

ARKANSAS INSURANCE DEPARTMENT LICENSE DIVISION 1200 WEST 3RD STREET LITTLE ROCK, AR 72201 PHONE: 501-371-2750

FAX: 501-683-2604

MANAGING GENERAL AGENT INSURANCE LICENSE APPLICATION (CORPORATION, LLC, LLP, AND PARTNERSHIP)

Resident License Non-resident License Identify Home State	Ido	entify Home State Lic	ense#	
4. Business Address:	Street	City	State	Zip
5. Phone number		Fax #		
6. Mailing Address	P.O. Box or Street	City	State	Zip
7. Contact Person for MGA		2-19		_T
Name		Phone #		
	ers and Directors: Can attach li			
Name		_Title		
Name		_ Title		
9. Name of Insurance Com	pany/Companies, which the	MGA will represent:	Attach a completed M-41 for ea	ich compan
Company NAIC #	Company N	ame		
Company NAIC #	Company N	ame		
Company NAIC #	Company N	ame		
10. List Name of Errors and	Omissions Carrier, Policy N	umber and Effective	Date:	
Carrier Name:		Policy #	Date	
11. List name of Company is				
Company Name:		Bond #	Date	

PLEASE READ THE FOLLOWING VERY CAREFULLY AND YOU MUST ANSWER EVERY QUESTION. IF ANY OF THE QUESTIONS IS ANSWERED YES—YOU MUST ATTACH DOCUMENTATION.

12.	Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?
13.	Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?
14.	Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured, or producer, or has any of these entities been subject to a bankruptcy proceeding? Yes No
15.	H the business entity or any owner, partner, officer or director 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? \square Yes \square No
16.	Is the business entity or any owner, partner, officer or director a party to, or 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
17.	Has the business entity or any 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
	APPLICANTS CERTIFICATION AND ATTESTATION
The und	lersigned owner, partner, officer or director of the business entity hereby certifies, under penalty, that:
omitting p	information submitted in this application and attachments is true and complete and I am aware that submitting false information or ertinent or material information in connection with this application is grounds for license or registration revocation and may subject e business entity to civil or criminal penalties.
	ess entity grants permission to the Commissioner to verify any information supplied with any federal, state, or local government urrent or former employer or insurance company.
Every owr support ob	ner, partner, officer or director of the business entity either (a) does not have a current child support obligation, or (b) has a child obligation and is currently in compliance with that obligation.
organizatio	ed the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other on and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of such information.
I acknowle	edge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
	Resident license Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority from the non-resident state.
	Must be signed by an Officer, Director, Principal or Partner of the business entity:
	Date
	Signature
	Typed or Printed Name
	Title

Note: The original Surety Bond and a copy of the Errors and Omissions Policy must be attached to this application.

Note: Must attach proof of filing with the Arkansas Secretary of State showing the business entity has filed as a foreign Corporation or Limited Liability Company with the State of Arkansas.