



Employer Service Assurance Organization Licensing Application

FORM EASO-A1

Nondisclosure of proprietary and confidential information: Employer service assurance organizations are required, as part of this application and as part of performing responsibilities under § 23-92-414 on behalf of professional employer organizations, to file with the commissioner certain proprietary and confidential material and information, including but not limited to financial records, client information and personal confidential information about controlling persons, the disclosure of which would give advantage to competitors or otherwise violate personal privacy. The commissioner shall not consider such proprietary and confidential material or information to be subject to mandatory disclosure under § 25-19-105. If litigation or any other proceedings are instituted to compel disclosure, the total expense of the proceedings shall be paid by the employer service assurance organization or professional employer organization whose proprietary or confidential material or information is being sought. The commissioner shall give notice in writing to any employer service assurance organization or professional employer organization whose material or information that the commissioner deems to be proprietary or confidential is being sought under the Freedom of Information Act of 1967. Notwithstanding these provisions or any other law governing disclosure of confidential information, the commissioner, the director of the Arkansas Employment Security Department, and the Workers Compensation Commission may exchange information among themselves for the purposes of regulating professional employer organizations.

General Information

Legal Name of Organization: _____

Federal Employer Identification Number: _____

Mailing Address: _____

Street Address (if different from above): _____

Telephone: _____ Fax: _____ E-mail: _____

Pursuant to Arkansas Insurance Department Bulletin No. 12-2002, Applicant hereby authorizes the Commissioner to receive and send, either electronically or via facsimile copy, official notices and other information related to this Licensing Application and to Act 1750 of 2003, provided however, that notification shall also be provided by U.S. mail or telephone for matters related to the failure of a licensed Employer Service Assurance Organization or a licensed Professional Employer Organization to comply with any provision of Act 1750 of 2003.

Website: _____

Date of Initial Incorporation: _____ State of Initial Incorporation: _____

(List dates and states of subsequent incorporations in the chart below.)

Date	State

Required Documentation

Attached is a copy of the following required information:

- 1) Organization's constitution, charter, articles of organization, agreement, association or incorporation;
- 2) Bylaws or plan of operation;
- 3) Rules, regulations, policies, procedures or standards of operation describing the initial and ongoing requirements for participation by a professional employer organization (PEO) and how the organization evaluates and monitors each PEO's compliance;
- 4) Most recent audited financial statement prepared by an independent certified public accountant verifying the organization's financial viability and a copy of the IRS determination letter or most recent federal tax return verifying tax-exempt status;
- 5) Statement of qualifications for acting in the capacity for which the organization seeks a license;
- 6) Completed Agent for Service of Process designation (form attached);
- 7) Completed Biographical Affidavit (form attached) for each of the organization's officers, directors and senior staff members;
- 8) Current list of the PEOs participating in the organization's program, along with information regarding how the organization proposes to keep the Commissioner informed of changes in participant status; and
- 9) Independently verifiable evidence that the organization maintains financial assurance on behalf of its PEO program participants in trust at a national bank in compliance with § 23-92-415(c)(E)(i), including a copy of the requirements and procedures for claims filing, adjudication and payment.*

*Please note that a licensed employer service assurance organization also has to provide specific and current, verifiable evidence (e.g. copy of a surety bond or other evidence of acceptable security in the amount of one million dollars) each time an affidavit is submitted to the Commissioner for the licensing of a participating PEO.

Instructions for Application Submission

- 1) Enclose a surety bond issued by a corporate surety licensed to do business in this state in favor of the State of Arkansas in the amount of one hundred thousand dollars (\$100,000.00) using the bond form attached to this license application.
- 2) Enclose a check for the original license fee made payable to the Arkansas Insurance Department Trust Fund in the amount of five hundred dollars (\$500.00), in compliance with § 23-61-401(1)(E).
- 3) Submit the complete application with enclosures and attachments to:

Arkansas Insurance Department
Property & Casualty Compliance Division
1 Commerce Way, Ste. 102
Little Rock, AR 72202-2087

Attestation

The undersigned duly authorized representative of the Applicant does hereby attest to the accuracy and completeness of the information provided as part of this licensing application.

Name of Organization

Type or Print Name of Authorized Representative

Signature of Authorized Representative

Title of Authorized Representative

State of _____, County of _____

Before me, the undersigned, a Notary Public in and for the said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and stated that such person executed the same for the purposes and considerations herein expressed.

Subscribed and sworn before me this _____ day of _____, 20 _____.

My Commission Expires:

Notary Public

Agent for Service of Process

_____, an Employer Services Assurance Organization duly organized under the laws of the State of _____, and its successors do hereby appoint the below named individual to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any further process against it which is served upon this attorney shall have the same legal validity as if served personally on the licensee.

The licensee gives the Insurance Commissioner and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the licensee could do if personally present, and ratifies all that is lawfully done under the power granted by this appointment. This authority may be withdrawn only upon written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Ark. Code Ann. §§23-62-401 et seq.

The licensee designates _____, whose address is _____, as the person to whom process against the licensee served upon the Commissioner shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, the licensee, (pursuant to a resolution adopted by its Board of Directors), has caused this instrument to be executed in its name by its President and Secretary, (and its corporate seal to be affixed)

at the City of _____, State of _____,
this _____ day of _____, 20 _____.

Attest:

Secretary

Name of Licensee

BY:

President

This and all related application forms may be computer-generated and/or downloaded from the Arkansas Insurance Department website.

Employer Service Assurance Organization Biographical Affidavit

Please have this form completed by each of the Employer Service Assurance Organization's officers, directors and senior staff members.

ESAO Applicant Name: _____

In connection with the above-named Applicant, I herewith make the following representations (attach addendum or separate sheet if space is insufficient to fully answer any question).

Personal Information

Full Name: _____

Have you ever had your name changed? Yes No If "Yes," give reason for change _____

Other names used at any time: _____

Residence Address: _____

Telephone: _____

Business Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Educational Background

Please provide educational information for all college and graduate studies:

Name/Address of School	Dates Attended	Degree/ Type of Diploma	Did you Graduate?	Your name if different than now

Professional Information

List professional Society and Association memberships/offices held: _____

Present position with Applicant: _____

Summary of relevant professional and/or employment experience: _____

Have you ever been in a position, which required a fidelity bond? Yes No

If yes, provide details of any claims made on the bond (if none, so state): _____

Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No If "Yes," provide details: _____

List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you presently hold or have held in the past:

Date License Issued	Issuer of License	Date License Terminated	Reason for Termination

During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?
Yes No If "Yes," provide details: _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature

Date