



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

WEBSITE [www.insurance.arkansas.gov/license/divpage.htm](http://www.insurance.arkansas.gov/license/divpage.htm)

**TITLE AGENCY PRODUCER TERMINATION OF AFFLIATION**

Title Agency Name: \_\_\_\_\_

Title Agency Address: \_\_\_\_\_

Title Agency Contact Name: \_\_\_\_\_

Title Agency Contact Phone Number: \_\_\_\_\_

Agency Tax Identification Number or License #: \_\_\_\_\_

**REMOVING A TITLE AGENT FROM THE TITLE AGENCY LICENSE**

*Fees: All termination of affiliations are \$10.00 each. Make check payable to the Arkansas Insurance Department*

Title Agent's Name: \_\_\_\_\_

Title Agent's Social Security Number or License #: \_\_\_\_\_

Title Agent's Name: \_\_\_\_\_

Title Agent's Social Security Number or License #: \_\_\_\_\_

Title Agent's Name: \_\_\_\_\_

Title Agent's Social Security Number or License #: \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME OF REPRESENTATIVE