information on license
- Apply for new/Renew existing license

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Rule 31 – Pre-Licensing Education

Submitting a New Pre-Licensing Education Provider/Course Application

Requirements

This section of the Provider Information Packet will provide guidance on the requirements for submitting Instruction Methods:

- **Self-Study** – Independent learning or synchronous delivery using printed or digital materials.
  - **Textbook formula**
    - 600 words = 1 page
    - 15 pages = 1 credit
    - (600 × 15 = 9000 words ÷ total word count = # of credits)
  - **Screen Formula**
    - 600 words = 1 page
    - 45 screens = 1 credit
    - (600 × # of total screen = # ÷ 45 = # of credits)
- **Classroom** – In-person instruction with a qualified instructor. Real-time or asynchronous delivery.
  - 50 minutes = 1 credit
- **Distance Learning** – Online or remote instruction with real-time or asynchronous delivery.
  - 50 minutes = 1 credit

Universal Methods of Instruction **If you would like your course approved for…**	**SBS Methods of Instruction** **Select only the options below in SBS**
Classroom, Seminar, Workshop, Live in-person	Classroom
Webinar, Teleconference, Virtual Class, Remote	Distance Learning
Self-Study, Correspondence, Video/Audio/CD/DVD	Self-Study, Correspondence (hold down the control button on keyboard to make multiple selections)

For additional information regarding the instruction methods and requirements for a Pre-licensing course, visit the AID website for AR Admin Rule 31.

Provider application Submission Checklist:

- Submit via Arkansas Insurance Department SBS portal https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?dswid=4074&state=AR or physical mail.
- Required Documents:
  - ❖ Current completed provider application
    - Provider Information
    - Demographics
    - The contact person for the account must be the person authorized to sign on behalf of the business entity.
    - It is the Business entity's responsibility to update any information that may have changed to keep continuity of notifications.
  - ❖ Course outline with time allocations
  - ❖ Instructor resume
  - ❖ Course purpose/objective
  - ❖ Delivery method description. Must include but not limited to the following.
    - Type of Instruction
      - ➢ Classroom: In-person, instructor-led sessions.
      - ➢ Self-Study: Independent learning using printed or digital materials.
      - ➢ Distance Learning: Online or virtual instruction (live or recorded).
    - Technology Used (for distance learning)
      - ➢ Platforms (e.g., Zoom, LMS, webinar tools)

        - How learners access materials
        - How interaction is handled (e.g., chat, Q&A, discussion boards)
    - Verification of Participation
        - How attendance is tracked (e.g., login logs, time tracking)
        - How identity is verified (e.g., proctoring, ID checks)
        - How exams are administered securely (especially for self-study)
    - Course Format
        - Is it synchronous (live) or asynchronous (on-demand)?
        - Are there quizzes, exams, or interactive components?
- Test Security Procedures
- Certificate of course completion for pre-licensing course

All Pre-Licensing Education (PE) course applications must be submitted ”no less that ninety (90) days prior to the expected use of the program” If any documentation is missing, you will be required to resubmit the entire application packet via the AID SBS portal.

To change the business entity name please click here and follow the instructions provided on the document.

Instructor/Proctor Qualifications for Pre-Licensing Education

- Instructors must have had specific insurance training or educational experience satisfactory to and approved by the State Insurance Commissioner in order to be certified to teach any part of an approved course. Each instructor must have three (3) or more years of specific insurance experience and/or education in each part of the insurance training program in which he/she instructs and must be approved prior to teaching any course, or any part of a course, by the Insurance Commissioner.
- Individuals who will act as an electronic education instructor/proctor of electronic education courses must have the same credentials as a classroom instructor as provided by this Rule.
- Proctors or instructors must be a disinterested third party and shall not serve for examinations of:
    - family members or relatives or dependents, employers or supervisors, employees or subordinates, partners or joint ventures or co-owners, current or former teachers or pupils, neighbors or personal friends or significant others, or for anyone in whom the proctor or instructor has an economic or other interest in assuring the successful outcome of the examination.
- Applicants for approval as a classroom instructor or electronics course instructor/proctor shall complete and submit Appendix 4 to the Arkansas Insurance Department.

Major Lines of Authority for Pre-Licensing Courses (Rule 31)

This section will go over the major lines of authority and the requirements for training and course content. In accordance to AID Admin Rule 31. Below are the major lines of authority.

- Life Insurance
- Accident and Health or Sickness Insurance
- Property Insurance
- Casualty Insurance
- Personal Lines (non-commercial)

Each of these lines requires a minimum of 20 hours of instruction, with specific topic breakdowns (e.g., ethics, state law, product knowledge).

