



ARKANSAS INSURANCE DEPARTMENT  
 LICENSE DIVISION  
 1200 WEST 3<sup>RD</sup> STREET  
 LITTLE ROCK AR 72201  
 PHONE NUMBER 501-371-2750  
 FAX NUMBER 501-683-2607

WEBSITE: [WWW.INSURANCE.ARKANSAS.GOV/LICENSE/DIVPAGE.HTM](http://WWW.INSURANCE.ARKANSAS.GOV/LICENSE/DIVPAGE.HTM)

**ADJUSTER TESTING AND LICENSING INSTRUCTIONS  
 FOR FORM AID-LI-ADJ**

**RESIDENT ADJUSTER**

In order to qualify for the resident adjuster examination an individual must meet the following criteria before the individual can apply to take the adjuster-licensing exam, but if the individual does not meet these requirements they cannot apply for a permit to take the exam. There are no exceptions to the requirement criteria for a resident of Arkansas. All resident applicants for license must have at least one year of verifiable experience in claims adjustment or must have a licensed Arkansas adjuster complete and sign #43 of the application. Question #43 of the application attests the applicant will work under the direct supervision of the Arkansas licensed adjuster for 1 year after successfully passing the adjuster license examination. A resident of Arkansas must take an Arkansas examination to become an adjuster. An Arkansas resident cannot substitute an exam in another state for a resident license. All individuals who take the exam are required to take the **General Insurance** category exam and at least one other category of line of authority. The examinations will be offered in three areas: Property, Casualty, and Workers Compensation. The applicant must mark the lines or categories to be examined on the application.

**Effective May 1, 2006:** the Arkansas Insurance Department is required to complete a criminal background review on all resident applicants. The applicant must complete the Arkansas State Police Form ASP-122 (*located at the end of the Adjuster License Application*). Also attach a separate company check, agency check, money order or cashier’s check in the amount of \$22.00 made payable to the Arkansas Insurance Department. No personal check can be accepted for the criminal background review. No temporary checks can ever be accepted. This fee is non-refundable.

**PROCEDURE FOR TESTING-PLEASE CONTACT PEARSON VUE AT 888-204-6259:**

1. File application for Adjuster’s License, form AID-LI-ADJ, completed in detail and signed. All questions must be answered (**Complete Legal Name is required**). If a question does not apply put N/A. (*see “How to Complete the Application in the section below.”*) Mail the completed application to Pearson Vue at 1123 South University, Suite 915, Little Rock, AR 72004. The local processing office for Pearson Vue can be contacted at 501-663-2878.
2. In addition to “General,” indicate on the application the line of line of authority for which you are applying to take the adjuster license examination.
3. Page 4 of the application must be completed, if applicant is applying for the exam and does not have the 1 year’s experience adjusting claims but will be directly supervised. The information must agree with the name provided in question 40 of the application.
4. Applicant must include a fee according to the following chart. Pearson VUE will only accept a cashier’s check, money order or company check—Pearson VUE will not accept personal or temporary checks.

<u>Application Type</u>	<u>Total Exam Fee</u>
<i>Exam for 1 line authority</i>	<i>\$136.00</i>
<i>Exam for 2 lines of authority</i>	<i>\$148.00</i>

You cannot take more than 3 examinations in one session. The examination fees listed above include all initial Arkansas licensing fees and the initial examination fee. These fees are fully earned when the application is processed---the fees are **Non refundable**.

5. Pearson VUE will process the application and issue an exam permit. After you receive your permit, you will need to call and make an appointment for the place and time for the examination. The number to call is 888-204-6259. Additional information can be located at Pearson VUE’s website at [www.pearsonvue.com](http://www.pearsonvue.com) (*see section on study materials listed below*).

**NON-RESIDENT ADJUSTER**

Arkansas will grant a non-resident license to an individual who is licensed as an independent adjuster in their home state of residence. If the individual home state does not offer an independent adjuster license, you cannot substitute a license from different state. Arkansas does not license public adjusters or crop adjusters. Company adjusters---a salaried employee of Insurance Company who only adjusts claims of the Insurance Company is exempt from licensure in Arkansas.

- A. Non-resident, whose home state issues a resident independent adjuster license.
  1. Complete the Arkansas Adjuster Application AID-LI-ADJ and submit with a total of \$60.00. (See fee subsection below). Fees are non-refundable. Your check must be made payable to the Arkansas Insurance Department Trust Fund

and no temporary checks can be accepted. This fee must be paid by the applicant—it cannot be paid by an insurance company.

2. If you answer “yes” to questions 41. 1, 2, 3, 4, 5, 6 or 7, you must also submit the required documentation and a written statement explaining the “yes” answer.

