



**ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1200 WEST 3<sup>RD</sup> STREET, LITTLE ROCK, AR 72201  
PHONE 501-371-2750; FAX 501-683-2604  
WEBSITE: <http://insurance.arkansas.gov/license.htm>**

**REPLACEMENT LICENSE RENEWAL FORM FOR A BUSINESS ENTITY**

**Licensee's Name:** \_\_\_\_\_ **Licensee's License #** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

**Current Business Address:** \_\_\_\_\_

**License Class Type:** \_\_\_\_\_

**Name of Designated Responsible Producer:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Business Fax #** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Reason for requesting replacement renewal:** \_\_\_\_\_

**The following questions must be answered and if there is an affirmative response, you must attach a written statement explaining the circumstances and a copy of any legal notice and a copy of any official documentation showing the resolution or final judgment.**

1. Has the business owner, partner, officer, member, or producer been convicted of or currently charged with a crime (whether or not adjudication was withheld) since the last renewal of this license? Yes  No
2. Has the business, owner, officer, partner, member or producer or any business in which you are or were an owner, partner, member, officer, director or producer been involved in an administrative proceeding regarding any professional or occupational license since the last renewal of this license? Yes  No
3. Has any demand been made or judgment rendered against the business, owner, partner, member, officer, or producer for overdue monies by an insurer, insured or producer since the last renewal of this license? Yes  No
4. Has the business, owner, partner, member, officer or producer been subject to a Bankruptcy proceeding since the last renewal of this license? Yes  No

**Enclosed Fees: Renewal Fee** \_\_\_\_\_ **+ Late Fee** \_\_\_\_\_ **= \$** \_\_\_\_\_ **Total**

(Make your check payment to the Arkansas Insurance Department Trust Fund and mail to the above listed address.)

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License Renewal Notice—Administrative and Regulatory Fee**

Arkansas Code Ann: §23-61-706 requirement payment on or before the expiration date. If payment is late "the fine shall be twice the amount required." There is no grace period and the agency cannot perform business in Arkansas once the expiration date is exceeded. Agencies must renew on October 1 annually, Surplus Lines Business Entities renew on January 1 annually, Car Rental renew annually on designated date, Third Party Administrators renew on January 1 annually, Viatical (Life Settlement) Business Entities and Viatical (Life Settlement) Business Entity Broker renew annually on designated date, Portable Electronic Insurance renew annually on designated date. Portable Electronic and Self-Service Storage renew annually.

**Home State Certifications** are not required unless your home state of residence does not report the license type to the National Database. If you are not sure, please contact your home state Insurance Department Licensing Division.

**Fees: (not including late fees) Late fees penalties are double fee.**

**Agency: \$35.00**

**Agency Consultant: \$60.00**

**Surplus Lines Business Entity: \$65.00**

**Car Rental: \$35.00**

**Third Party Administrator: \$100.00**

**Viatical (Life Settlement) \$100.00**

**Viatical (Life Settlement) Business Entity Broker: \$100.00**

**Portable Electronic Insurance Less than 10 Offices: \$100.00**

**Portable Electronic Insurance 10 or More Offices: \$1,000.00**

**Self-Service Storage \$35.00**

**Department Use Only:**

**Route Slip or Check #:** \_\_\_\_\_ **or Cash Receipt #** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Record Posted:** \_\_\_\_\_

**Problem or Special Instructions:** \_\_\_\_\_