Course Requirements

1. All applicants for an Arkansas Lifeline of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following, as applicable:

A. Introduction to Insurance	1 hour
B. State Insurance Laws and Rules	5 hours
C. Life Insurance Basics	5 hours
D. Life Insurance Policies, Policy Options, and Policy Provisions	5 hours
E. Annuity Contracts	3 hours
F. Ethics	1 hour

2. All applicants for an Arkansas accident and health or sickness (A & H) line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following, as applicable:

A. Introduction to Insurance	1 hour
B. State Insurance Laws and Rules	5 hours
C. Health Insurance Policy provisions	3 hours
D. Disability Income Insurance	2 hours
E. Medical Expense Insurance	1 hour
F. Medicare Supplement Insurance	1 hour
G. Long Te1m Care	2 hours
H. Social Security and Medicare	2 hours
I. Group Insurance	1 hour
J. Health Maintenance Organizations	1 hour
K. Ethics	1 hour

3. All applicants for a casualty line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

Introduction to Insurance	1 hour
State Insurance Laws and Rules	5 hours
Ocean (Wet Marine) and Inland Marine Insurance	1 hour
General Liability Insurance	2 hours
Automobile Insurance and Assigned Risk Plans, including Personal "AIPSO") and Commercial ("CAIP")	5 hours
Workers' Compensation and Assigned Risk Plan	3 hours
Commercial Crime Insurance and Fidelity Bonds	1 hour
Surety Bonds	1 hour
Ethics	1 hour

4. All applicants for a property line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

Introduction to Insurance	1 hour
State Insurance Laws and Rules	5 hours
Fire and Allied Lines; and Assigned Risk Plans ("ARRUA") and Arkansas Earthquake Authority ("AEA")	4 hours
Homeowners Policies and Other Multiple-Line Products	5 hours
National Flood Insurance-Federal	0.5 hour
Commercial Property and Commercial Crime Insurance	3 hours
Crop Insurance - FEDERAL ("FCIC")	0.5 hour
Ethics	1 hour

5. All applicants for a personal line of authority (non-commercial), called "Personal Lines", are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but s not limited to, all of the following:

Introduction to Insurance	1 hour
State Insurance Laws and Rules	5 hours
Fire and Allied Lines; including Manufactured Houses; and Assigned Risk ("ARRUA") and Arkansas Earthquake Authority ("AEA")	2 hours
Homeowners Policies and Other Multiple-Line Products and Assigned Risk Plans ("ARRUA") and Arkansas Earthquake Authority ("AEA");	5 hours
Automobile Insurance and Assigned Risk Plans	5 hours
Flood Insurance - Federal, FEMA	1 hour
Ethics	1 hour

6. All applicants for a property adjuster license are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

Insurance Concepts, Risk, Insurable Interest, Loss Valuation, Market Value, Stated Value, Salvage Value, Deductible, Occurrence, Negligence, Comparative Fault	3 hours
General Adjusting Definitions, Policies, Binders, Subrogation, Value, Appraisal, Duties of the Insured after a Loss, 1st Party Claimants, 3rd Party Claimants	2.5 hours
General Property Definitions, Policies, Concurrent Insurance, Actual Cash Value, Replacement Cost, Causation, Proof of Loss	2.5 hours
General Adjusting Practices, Liability, Representation, Investigation, Duties of the Insurance Company	2 hours
Arkansas Property Adjusting, Loss Settlement, Total/Partial Loss, Coinsurance	2 hours
State Insurance Law and Rules	5 hours
Unfair Claims Settlement Practices, Unfair Trade Practices	2 hours
Ethics	1 hour

7. All applicants for a casualty adjuster license are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

Insurance Concepts, Risk, Insurable Interest, Loss Valuation, Market Value, Stated Value, Salvage Value, Deductible, Occurrence, Negligence, Comparative Fault	3 hours
General Adjusting Definitions, Policies, Binders, Subrogation, Value, Appraisal, Duties of the Insured after a Loss, Proof of Loss, 1st Party Claimants, 3rd Party Claimants	3 hours
General Property Definitions, Policies, Concurrent Insurance, Actual Cash Value, Replacement Cost, Causation	2 hours
General Adjusting Practices, Liability, Representation, Investigation, Duties of the Insurance Company	2 hours
Arkansas Prope1ty Adjusting, Loss Settlement, Total/Partial Loss, Coinsurance	2 hours
State Insurance Laws and Rules	5 hours
Unfair Claims Settlement Practices, Unfair Trade Practices	2 hours
Ethics	1 hour

8. All applicants for a worker's compensation insurance adjuster license are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