3. If your home state does not submit adjuster license information to the National License Database, then you must attach a current (within 90 days) home state certification showing you are currently licensed and in good standing in your home state.

**B. Non-resident, whose home state does not issue a resident independent adjuster license.**

1. If the applicant’s home state does not issue a resident independent adjuster license then the non-resident applicant can become licensed in Arkansas by meeting the entire exam requirements of a resident with the exception of the Criminal Background Review ASP-122.

**ANNUAL FEES & LICENSE RENEWAL**

Each resident or non-resident shall pay an annual \$35.00 administrative fee. The fee is due on the applicant’s birth date every year after the license is issued. In addition to the \$35.00 administrative fee a \$25.00 adjuster license is due at the same time for a total due of \$60.00. The fees are non-refundable and the licensee must pay the fee. The company is prohibited from paying this fee. No temporary check will be accepted. The Department will send notification of renewal 60 days prior to the date of expiration; therefore the licensee must notify the Department of any change of address by mail, fax or e-mail. No verbal address changes will be accepted.

The annual renewal fee is due on the expiration date, there is no grace period. If the fee is late then a penalty of double fee is imposed and a total of \$180.00 is due.

**STUDY MATERIAL FOR THE EXAMINATION**

The Department does not endorse, support or supply any study material for the examination. Individuals who are interested in using study material can use any of the following at their discretion. A general outline of items covered by the exam is located at the end of these instructions.

1. Property/Casualty Producer (Agent) Exam study guide. These can be purchased from pre-license education providers ( a list of pre-license education providers can be found on the License Division website at [www.insurance.arkansas.gov/license/divpage.htm](http://www.insurance.arkansas.gov/license/divpage.htm) ) Books can also be purchased from agent associations like Independent Insurance Agency of Arkansas which is located at 11225 Huron Lane, Suite #222, Little Rock AR 72211, phone # 501-221-2444, website at [www.iilaba.net](http://www.iilaba.net) or Professional Insurance Agents (PIA) of Arkansas Inc, which is located at 10 Corporate Hill, Little Rock AR 72205, phone # 501-225-1645 or their website at [www.piaar.com](http://www.piaar.com)
2. The Department’s website, [www.insurance.arkansas.gov/PandC/pclaws.htm](http://www.insurance.arkansas.gov/PandC/pclaws.htm), will give you insurance laws, bulletins, directives, and including some laws (Worker’s Comp Commission and Department of Motor Vehicles) which are not technically insurance laws but have bearing on insurance laws.
3. Another source for study material is a private vendor called Insurance Schools, Inc. Their phone number is 800-333-3926 or 304-776-3220 and their website is [www.insurance-schools.com](http://www.insurance-schools.com) or [www.insuranceadjusterscourse.com](http://www.insuranceadjusterscourse.com).

**HOW TO COMPLETE THE APPLICATION**

You must provide a complete answer to the following questions.

***Page 1 of the Application***

Questions 1. Social Security number—**required**

Questions 2, and 3 are not required

Question 4. **required** (are you employed by a bank or lending institution?) If answered yes give statement providing information.

Question 5. Last Name---must be legal name--**required**

Question 6. First Name---must be legal name, no nicknames--**required**

Question 7. Middle Name—must be legal name **required**

Question 8 Date of Birth--**required**

Question 9, 11, 12, 13, Must have physical address of residence---**required**

Question 10 and 14 are not required.

Question 15. We need home phone number--**required**

Question 16 Gender information is required

Question 17 if you are not a citizen of the United States you must provide official papers showing you are in legal residence and have the right to work in the United States--**required**

Questions 18, 19, 20, 21, 22, 23, are required; if office is at your home then add the home address.

Questions, 26, and 28 are not required

Question 24, 25,27 are not required

Question 29, 30, 31, 32, 33 are **required**

Question 34 is not required

Question 35 is **required** if you are using another name for business

Question 36 is **required**- you can attach additional paper if you need additional space  
Question 37 is **required**-- you can attach additional paper if you need additional space

***Page 2 of the Application***

Question 38 is **required**—you must check with lines of authority for which you want to test or be licensed.

Question 38a. is **required**

Question 38b is **required**-- **Please** see note regarding requirement of certification

Question 39 is **required**---you can attach additional paper if you require more room. You must give information specific to each line of authority which you request. In addition to the statement, you can attach a non-resident license which shows you have at least one years experience in the line of authority which you have requested.

