



**ARKANSAS INSURANCE DEPARTMENT**  
**1 COMMERCE WAY, SUITE 104**  
**LITTLE ROCK, ARANSAS 72202**  
**PHONE 501-371-2750**  
**FAX-501-683-2604**

Website <https://insurance.arkansas.gov/pages/industry-regulation/licensing/>

**ADDITION TO TITLE AGENCY LICENSE**

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

Agency Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Agency Contact Person: \_\_\_\_\_

Contact Persons phone number \_\_\_\_\_

Agency Tax ID #: \_\_\_\_\_

**ADDING A PRODUCER TO THE TITLE AGENCY LICENSE**

***Fees:***

*\$10.00 for each addition. Make checks payable to the Arkansas Insurance Department Trust Fund.*

**Please add the following producer(s) to the title agency license.**

Producer's Name: \_\_\_\_\_

Producer's License #: \_\_\_\_\_

Add the Producer for the following lines of Insurance: \_\_\_\_\_

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Producer's Name: \_\_\_\_\_

Producer's License #: \_\_\_\_\_

Add the Producer for the following lines of Insurance: \_\_\_\_\_

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Producer's Name: \_\_\_\_\_

Producer's License #: \_\_\_\_\_

Add the Producer for the following lines of Insurance: \_\_\_\_\_

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**Authorized Agency Signature** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_