Insurance Concepts, Risk, Insurable Interest, Loss Valuation, Market Value, Stated Value, Salvage Value, Deductible, Occurrence, Negligence, Comparative Fault	2 hours
General Adjusting Definitions, Policies, Binders, Subrogation, Duties of the Insured after a Loss, Proof of Loss.	2 hours
General Worker's Compensation Definitions, Causation, Bodily Injury, Prior Injury, Statements, Burden of Proof, Waivers, Employee, Employer, independent Contractor, Certificate of Non-Insurance, Waiting Period	2 hours
General Adjusting Practices, Liability, Covered Claim, Representation, Investigation, Duties of the Insurance Company	3 hours
Arkansas Worker's Compensation Adjusting, Arkansas Worker's Compensation Commission, Wage Determinations, Hearing, Medical Examinations, Settlements and Awards	3 hours
State Insurance Laws and Rule	5 hours
Unfair Claims Settlement Practices, Unfair Trade Practices	2 hours
Ethics	1 hour

For Exemptions, please see AID Admin Rule 31. Pre-licensing application can be found at the end of the provider information packet.

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Pre-Licensing Provider Application

Provider Information

Provider Name: _____ **Provider#** _____

Address: _____

Name of Official Contact Person _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Course Information

Course Title:			
Is this course open to the public: ____Yes ____ No			
Course Concentration	**Select One**	**Requested Credits**	**Methody of Study Select One**
Accident, Health and Sickness			**_____ Classroom**
Casualty			**_____ Distance Learning**
Life			**_____ Self-Study**
Personal Lines			
Property			

Attach The Following
Timed Outline
Resource Materials
Certificate of Completion
Testing Security Procedures for Self-Study
Distance learning procedures
See checklist for additional documents

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Printed Name of Pre-Licensing Provider Official _____

Signature of Pre-Licensing Provider Official _____

Date _____

Office Use Only

Date Received: _____ **Completed Date:** _____

Approved Concentration: _____ **Approved Credits:** _____

Approved Course Number: _____ **Processor Initials:** _____

Notification Date: _____ **Denial Reason:** _____

Rule 50 – Continuing Education

Submitting a new Continuing Education Provider/Course Application

Requirements

This section of the Provider Information Packet will provide guidance on the requirements for submitting Instruction Methods:

- **Self-Study** – Independent learning or synchronous delivery using printed or digital materials.
  - **Textbook formula**
    - 600 words = 1 page
    - 15 pages = 1 credit
    - (600 × 15 = 9000 words ÷ total word count = # of credits)
  - **Screen Formula**
    - 600 words = 1 page
    - 45 screens = 1 credit
    - (600 × # of total screen = # ÷ 45 = # of credits)
- **Classroom** – In-person instruction with a qualified instructor. Real-time or asynchronous delivery.
  - 50 minutes = 1 credit
- **Distance Learning** – Online or remote instruction with real-time or asynchronous delivery.
  - 50 minutes = 1 credit
  - "Distance Learning" means a classroom educational program in which the licensee and the instructor may be in different physical locations yet interact with each other through various methods of telecommunications, including but not limited to video teleconference or webinar.
  - There shall be five required parts to a Distance Learning Continuing Education course: **video imagery, interactivity, written materials, attendance verification, and a technology help line.**
    - a. The video imagery shall constitute a live continuing education provider or
    - instructor, with interactive abilities, which include, but are not limited to,
    - allowing for attendees to ask real time questions and be assisted by
    - continuing education providers, instructors, or proctors, in real time.
    - b. Written materials shall be available in hard copy or in downloadable
    - format and may be projected as part of the video imagery during the
    - course of the Distance Learning presentation.
    - c. A technology help line shall be available prior to, during, and after the Distance Learning presentation. This technology help line shall be adequate in staff size to assist attendees within a reasonable amount of time during the course of the Distance Learning presentation.
  - The Distance Learning provider shall be able to verify attendance and shall provide that attendance verification to the Department.
  - A form shall be made available on the Department's License Division website that shall be executed by the Distance Learning provider and submitted to the Department electronically so that the attendee may receive credit for the Distance Learning course.
  - The form shall be submitted to the Department no later than ten days after attendee completes the Distance Learning course.

Universal Methods of Instruction **If you would like your course approved for…**	**SBS Methods of Instruction** **Select only the options below in SBS**
Classroom, Seminar, Workshop, Live in-person	Classroom
Webinar, Teleconference, Virtual Class, Remote	Distance Learning
Self-Study, Correspondence, Video/Audio/CD/DVD	Self-Study, Correspondence (hold down the control button on keyboard to make multiple selections)

For additional information regarding the instruction methods and requirements for a Continuing Education (CE) course, visit the AID website for Rule 50.

Provider application Submission Checklist:

- Submit via Arkansas Insurance Department SBS portal https://sbs.naic.org/solar-web/pages/public/stateServices.jsf?dswid=4074&state=AR or physical mail.
- Required Documents:
  - ❖ Current completed provider application
    - Provider Information
    - Demographics
    - The primary contact person for the account must be the person authorized to sign on behalf of the business entity.
    - 1 additional contacts can be added to the provider account
    - It is the Business entity's responsibility to update any information that may have changed to keep continuity of notifications.

