



**ARKANSAS INSURANCE DEPARTMENT
COMPLIANCE DIVISION**

1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800
FAX 501-371-2748

(Form PEO-GR)

**APPLICATION FOR BIENNIAL RENEWAL OF A LICENSE AS AN
ARKANSAS PROFESSIONAL EMPLOYER ORGANIZATION GROUP**

This form must be completed by the Professional Employer Organization Group applicant (hereinafter "group". A Professional Employer Organization shall be referred to as a "PEO". Responses and any additional explanatory information may be attached as exhibits to the form. Please indicate in your response to a question that, if any, exhibits should be referred to for additional information pertinent to the question. Please refer to Ark. Code Ann. §23-92-404(B) of Act 1750 of 2003 for additional information and instruction of completing this application. A copy of this law and other resources for a professional employer organizations doing business in Arkansas may be obtained at this location:

<http://www.insurance.arkansas.gov/PandC/PeoPage.htm>

This application and all related forms, exhibits and attachments may be computer-generated. You can download copies of from the Department's web site at the address listed above.

Direct any questions to Becky Harrington at Becky.Harrington@arkansas.gov or 501.371.2810.

The filing fee to file this biennial renewal application is \$1,000 per individual PEO affiliate applicant.

IMPORTANT NOTICE

**PLEASE ANSWER ALL QUESTIONS REGARDLESS OF WHETHER THERE
HAVE BEEN ANY CHANGES FROM YOUR INITIAL APPLICATION OR
YOUR LAST BIENNIAL RENEWAL.**

PART I

1. (a) The legal name of group and all other names under which the group conducts business:

- (b) Please provide your Arkansas license number:

2. (a) The address of the principal place of business of the group and the address of each office it maintains in Arkansas:

(b) The mailing address, if different:

(c) The applicant's telephone number:

(d) The applicant's email address if email notices and communications are desired:

(e) Name and contact information for the person who can answer questions regarding this application:

Name:

Address:

City:

State:

Zip code:

Telephone Number:

Fax Number:

E-Mail:

3. The group's taxpayer or employer identification numbers:

4. A list by jurisdiction of each name under which the group or its related PEOs have operated in the preceding five (5) years, including any fictitious names, alternative names, names of predecessors and, if known, successor business entities (if this information is printed on a separate page, please attach it to the application as an exhibit):

5. A statement of ownership, which shall include the name and evidence of the business experience of all controlling persons. You may use the form entitled "Controlling Person Information" for this purpose. Fill out one form for each person to which it applies. Please mark each form with a unique exhibit number:

6. A statement of each controlling person disclosing any interest in any other PEO or group, whether licensed or not in Arkansas, in which the controlling person has a ten percent (10%) or greater interest. Please complete for each controlling person the form attached to this application as an Exhibit. Please list below the forms attached by exhibit number:

7. A statement of management, which shall include the name and evidence of the business experience of any person who serves as president or chief executive officer, or otherwise has the authority to act as senior executive officer of the group (if this information is printed on a separate page, please attach it to the application as an exhibit):

8. A financial statement setting forth the financial condition of the group, as of a date not earlier than one hundred eighty (180) days before the date the financial statement is submitted to the commissioner. The financial shall be prepared in accordance with generally accepted accounting principles, and unless the group provides financial assurance as set forth in Ark. Code Ann. §23-92-408(a)(2), the financial statement shall be audited by an independent certified public accountant licensed to practice in Arkansas or the state of domicile of the group. A group may submit combined or consolidated financial statements to meet this requirement but should indicate that the statements are combined or consolidated.

9. The states in which the applicant or one or more of its affiliates is currently doing business as a PEO or group (if this information is printed on a separate page, please attach it to the application as an exhibit):

10. A list of all licenses held by the applicant or its controlling persons (if this information is printed on a separate page, please attach it to the application as an exhibit):

11. (a) The principle business type of the applicant. Indicate all that apply:
Corporation

General Partnership
Limited Partnership
Limited Liability Company
Sole Proprietorship
Other, please explain:

(b) If applicant is organized under Arkansas law as a corporation, limited partnership or limited liability company, attach a copy the relevant certificate issued by the Secretary of State of Arkansas. If a partnership or sole proprietor doing business under an assumed name, please furnish a copy of any assumed name filing and indicate the county or counties in which it is filed.

