



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

Surplus Lines Insurance Broker/Producer Application

To The Insurance commissioner of the State of Arkansas

The undersigned hereby applies for a Surplus Lines Insurance Broker/Producer License and submits the following information:

1. Applicant's Name (Last, First, Middle) _____
2. Mailing Address: _____
3. Resident Address: _____
4. Business Address: _____
5. Home Phone Number _____ Business Phone Number _____
Business Fax _____ E-mail Address _____
6. Social Security Number _____ Date of Birth _____
7. Are you presently licensed? ___ Yes ___ No If yes, list the State, the type of license, and how long you have been licensed _____

Please read the following very carefully and answer every question with a yes or no answer. If you answer yes, you must attach to this application:

- a) A written statement explaining the circumstance of each occurrence;
 - b) A copy of the charging document, or other official documentation; and
 - c) A copy of the official document, which demonstrates the resolution or any final judgment of the matter.
8. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? ___ Yes ___ No
 - Crime includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 - Convicted includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a pleas of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
 9. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ___ Yes ___ No
 - Involved means having had a license censured, suspended, revoked, canceled, terminated; or having been assessed a fine, placed on probation or having surrendered a license to resolve an administrative action.
 - Involved also means having been named as a party to an administrative or arbitration proceeding, which was related to a professional or occupational license.

- Involved also means having had a license application denied, or the act of having withdrawn an application to avoid a denial.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.
10. Has any demand been made or judgment rendered against you 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 statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.
11. Have you ever 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, then identify the jurisdiction _____
12. 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
13. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No
14. Do you have a child support obligation in arrearage? Yes No If yes, how many months are you in arrears? _____ Months
15. Are you the subject of a child support-related subpoena or warrant? Yes No

APPLICANTS CERTIFICATION AND ATTESTATION

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 also 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.
5. I authorize the jurisdictions to give any information concerning me, a permitted by law, to any federal, state, or municipal agency, or any other organization and I release the jurisdictions and any person action on their behalf from any and all liability of whatever nature by reason of furnishing such information.

6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

Date: _____

Original Applicant Signature

Full Legal Name: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

COMMISSION EXPIRES