Instructor/Proctor Qualifications for Continuing Education

- An approved instructor teaching any approved course of instruction or lecturing at any approved seminar or meeting shall qualify for two (2) hours of credit for each hour presented.
- Instructors must have had specific insurance training or educational experiences satisfactory to and approved by the Commissioner in order to be certified to teach any part of any approved course. Each instructor must have two (2) or more years of specific insurance experience and/or education related to and in each part of the insurance training program in which he instructs and must be approved prior to teaching any course, or any part of a course, by the Commissioner. Applicants for approval as an instructor shall
- complete and submit Appendix "D" to the License Division.
- No person will be approved as an instructor who has received disciplinary action by the Arkansas Insurance Department, the Insurance Department of another state, or any similar regulatory body or court. The Commissioner shall have the authority to waive this requirement for good cause shown in a written request

Major Lines of Authority for Continuing Education Courses (Rule 50)

This section will go over the major lines of authority and the requirements for training and course content. In accordance to AID Admin Rule 50. Below are the major lines of authority.

- Accident/Sickness/Health
- Property/Casualty
- Life
- Personal Lines
- Ethics
- Annuities-BI
- Variable Products
- Flood
- Workers' Compensation
- Title

In the SBS system the course concentration list differs from the AID lines of authority. They also require the state appendix (application) designated by the AID. Below is the chart that will guide you on your selections based on the courses concentration your are trying to get approved for along with the required state application if it is being used.

Appendix (application)	**If your course is for any of the following…**	**Select the option below in the SBS system.**
Appendix A-3	Annuities Suitability	Annuities Suitability
Appendix A-1	A generalized course that contains information on all lines of authority; Life, Accident/Health, Property, Casualty, Variable Products	Producer General
Appendix A-1	Ethics course that is for title agents only	Title Ethics
Appendix A-1	A generalized course that contains information on all lines of authority for title agents only; Life, Accident/Health, Property, Casualty	Title General
Appendix A-2	A generalized course that contains information on Property, Casualty, Personal Lines, Flood, Workers' Compensation	Adjuster General
Appendix A-2	Ethics course that is for Adjusters agents only	Adjuster Ethics
Appendix A-1	Ethics course that is for Producer agents only	Producer Ethics
Appendix A-1	A course that contains information regarding A&H, Medicare, Marketplace	Health Exchange General

REMINDER: Please make sure that you are submitting the correct application based on the course type if you are using the state application.

CE Course application Submission

Below are some of the required documents for a course application based on the method of presentation. All methods of presentation require the basic documentation below. In addition, the checklist will provide a simplified checklist that provider must adhere to in order to have a CE course approved.

- Course outline with time allocations
- Course purpose/objective
- Delivery method description . Must include but not limited to the following.
  - Type of Instruction
    - Classroom: In-person, instructor-led sessions.
    - Self-Study: Independent learning using printed or digital materials.
    - Distance Learning: Online or virtual instruction (live or recorded).
  - Technology Used (for distance learning)
    - Platforms (e.g., Zoom, LMS, webinar tools)
    - How learners access materials
    - How interaction is handled (e.g., chat, Q&A, discussion boards)
  - Verification of Participation
    - How attendance is tracked (e.g., login logs, time tracking)
    - How identity is verified (e.g., proctoring, ID checks)
    - How exams are administered securely (especially for self-study)
  - Course Format
    - Is it synchronous (live) or asynchronous (on-demand)?
    - Are there quizzes, exams, or interactive components?

All Continuing Education (CE) course applications must be submitted ”no less that ninety (60) days prior to the expected use of the program” If any documentation is missing, you will be required to resubmit the entire application packet via the AID SBS portal.

If a course must be mailed physically, please send application packet by trackable courier to PSI Services. See support information ad mailing address.

To change the business entity name please click here and follow the instructions provided on the document.