(c) If applicant is organized under the laws of another state as a corporation, limited partnership or limited liability company, attach a copy of the relevant certificate issued by the Secretary of State of Arkansas, evidencing the applicant's authority to conduct business in the State of Arkansas:

(d) If you believe none of the above are applicable, please furnish your explanation supporting your conclusion (if this information is printed on a separate page, please attach it to the application as an exhibit):

12. Has this applicant ever been refused any license, had any license revoked, or had an administrative action taken against it by any regulatory or state, federal, or local taxing agency? If so, attach copies of all notices, pleadings, answers, complaints, orders that set out the allegations, the applicant's defenses, the basis upon which the action was concluded (if this information is printed on a separate page, please attach it to the application as an exhibit):
13. Attach a list of litigation pending against the applicant. Include a short synopsis of each item:
14. Attach a specimen copy of the proposed contract between the applicant and its clients. If you propose using multiple types of contracts, supply a specimen of each. You should also attach specimens of any exhibits or attachments that will be used that are referenced in the specimen contract(s). See Ark. Code Ann. 23-92-409 for additional information regarding minimum contract provisions.
15. If the group holding company also offers professional employer organization services directly to clients in addition to any provided by its members, attach a list of all clients and identifying the following information for each (response to this question

shall be treated as confidential to the extent and scope authorized by Ark. Code Ann. 23-92-401 et seq. (Act 1750 of 2003 as it may be amended from time to time):

Client Name

Client Address

Client Federal Employer ID Number

Who provides workers compensation coverage, the client or the PEO

16. If the group holding company provides workers compensation insurance to clients listed in response to question 14 above, attach the certificate of coverage issued by an insurance company licensed to write workers compensation coverage in the State of Arkansas. If one or more clients are providing the coverage attach the certificate(s) of coverage furnished by the client(s).

17. Provide the financial assurance required by Ark. Code Ann. §23-92-404. You may provide one of the following:

(a) An audited minimum net worth of at least one hundred thousand dollars (\$100,000), as reflected in the financial attached to this application, and maintain this net worth at all times hereafter;

(b) A bond in the amount of at least one hundred thousand dollars (\$100,000). The terms and conditions of the bond shall be approved by the commissioner. The bond shall be conditioned so that the licensee and each member, employee, shareholder, or officer of a person, firm, partnership, corporation, or association operating as an agent of the licensee shall not violate the provisions of Act 1750 of 2003, violate rules any regulations or orders lawfully promulgated by the Commissioner, or fail to pay any wages due under any contract made by the licensee in the conduct of its business subject to this subchapter. The bond required by this section shall be a surety bond issued by a corporate surety or insurer authorized to do business in Arkansas;

(c) Deposit either securities with a minimum market value of at least one hundred thousand dollars (\$100,000) with an approved depository under an approved depository agreement under Ark. Code Ann. §23-69-134(b)(4); or

(d) An irrevocable letter of credit in a face amount of not less than one hundred thousand dollars (\$100,000) in a form that is acceptable to the commissioner.

The bond, deposited securities, or letter of credit shall secure payment by the group of all taxes, wages, benefits, or other entitlement due to or with respect to a covered employee, if the group does not make the payments when due. Any securities deposited may be included for the purpose of calculation of the minimum net worth required by this subsection.

18. The holding company and each member must provide cross guarantees on the form attached to this application as an Exhibit.

19. Attach an explanation of any health benefits available to your employees. Include a brief explanation of what is required before an employee may take advantage of these benefits and whether the client has to participate before an employee may take advantage of them.
20. Attach an explanation of any other benefits that may be provided to the employee. Include a short explanation of how the employees may take advantage of these benefits. Does the client company have to participate in order for the employee to take advantage of them?
21. If the PEO applicant provides workers compensation insurance to clients listed in response to question 14 above, attach the certificate of coverage issued by an insurance company licensed to write workers compensation coverage in the State of Arkansas. If one or more clients are providing the coverage attach the certificate(s) of coverage furnished by the client(s).

PART III

For each PEO affiliate of the group applicant not already licensed in Arkansas, please complete an initial PEO application, Form PEO-P

ADDITIONAL INFORMATION

The **Arkansas Secretary of State – Corporations** can be reached at:

501 Woodlane, Suite 310

Little Rock, AR 72201

501-682-3409

[http://www.sos.arkansas.gov/
corprequest@sos.arkansas.gov](http://www.sos.arkansas.gov/corprequest@sos.arkansas.gov)

Arkansas Department of Workforce Services can be reached at:

P. O. Box 8007

Little Rock, AR 72203

501-682-3099

<http://www.accessarkansas.org/esd/>