



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

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.

Page 1 of Application

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.

Page 2 of Application

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.**

Page 3 of Application

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.**