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Application Checklist for CE Course Application

AR Application - Self-Study

- Course purpose/objective
- Detailed outline with time allocations
- Certificate of Self-Study Completion/Proctor Affidavit
- Test Security/Course Procedures
- Course Valuation – provide the formula you are using to determine the credits.
  - **Textbook formula**
    - 600 words = 1 page
    - 15 pages = 1 credit
    - (600 × 15 = 9000 words ÷ total word count = # of credits)
  - **Screen Formula**
    - 600 words = 1 page
    - 45 screens = 1 credit
    - (600 × # of total screen = # ÷ 45 = # of credits)

AR Application - Classroom

- Course purpose/objective
- Detailed outline with time allocations
- Sign-in/out Sheet
- Procedure of course completion

AR Application – Distance Learning (Webinar)

- Summary of course purpose/objective
- Detailed content outline with time allocations
- Webinar Affidavit
- Webinar Guidelines
- Procedure of course completion

NAIC Application

- Application
- Home State approval – Must be current
- Outline with time allocations for
  - Classroom
  - Distance Learning
    - Webinar Guidelines
  - Self-study
    - Course Valuation – provide the formula you are using to determine the credits.
    - Textbook formula

        - 600 words = 1 page
        - 15 pages = 1 credit
        - (600 × 15 = 9000 words ÷ total word count = # of credits)
    - Screen Formula
        - 600 words = 1 page
        - 45 screens = 1 credit
        - (600 × # of total screen = # ÷ 45 = # of credits)

Reminder:

- All fees are non-transferable and non-refundable
- Any application that is rejected must be resubmitted to PSI via the SBS portal.
- If you would like to mail your application(s) packet(s) Please send them by traceable mail to the address below.

PSI Services
Attn: CE Processing Dept.
450 North Stephanie Street
2nd Floor Suite#200
Henderson NV 89014
ar-ceprocessing@psionline.com

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Continuing Education (CE) Provider Application

Name of Provider: _____ **Provider ID#**_____

Provider Address:_____

Primary Contact Person:_____ **Primary Phone:**_____

Fax: _____ **Primary Email Address:** _____

Name of Contact Person# 2: _____ **Phone #2:**_____

Fax #2:_____ **E-mail #2:**_____

List Representatives Authorized to Sign for the Provider

_____	_____	_____
Name	**Title**	**Signature**
_____	_____	_____
Name	**Title**	**Signature**
_____	_____	_____
Name	**Title**	**Signature**

Type of Courses Provider Will Offer (Check all that apply)

Producer(agent/broker) _____ **Title** _____ **Adjuster** _____

Print Name: _____

Signature: _____ **Date:** _____

Office Use Only

Approved By: _____ **Date:** _____

Denied By: _____ **Date:**_____

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ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Pre-Licensing Instructor Application Checklist

- Complete the Application for Instructor Approval.
- Include:
- Resume (Bio's will not be accepted.)
- Summary of at least 3 years of insurance-related experience
- Summary of insurance education (courses, designations)
- List of current licenses (state, type, number)
- Answer disciplinary history question and attach documentation if applicable.

Application for Instructor Approval

Provider Information

Provider Name:	
Provider #:	
Contact Person/Email:	
Provider Contact Address1:	
Suite. Unit, Floor, etc.	
City, State, Zip:	
Provider Phone #:	

Instructor Information

Applicant Name:	
Applicant's Contact Address1:	
Suite. Unit, Floor, etc.	
City, State, Zip:	
Applicant's Phone #:	
Applicant's e-mail address:	

Qualifications of Instructor

Summarize all prior insurance experience which totals 3 or more years. (Attach additional sheets if necessary). If you do not have insurance experience enter N/A:	
Please summarize insurance education, including but not limited to college or university insurance course hours. Include any professional designations or number of hours obtained toward professional designation:	
List all current resident and non-resident insurance licenses you currently hold. List the State of issue, License Type and License#:	
Have you ever been involved in an administrative proceeding regarding any professional license? Yes No If yes attach full detailed statement and copies of official documents:	
What type courses of instruction do you propose to serve as instructor?	

Instructor Attestation/Certification

Instructor Attestation Regarding Disciplinary History

No person will be approved as an instructor who has received disciplinary action by the Arkansas Insurance Department, the Insurance Department of another state. Or another similar regulatory body or court. The Commissioner shall have the authority to waive the requirement for good cause shown in a written request. Please answer n/a if this does not apply to you.

I attest that I have not been the subject of disciplinary action by the Arkansas Insurance Department, the insurance department of another state, or any other regulatory or judicial authority. I understand that the Commissioner may waive this requirement for good cause shown in a written request, and I agree to provide such documentation if applicable.

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

Signature:	Date

Department Use Only

Approved by:	
Date:	
Disapproved by:	
Date:	

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ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Producer, and Title Agent Continuing Education Course Application

Provider Information

Provider Name: _____ **FEIN#**_____

Provider Number: _____ **Contact Person:** _____

Contact Phone: _____ **Contact Email:** _____

Course Information

Course Title: _____

Course Type: ____Self-Study (SS) Correspondence, Video/Audio/CD/DVD ____Classroom (CL) Seminar, Workshop, Live in-person ____ Distance Learning (DL) Webinar, Teleconference, Virtual Class, Remote

Course Concentration: ____Annuities Suitability ____Title Ethics ____ Title General ____Adjuster Ethics ____Producer General ____Adjuster General ____Producer Ethics

