

ARKANSAS INSURANCE DEPARTMENT
 1 COMMERCE WAY, SUITE 104
 LITTLE ROCK AR 72202
 LICENSE DIVISION PHONE NUMBER: 501-371-2750
 LICENSE DIVISION FAX NUMBER: 501-683-2604
 DEPARTMENT WEBSITE: WWW.INSURANCE.ARKANSAS.GOV

NEW TITLE AGENCY INSURANCE LICENSE

Complete form:

Title Agency Application Form AID-LI-TAGY

1. The agency must have at least one individual who is qualified as a Title Agent and present that information on #25 of the application.
2. \$250.00 fee by agency check, money order or cashier's check. Check should be made payable to the Arkansas Insurance Department.
3. Only partnerships, limited liability partnerships, corporations, and limited liability companies can be licensed. Arkansas does not license sole proprietors.
4. A copy of the articles of incorporation, articles of members must be attached for corporations or for limited liability companies. If agency is a partnership or LLP then copies of the partnership agreement if there is a written partnership agreement.

The Title Agency Applicant Form AID-LI-TAGY must contain the following required information (**Required information is marked in bold**):

Question

1. Business Entity Name ---**Required**
2. Incorporation/Formation Date---**Required**
3. FEIN--**Required**
4. National Producer Number---not applicable---leave blank
5. NASD firm Central Registration –not applicable---leave blank
6. List of any other assumed names---**Required**
7. State of Domicile---**Required**
8. Country of Domicile---not applicable---leave blank
9. Bank Affiliated---**Required**
10. Business Address—must be physical address---**Required**
11. City ---**Required**
12. State---**Required**
13. Zip Code---**Required**
14. Foreign Country—not applicable---leave blank
15. Phone Number---**Required**
16. Fax Number---**Required**
17. Business Web Site Address---preferred but not required
18. Business E-Mail Address---**Required**
19. Mailing Address---may be P.O. Box---**Required**
20. P.O. Box---optional
21. City ---**Required**
22. State---**Required**
23. Zip Code---**Required**
24. Foreign Country---not applicable—leave blank
25. List all Licensed Title Agents---**Required**—attach list to application additional space is needed
26. Owners, Partners---**Required**--- attach list to application additional space is needed
27. Legal Business Type---**Required**
28. Questions 1, 2, 3, 4, 5, 6---**Required**---**must attach statement and document for yes answers**
29. Signature---**Required**

Any questions regarding the completion of the forms should be directed to the License Division at 501-371-2750.

Continued On Back

Important Information:

1. Your license will renew on October 1 of each year.
2. Renewal notices will be mailed to the business 60 days prior to October 1.
3. There is no grace period on the license renewal if the renewal is not received prior to the expiration date your license becomes inactive and you cannot conduct business. You will be subject to late renewal fees.
4. You can verify your license information on the business entity/agency search at the Department's website at www.insurance.arkansas.gov under AID Search Engines—select business entity/agency search.
5. If your address or e-mail address changes you must notify the Department within 30 days by using the address change form at <https://insurance.arkansas.gov/pages/industry-regulation/licensing/forms-instructions/>.
6. If your name changes, you must notify the Department by letter and attach copies of the legal documents which enforce the name change.
7. You must be appointed by a Title Company if you are writing title insurance for that company. This is the responsibility of the Title Company to process and pay for the appointment.
8. Any new Title Agents employed by your agency must be added to the agency license by using form Agency Addition **AID-LI-AGY-ADD** or if the Title Agent leaves your agency you must terminate by using form **AID-LI-UBE-TERM**

Questions regarding the status of your license or license renewal should be directed to the Department's License Division at 501-371-2750.