



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

**BUSINESS ENTITY (AGENCY)  
PRODUCER ADDITION AND TERMINATION INSTRUCTIONS**

The addition of producers and termination of producers to/from an agency license is available via [INA](#) on the website, as well as a manual process. The completed form with fee should be mailed to the Arkansas Insurance Department.

**PRODUCER ADDITION:**

1. Complete form **AID-LI-AGY-ADD**. The form may be reproduced or computer generated; however, it must be generated in the same format.
2. The information must be legible or the form will be returned **unprocessed**.
3. All business entity (agency) information must be completed.
4. All information for the producer must be completed.
5. The form must be signed and dated by an agency official.
6. Incomplete forms will be returned **unprocessed**.
7. The business entity check for the fee amount must be payable to the Arkansas Insurance Department Trust Fund. (See Form **AID-LI-AGY-ADD** for fees.)
8. Once the addition has been processed, the business entity (agency) will receive a certification from the Department showing this individual has been added to its license. This certification must be presented to all insurance companies for which the producer will write business for the business entity (agency) in order for the insurance company to appoint the producer.

**PRODUCER TERMINATION:**

1. Complete form **AID-LI-UBE-TERM**. The form may be reproduced or computer generated; however, it must be generated in the same format.
2. The information must be legible or the form will be returned **unprocessed**.
3. All business entity (agency) information must be completed.
4. All information for the producer must be completed.
5. The form must be signed and dated by an agency official.
6. Incomplete forms will be returned **unprocessed**.
7. The business entity check for the fee amount must be payable to the Arkansas Insurance Department Trust Fund. (See Form **AID-LI-UBE-TERM** for fees.)
8. Once the termination has been processed, the business entity (agency) will receive a certification from the Department showing this individual has been terminated from its license. This certification must be presented to all insurance companies for which the producer has been writing business for the business entity (agency) in order for the insurance company to terminate the producer's appointment.

**ADDING OR REMOVING DESIGNATED RESPONSIBLE LICENSE PRODUCER (DRLP):**

1. To add a (DRLP) complete the appropriate area on form AID-LI-AGY ADD (1-15)
  2. Attach funds made payable to the Arkansas Insurance Department for \$10.00 for regular agency or \$100.00 for Surplus Lines Agency.
  3. To remove a (DRLP) complete the appropriate area on form AID-LI-UBE-TERM (1-15) and attach funds of \$10.00 made payable to the Arkansas Insurance Department.
- If you have questions regarding adding or terminating a producer to a business entity (agency), please contact the License Division at 501-371-2750.
  - You can view the producers listed on your business entity (agency) license by visiting the Department's website.

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**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:***

**The fee for adding a producer, title agent to an agency is \$10.00. The fee to add a surplus lines producer to a surplus lines agency is \$100.00. Adding a Designated Responsible License Producer (DRLP) is the same as an addition.**

Please add the following as a Designated Responsible License Producer for the agency:

Producer's Name: \_\_\_\_\_ National Producer No: \_\_\_\_\_

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

Producer's Name: \_\_\_\_\_

Producer's National Producer Number: \_\_\_\_\_

Producer's State of Residence: \_\_\_\_\_

\_\_\_\_\_  
Producer's Name: \_\_\_\_\_

Producer's National Producer Number: \_\_\_\_\_

Producer's State of Residence: \_\_\_\_\_

\_\_\_\_\_  
Authorized Agency Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

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