Number of credits requested. _____ **Is this course open to the public?** ____Yes ____No

Measurement used for successful completions:

____Final Exam/Certificate of Completion ____ Sign-In/out Sheet ____Distance Learning Affidavit

Signature of Provider Representative: _____

Date: _____ Provider Representative's Phone Number:_____

Office Use Only

Approved By: _____ **Date**: _____

Declined By: _____ **Date**: _____

Course Number Assigned: _____

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ARKANSAS
Insurance Department

SAMPLE ACCEPTABLE COURSE OUTLINE

DIRECTORS' AND OFFICERS' LIABILITY

25 minutes 8:30 – 8:55 I. Recent history of D&O liability exposure
- A. Trends in D&O claim frequency and severity
- B. Major problem areas
  1. Federal securities laws
  2. Mergers/acquisitions
  3. Pollution claims
  4. Financial institutions claim
  5. Third-party claims
- C. Recent large settlements and judgments

25 minutes 8:55 – 9:20 II. Legal concepts underlying the D&O exposure
- A. Basic legal duties of Directors and Officers
  1. Duty of obedience
  2. Duty of loyalty
  3. Duty of care
- B. To whom duties are owed
- C. Common defenses
- D. Recent legislation limiting director liability

9:20 – 9:30 BREAK

50 minutes 9:30 – 10:20 III. Common exclusions
- A. Public policy exclusions
  1. Dishonesty
  2. Gaining an illegal profit or advantage
  3. Section 16(b) of the Securities Exchange Act
  4. Return of excessive remuneration
- B. Intended to be covered elsewhere
  1. Libel and slander
  2. Nuclear energy
  3. Employment practice

10:20 – 10:30 BREAK

50 minutes 10:30 – 11:20 IV. Case study

Review of ABC Corporation's stockholder lawsuit alleging mismanagement by the corporation's board of directors and senior management. Study includes review of facts, company's defense and participation in defense by the insurer.

Reasons for acceptability:
1. Sufficient detail on subject matter covered.
2. Sufficient detail on amount of time spent on each topic.
3. Insurance policy content is a topic that qualifies for credit.
4. Breaks are noted on the outline. Ten minutes per hour of instruction are recommended.
5. Case study is described. It is useful to include the case study materials with the outline.

psi

ARKANSAS
Insurance Department

SAMPLE UNACCEPTABLE COURSE OUTLINE

ADVANCED WORKERS' COMPENSATION SEMINAR

8:00 a.m. – noon

I. Introduction

II. Policy coverage
   - A. Benefits to injured workers
   - B. Employer liability

III. Writing workers compensation coverages with Middle Atlantic Life and Casualty
   - A. Sales support to agents
   - B. Price and service comparisons to competitors

IV. Use of technology by agents to service clients
   - A. Wonder Wizard Claim Reporting Software
   - B. Visit the Middle Atlantic Life and Casualty interactive Website

Working luncheon

Noon – 1:00 p.m.

V. Reserving

1:00 p.m. – 4:00 p.m.

VI. Loss control activities

VII. Case studies

VIII. Panel discussion with experts

Deficiencies in this outline:

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
www.insurance.license@arkansas.gov

Property Certificate of Completion

For Use with Rule 31

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of Property Insurance.

Applicant Name: _____

Resident Address: _____

Social Security:_____ **License umber**_____

Date of Birth: _____ **Date of Course Completion:**_____

Name of Approved Training Facility or Electronic Facility: _____

Study Method of Course Completion. Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hours Completed	No. of Hours Completed Classroom(C)/ Distance Learning (DL)/ Self-Study (SS)
Introduction to Insurance (1hr)			
State Insurance Laws and Rules (5hrs)			
Fire and Allied Lines; and Assigned Risk Plans (ARRUA) and Arkansas Earthquake Authority (AEA) (4hrs)			
Homeowners' Policies and other Multi-Line Products (5hrs)			
National Flood Insurance – Federal (0.5)			
Commercial Property and Commercial Crime Insurance (3hrs)			
Crop Insurance – Federal (0.5)			
Ethics (1hr)			
Total Number of Hours Completed			

*psi

- **For those applicants seeking an exemption from the 5hrs on State Insurance Laws and Rules, please initial here _____.**
- **Applicant certifies that the portion of study on State insurance Laws and Rules for a total of 5hrs were completed on _____ and is therefore not required to be completed in this certification.**
- **We acknowledge that falsifying this statement will result in disciplinary action being taken against us by the Arkansas Insurance Department.**

_____	_____
Typed Name of Applicant	**Typed Named of instructor/Proctor**
_____	_____
Signature of Applicant	**Signature of Instructor/Proctor**
_____	_____
Provider Name	**Provider Number**
Date Signed _____	**Date Signed** _____

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
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E:insurance.license@arkansas.gov

Casualty Certificate of Completion

For Use with Rule 31

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of Casualty.

