

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

ADDITION TO AGENCY LICENSE

Agency Name: _____

Agency Address: _____
Street or P.O. Box City State Zip

Agency Contact Person: _____

Contact Persons Telephone Number: _____

Agency Tax ID #: _____

ADDING A PRODUCER TO THE AGENCY LICENSE

Fees:

Resident agency---if adding for limited lines \$10.00, adding for life and health \$10.00, if adding for title \$10.00, if adding for property/casualty \$25.00. The total fee for adding an agent for life, health and property/casualty is \$25.00.

Non-resident Agency: all additions are \$30.00 Make checks payable to the Arkansas Insurance Department Trust Fund.

Please add the following producer(s) to the agency license.

Producer's Name: _____

Producer's Social Security Number: _____

Producer's state of residence: _____

Add the Producer for the following lines of Insurance: _____

Producer's Name: _____

Producer's Social Security Number: _____

Producer's state of residence: _____

Add the Producer for the following lines of Insurance: _____

Producer's Name: _____

Producer's Social Security Number: _____

Producer's state of residence: _____

Add the Producer for the following lines of Insurance: _____

Authorized Agency Signature: _____

Typed or Printed Name: _____

Date Signed: _____