



Arkansas Insurance Department

INFORMATION SYSTEMS DIVISION

1200 WEST THIRD STREET

LITTLE ROCK, AR 72201-1904

TELEPHONE: 501-371-2657 FAX: 501-371-2618

FACSIMILE TRANSMITTAL COVER SHEET

RE: **AGENT LIST REQUEST**

FROM: Beth Davis
Clarissa Smith
Information Systems Division

of pages: 3

Attached is the **Information Systems Fee Schedule/Order Sheet** you requested. The requested information may be placed on paper, diskette, CD, e-mail or labels. **Please note that if you do not select a media choice, the requested report will be done on paper.** Label listings **only** contain the company name and address. All other medias contain the agent's name, address, in addition to, an identifier, which will indicate what line the agent sells – Life, Accident/Health/Sickness, or Property/Casualty. **Diskette, CD and email orders are available in Excel (please indicate what version) or Access2000 only.**

A '**Single Company or Agency**' list is a list of a specific company's appointments. An '**All Agents**' list is a list of **ALL** agents licensed to business in Arkansas. Due to its size, the '**All Agents**' list is **NOT** available on email.

The agent files are updated daily and the list, prepared from the agent file, will be current as of the time the query was run to extract the information requested. We cannot guarantee the accuracy of the individual agent addresses and business phone numbers. They are shown in the department file as last reported by the agent.

We are also able to furnish **Company Listings with Agent Appointment** lists for Life and Property companies. These listings are available on **CD only**.

I have attached an **Information Systems Fee Schedule/Order Sheet** for your consideration. Please review, thoroughly complete and return with payment to the address on the form. Incomplete forms will be returned to you for completion.

IF YOU HAVE ANY QUESTIONS REGARDING THE ATTACHED ORDER SHEET, PLEASE CONTACT BETH DAVIS OR CLARISSA SMITH IN THE INFORMATION SYSTEMS DIVISION AT (501) 371-2657.

Thank you for your inquiry.

Additional Information Concerning Diskette/Email/CD Media-type Lists

Decide whether you want this in Excel (what version) or Access2003. Your decision should be based on what software you have on the computer you'll be using. For example: If you have Excel 97 check the box and write 97 in the space for version number. If you have Access97, Access2003 will not work.

If you want the list on CD, please be sure your cd-rom drive can read multi-session cds.



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Information Systems Fee Schedule

Circle the report(s) requested and the media. **IF NO MEDIA TYPE IS MARKED, THE REPORT WILL BE DONE ON PAPER.** The fee for each report is as indicated. If you want the same report on two types of media, the fee will be the indicated fee for each media. For example: If you select All Agents to be prepared on paper and diskette, the fee will be \$150 -- \$80 for the paper listing and \$70 for the diskette listing.

Please make all checks payable to: **THE STATE INSURANCE DEPARTMENT TRUST FUND.** Return check and order form to the attention of **Information Systems** at the address listed above.

Licensed Agent Listings	ALL		RESIDENT	NON-RESIDENT
	Paper	Disk/E-Mail	Paper/Disk/E-Mail	
All Agents	\$80	\$70-n/a on email	\$45	\$35
Life & Accident/Health Agents	\$30	\$20	\$20	\$10
Property/Casualty Agents	\$30	\$20	\$15	\$ 5
Accident/Health Agents	\$15	\$15	\$10	\$ 5
Life Agents	\$15	\$15	\$10	\$ 5
Brokers	\$10	\$10	\$10	\$10
Consultants	\$ 5	\$ 5	*List name of company on single company reports. ***Reports on Labels will be \$4 extra per 1,000 plus paper cost. CALL FOR PRICING ON LABELS	
Risk Agents	\$ 5	\$ 5		
Purchasing Brokers	\$ 5	\$ 5		
Viatical Brokers	\$ 5	\$ 5		
Adjusters	\$ 5	\$ 5		
Surplus Line Brokers	\$ 5	\$ 5		
Managers General	\$ 5	\$ 5		
Company Listings W/Agent Appointments** CD only				
All Life Companies	\$170 (CD-ACCESS2003)		**Due to their size these Reports are only available on CD.	
All Property Companies	\$170 (CD-ACCESS2003)			

	Paper	Diskette	E-mail	
Single Company Report*	\$10	\$ 5	\$ 5	* Company _____
Single Agency*	\$10	\$ 5	\$ 5	
Special Project	AS QUOTED			NAIC # _____

Customer Name:		Order Total: \$ _____
Address:		
		FOR DEPARTMENTAL USE ONLY:
Contact Name:		Route Slip Number:
Phone #:		Route Slip Date:
Fax #:		Check Number:
E-mail address:		Check Amount:

DISK/E-MAIL/CD – Please indicate software and version preference:

o EXCEL version # _____

o ACCESS 2003 _____