Applicant Name: _____

Resident Address: _____

Social Security:_____ **License umber**_____

Date of Birth: _____ **Date of Course Completion:**_____

Name of Approved Training Facility or Electronic Facility: _____

Study Method of Course Completion.

Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hours Completed	Completed by Method Classroom(C)/ Distance Learning (DL)/ Self-Study (SS)
Introduction to Insurance(1hr)			
State Insurance Laws and Rules (5hrs)			
Ocean (Wet Marine) and Inland Marine Insurance (1hr)			
General Liability Insurance (2hrs)			
Automobile Insurance and Assigned Risk Plans, including Personal (AIPSO) and Commercial (CAIP) (5hrs)			
Workers' Compensation and Assigned Risk Plans (3hrs)			
Commercial Crime Insurance and Fidelity Bonds (1hr)			
Surety Bonds (1hr)			
Ethics (1hr)			
Total Number of Hours Completed			

psi

- **For those applicants seeking an exemption from the 5hrs on State Insurance Laws and Rules, please initial here _____.**
- **Applicant certifies that the portion of study on State insurance Laws and Rules for a total of 5hrs were completed on _____ and is therefore not required to be completed in this certification.**
- **We acknowledge that falsifying this statement will result in disciplinary action being taken against us by the Arkansas Insurance Department.**

Typed Name of Applicant	**Typed Named of instructor/Proctor**
Signature of Applicant	**Signature of Instructor/Proctor**
Provider Name	**Provider Number**
Date Signed _____	**Date Signed _____**

psi

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Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E:insurance.license@arkansas.gov

Life Certification of Completion

For use with Rule 31

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of Life Insurance.

Applicant Name: _____

Resident Address: _____

Social Security:_____ **License umber**_____

Date of Birth: _____ **Date of Course Completion:**_____

Name of Approved Training Facility or Electronic Facility: _____

Study Method of Course Completion.

Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hours Completed	Completed by Method Classroom(C)/ Distance Learning (DL)/ Self-Study (SS)
Introduction to Insurance (1hr)			
State Insurance Laws and Rules (5hrs)			
Life Insurance Basics (5hrs)			
Life Insurance Policies, Policy Options, and Policy Provisions (5hrs)			
Annuity Contracts (3hrs)			
Ethics (1hr)			
Total Number of Hours Completed			

psi

- **For those applicants seeking an exemption from the 5hrs on State Insurance Laws and Rules, please initial here _____.**
- **Applicant certifies that the portion of study on State insurance Laws and Rules for a total of 5hrs were completed on _____ and is therefore not required to be completed in this certification.**
- **We acknowledge that falsifying this statement will result in disciplinary action being taken against us by the Arkansas Insurance Department.**

_____	_____
Typed Name of Applicant	**Typed Named of instructor/Proctor**
_____	_____
Signature of Applicant	**Signature of Instructor/Proctor**
_____	_____
Provider Name	**Provider Number**
Date Signed _____	**Date Signed _____**

psi

ARKANSAS
Insurance Department

1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
insurance.license@arkansas.gov

Personal Lines (Non-Commercial) Certificate of Completion

For Use with Rule 31

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of Personal Lines (Non-Commercial).

Applicant Name: _____

Resident Address: _____

Social Security:_____ **License Number:** _____

Date of Birth: _____ **Date of Course Completion:**_____

Name of Approved Training Facility /Electronic Facility: _____

Study Method of Course Completion. Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. Of Hours Completed	No. of Hours Completed Classroom(C)/ Distance Learning (DL)/ Self-study(SS)
Introduction to Insurance (1hr)			
State Insurance Laws and Rules (5hrs)			
Fire and Allied Lines, including Manufactured Houses; an Assigned Risk Plans (ARRUA), and Arkansas Earthquake Authority (AEA) (5hrs)			
Automobile Insurance and Assigned Risk Plans (5hrs)			
Flood Insurance – Federal (1hr)			
Homeowners Policies and other Multi-Lines Products; and Assigned Risk Plans (ARRUA) and Arkansas Earthquake (AEA) (5hrs)			
Ethics (1hr)			
Total Number of Hours Completed			

psi

For those applicants seeking an exemption from the 5hrs on State Insurance Laws and Rules, please initial here _____.

Applicant certifies that the portion of study on State insurance Laws and Rules for a total of 5hrs were completed on _____ and is therefore not required to be completed in this certification.

We acknowledge that falsifying this statement will result in disciplinary action being taken against us by the Arkansas Insurance Department.

