



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
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WEBSITE: www.insurance.arkansas.gov/license/divpage.htm

**INSTRUCTIONS FOR APPOINTMENT FORMS
AID-LI-I48-AGENCY AND AID-LI-I48-A**

FORM AID-LI-I48-AGENCY --- AGENCY APPOINTMENT

This form is for first time business entity (agency) appointments. The form may be typed, printed in ink, or computer generated. All information is required.

1. Complete the name of the company, company NAIC number, company address, and contact information.
2. Complete the business entity (agency) tax identification number.
3. Complete the full and legal name of the business entity as licensed in Arkansas.
4. Complete the business entity's address including state and zip.
5. Complete the lines of authority for which the business entity is to be appointed.
6. Complete the producer's social security number, the producer's name, the lines the producer is to be appointed, and the producer's state of residence.
7. The form must be dated and signed by an authorized individual of the insurance company. Please print the name of the authorized individual under their signature.
8. Submit a copy of the completed form along with a self-addressed stamped envelope. **Please Note: If the form is not submitted in duplicate along with a postage paid envelope, confirmation of appointment will not be returned to the company. If the form is not legible, the form will be returned unprocessed.**

FORM AID-LI-I48-A --- AGENCY AMENDED APPOINTMENT

The form may be typed, printed in ink, or computer generated. All information is required.

1. Complete the name of the company, company NAIC number, company address, and contact information.
2. Complete the business entity (agency) tax identification number.
3. Complete the full and legal name of the business entity as licensed in Arkansas.
4. Complete the business entity's address including state and zip.
5. Complete the producer's social security number.
6. Complete the producer's full legal name.
7. Complete the producer's address including state and zip.
8. Complete the lines of authority the producer is to have with the company under the business entity license.
9. The form must be dated and signed by an authorized individual of the insurance company. Please print the name of the authorized individual under their signature.
10. Submit a copy of the completed form along with a self-addressed stamped envelope. **Please Note: If the form is not submitted in duplicate along with a postage paid envelope, confirmation of appointment will not be returned to the company. If the form is not legible, the form will be returned unprocessed.**