Question 40 is required if you are going to be licensed as an apprentice adjuster

Questions 41-1, 2, 3, 4, 5,6& 7 are all **required, for any yes answers you must attach a statement and Official documentation explaining the “yes” answer.**

***Page 3 of the Application***

Question 42. **Must be signed with full legal name –no initials or nicknames. Name must be printed under signature.**

***Page 4 of the Application***

If you are going to qualify for the examination as an apprentice and will be supervised by a licensed Arkansas adjuster then the supervising adjuster must complete and sign this form. All requested information is required. **If the apprentice program does not apply to this individual, the applicant must sign the form under section 43A which indicates the applicant is not using the apprentice program to qualify for the examination or for non-resident license.**

***Page 5 of the Application---FOR RESIDENTS ONLY***-Criminal background

All information must be completed. The form requires a full legal name, no nickname or initials. The form must be notarized. The form requires a separate business check, cashier’s check, or money order—no personal or temporary checks can be accepted. Check in the amount of \$22.00 should be made payable to the Arkansas Insurance Department Trust Fund.



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604
INDEPENDENT ADJUSTER APPLICATION
(Please Print or Type)

1 Soc. Security Number
2 State of Residence

3 NPN # (optional)
4 Are you affiliated with a financial institution/bank? Yes No

5 Last Name JR./SR. etc
6 First Name
7 Middle Name
8 Date of Birth (month) (day) (year)

9 Residence/Home Address (Physical Street)
10 P.O. Box
11 City
12 State
13 Zip Code
14 Foreign Country

15 Home Phone Number
16 Gender (Circle One) Male Female
17 Are you a Citizen of the United States? (Check One) Yes No (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)

18 Business Entity Name

19 Business Address (Physical Street)
20 P.O. Box
21 City
22 State
23 Zip Code
24 Foreign Country

25 Business Phone Number
26 Business Fax Number
27 Business E-Mail Address
28 Business Web Site Address

29 Applicant's Mailing Address
30 P.O. Box
31 City
32 State
33 Zip Code
34 Foreign Country

35 a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.
b. List any trade names under which you are currently doing business or intend to do business.

Residence Information for Last 5 Years

36 From To Street City, State Zip
From To Street City, State Zip
From To Street City, State Zip
From To Street City, State Zip

Employment History

37 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Table with columns: Name, City, State, Foreign Country, From Month Year, To Month Year, Position Held. Multiple rows for employment history.

Department Use Only: Date received Funds Received Ch # RS #
Date Processed Other
ASI Received Dated Date Passed Exam Passed

**Jurisdiction and Type of License Requested**

38 Check the line(s) of authority for which you are applying. All exam applicants must take the General examination.

**License Types: Adjuster**

**Lines of Authority: General  X  used only for applicants taking the examination**

All applicants must choose at least one of the following: Property \_\_\_\_\_ Casualty \_\_\_\_\_ Worker's Comp \_\_\_\_\_

38a. Have you ever or are you currently licensed as an agent, producer, consultant or broker in Arkansas? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the dates and the type of license \_\_\_\_\_

38b. Have you ever or are you currently licensed as an agent, producer, Consultant, broker or adjuster in another state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the dates and the type of license \_\_\_\_\_ **If your state does not report Adjuster information on the National Database, attach a current (less than 90 days old) certification from your home state showing you are currently licensed.**

39. Provide in **detail** the experience or on the job training you have had regarding the handling of loss claims under insurance contracts. You must give information specific to each line of authority requested in question 38.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. Are you now, or will you be if granted a license, a full time salaried employee of a licensed Adjuster? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give the name of the adjuster \_\_\_\_\_ Arkansas Adjuster's License # \_\_\_\_\_

**Background Information**

41. The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a written statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy and a current credit report.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
- c) Are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

**Applicants Certification and Attestation**

42) The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**④ TO BE COMPLETED BY SUPERVISING ADJUSTER, COMPANY REPRESENTATIVE, OR ADJUSTING FIRM**

I hereby certify that I have investigated the character and record of the Applicant as to the trustworthiness and general qualifications; have examined the answers in this Application, and that I endorse said Application for an Adjuster License. Acting as the supervising adjuster, I will directly supervise and review all claims processing of this individual for 1 full year and I will provide notice to the Arkansas Insurance Department if the applicant fails to remain under my supervision for 1 full year of adjusting claims. I further certify that the applicant will adjust only those lines of insurance for which he is licensed, to wit and such adjustment will be carried out under the careful supervision.

\_\_\_\_\_Property      \_\_\_\_\_Casualty      \_\_\_\_\_Workers Compensation

My investigation has consisted of \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Adjuster

\_\_\_\_\_  
Printed Name

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

Arkansas License Number of Supervision Adjuster \_\_\_\_\_

**43.A I have one years experience of processing claims and the apprentice program of 1 years supervised licensure does not apply to me.**

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date Signed**