_____	_____
Typed Name of Applicant	**Typed Named of instructor/Proctor**
_____	_____
Signature of Applicant	**Signature of Instructor/Proctor**
_____	_____
Provider Name	**Provider Number**
Date Signed _____	**Date Signed** _____

psi

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Annuity Suitability Training Course Approval Form

Provider Information

Provider Name: _____ **FEIN#**_____

Provider Number: _____ **Contact Person:** _____

Contact Phone: _____ **Contact Email:**_____

Course Information

Course Title: _____

Course Type: ____**Self-Study (SS)** Correspondence, Video/Audio/CD/DVD ____**Classroom(CL)** Seminar, Workshop, Live in-person ____ **Distance Learning (DL)** Webinar, Teleconference, Virtual Class, Remote

Course Concentration: Annuities Suitability

Number of credits requested. _____ **Is this course open to the public?** ____Yes ____No

Measurement used for successful completions:

____Final Exam/Certificate of Completion ____ Sign-In/out Sheet ____Distance Learning Affidavit

---

Signature of Provider Representative: _____

Date: _____ **Provider Representative's Phone: Number**:_____

Office Use Only

Approved By: _____ **Date**: _____

Declined By: _____ **Date**: _____

Course Number Assigned: _____

psi

ARKANSAS
Insurance Department

1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

TO: ARKANSAS INSURANCE DEPARTMENT
Licensing Division
1200 West Third Street
Little Rock, AR 72201-1904

Request for Exemption for Use with Rule 50

Under Arkansas Code 23-64-302(3) and (4) as amended, I held an Arkansas producer license before July 1, 2003, and now am requesting the following exemptions.

Continuing education hours:

_____ At least sixty years of age. Date of birth _____. (Attach a copy of birth certificate or other document evidencing date of birth.)

_____ Have held a license as an agent, broker, producer for a period of 15 consecutive years. Date first licensed _____

I certify that the information set out above is true and correct to the best of my knowledge and belief.

_____ _____
Signature **Type Name**

_____ _____
Arkansas License Number **Street Address**

_____ _____
Telephone Number **City, State, Zip code**

Email Address: _____

Subscribed and sworn to or affirmed before me a notary public in and for the State of _____ on this _____ day of _____, 20_____

_____ _____
Notary Public **My Commission Expires**

psi

ARKANSAS
Insurance Department

1 Commerce Way
Little Rock, AR 72202
P: 1800-282-9134
E: insurance.license@arkansas.gov

Continuing Education Certificate of Completion

For use with Rule 50

Producer Name: _____ **Arkansas License #:** _____

Street Address: _____

I, _____,
Authorized Representative

of _____, **hereby certify that**
Course Provider

the person named herein has successfully completed the following approved course:

Course Title: _____

Number of Credits Earned: _____ **Course Number**_____

Date of Course Completion: _____

Education provider Declaration

This course has been approved by the Arkansas Department of Insurance pursuant to Rule 50.

Date: _____ **Signature of Representative:** _____

Date: _____ **Signature of Producer:** _____

THIS FORM MAY BE PROVIDED TO THE PRODUCER UPON COMPLETION OF THE COURSE IF REQUESTED BY PRODUCER

psi

ARKANSAS
Insurance Department
1 Commerce Way
Little Rock, AR 72202
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E: insurance.license@arkansas.gov

Correspondence Course Certificate of Completion and Proctor Affidavit
For use with Rule 50

All correspondence must have a proctored exam to be valid; Form must be typed or printed.

Licensee's Information

Name of Licensee: _____ **License Number:** _____

Resident Address: _____

Business Phone Number: _____ **Email:**_____

Producer Signature: _____ **Date:** _____

Proctor Information

Proctor's Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Proctor's Drivers License: _____ **State Issued:** _____

Start time of Exam _____ **End Time of Exam** _____

Date of Completion of Exam _____

Location of Examination_____

Instructions:

This completed form is to be returned to the Education Provider of the Course. No credit for the course will be given until the Provider has received this document. The Education Provider will provide a copy of this form to the Arkansas Insurance Department (AID) by electronic media. Please note, education providers are not required by the State to provide a certificate of completion. If you would like a copy of this certificate please reach out to the Education Provider.

psi

ATTESTATION

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above-named licensee and that the examination was provided as instructed by the Course Provider. I assure the Commissioner that no attendee was permitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of any efforts to circumvent the requirements of the proctored examination, and I have no special interest to ensure the licensee passes the examination. I understand that this affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Arkansas Insurance Code or Rule penalties.

Signature of Proctor: _____ Date:_____

CONTINUING EDUCATION PROVIDER INFORMATION (Completed by Provider only)

Course Name: _____ Course #: _____

Provider Name: _____ Provider #: _____

Signature of Provider Responsible Contact: _____

Title of responsible Contact: _____ Date: _____