



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

BUSINESS ENTITY (AGENCY) PRODUCER TERMINATION

Business Entity Name: \_\_\_\_\_

Business Entity Address: \_\_\_\_\_
P.O. Box or Street City State Zip

Business Entity Contact: Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Agency Tax Identification Number: \_\_\_\_\_

REMOVING A PRODUCER FROM THE BUSINESS ENTITY (AGENCY) LICENSE:

Fees: (Please make checks payable to the Arkansas Insurance Department Trust Fund)
All terminations are \$10.00 per producer.

Producer's Social Security Number: \_\_\_\_\_

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

Dated \_\_\_\_\_

Authorized Business Entity Representative

Typed or Printed Name