



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

ARKANSAS REPLACEMENT LICENSE RENEWAL
FOR BUSINESS ENTITY

Enclosed Fees: Renewal Fee _____ + Late Fee _____ = \$_____ Total

Licensee's Name _____ Licensee's Federal Tax ID# _____
Current Mailing Address _____
Current Business Address _____
Business Phone No. _____ Business Fax No. _____
E-Mail Address: _____

REASON FOR REQUESTING REPLACEMENT RENEWAL:

THESE QUESTIONS MUST BE ANSWERED.

- 1. Has the business owner, partner or producer been convicted of or currently charged with a crime...
2. Has the business, owner, officer, partner or producer or any business in which you are or were an owner...
3. Has any demand been made or judgment rendered against the business, owner, partner, officer or producer for overdue monies...
4. Has the business, owner, partner, officer or producer been subject to a Bankruptcy proceeding...
5. Have you changed your mailing address and failed to notify the Department?

If you answer yes, you must attach to this renewal notice (a) a written statement explaining the circumstances of each incident, (b) a copy of any legal notice and (c) a copy of the official documentation showing the resolution or final judgment.

(Licensee Signature and Date Required)

SIGNATURE: _____ DATE: _____

License Renewal Notice—Administrative and Regulatory Fee:

Ark. Code Ann. § 23-61-706 requires payment on or before the expiration date. If payment is late, "... the fine shall be twice the amount required..." Example: If payment is received late for an agency, the total needed would be \$105.00 (\$35 ARF + \$70 fine).

ALL NON-RESIDENT LICENSEES MUST ATTACH AN ORIGINAL HOME STATE CERTIFICATION NO MORE THAN 60 DAYS OLD. MAKE CHECK PAYABLE TO THE ARKANSAS INSURANCE DEPARTMENT TRUST FUND. Arkansas Law requires the licensee to pay this fee; the insurance company is prohibited from paying this fee. PLEASE MAIL PAYMENTS AND THE COMPLETED FORM to the attention of the License Division at the address listed above.

Table with 3 columns: Renewal Fee, *Late Fee, *TOTAL: and 3 columns: Renewal Fee, *Late Fee, *TOTAL: for various categories like Agency, Car Rental, Viatical Provider, etc.

Department Use Only:

Route Slip or Check No. _____ or Cash Receipt No. _____
Date Received: _____ Record Posted _____
Problem or special instructions: _____

*If Applicable