

ARKANSAS INSURANCE DEPARTMENT
1 COMMERCE WAY, SUITE 104
LITTLE ROCK AR 72202
PHONE NUMBER: 501-371-2750
FAX NUMBER: 501-683-2604
E-MAIL ADDRESS: insurance.license@arkansas.gov

**REQUEST FOR WAIVER OF
LATE RENEWAL PENALTY**

Arkansas Code §23-64-215 requires a penalty in the amount of double the unpaid renewal fee for any renewal fee received after the due date. The law does not provide for any waiver of late penalties; however, the Commissioner does allow for a waiver of late fees when circumstances happen beyond the control of the licensee. An example of these circumstances may include serious illness of the licensee or a close family member, or the death of a close family member.

Instructions: To request a waiver the licensee shall complete this form and must provide a doctor's statement documenting the illness and the date of the illness. If the reason for the request is the death of a close family member the licensee must attach an obituary or death certificate. To be considered, all reasons must have attached documentation and a full statement why the renewal was late.

Name of Licensee _____

License Type _____ License Number _____

License Expiration Date: _____

Reason for Waiver: _____

(If additional space is needed the statement may be continued on the back of this form or on an attachment)

I hereby certify that all the information submitted in this application for waiver is true and complete.

Date: _____ Signed: _____