

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

March 28, 2006

BULLETIN NO. 3-2006

TO: All Licensed Foreign and Domestic Insurers, Farmers' Mutual Aid Associations, Hospital and Medical Service Corporations, Health Maintenance Organizations, Fraternal Benefit Societies, Insurer Trade Associations, Producer and Broker Trade Associations, Adjuster Trade Associations, Funeral Directors, Licensed Managing General Agents/Agencies, and Other Interested Parties.

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: **State Police Criminal Background Check for New Individual License applicants for Full Lines and Limited Lines of Authority**

Act 1697 of 2005, Ark. Code Ann. 23-64-506 (c), requires the Department to conduct a criminal background check on resident applicants, in order to verify the application information and to ensure that only applicants eligible by law to be producers, consultants, and adjusters are licensed. The Department's background check on applicants does not reduce or remove the responsibility of the appointing Insurer to conduct an initial appointment investigation under Ark. Code Ann. 23-66-513.

In order for the Department to perform a background check on all new resident applicants, both resident individuals who are applying to sit for an insurance exam and those resident individuals applying for a "limited line" license (not requiring an examination), the following must be provided:

- All individuals must complete an Arkansas State Police Individual Record Check Form (ASP-122) using the applicant's full legal name and attach it to the Department's application for exam permit or limited lines license application.
- The form must be signed and the signature notarized by an Arkansas Notary Public.
- A legible photocopy of the applicant's Arkansas drivers' license or Arkansas identification card must also be attached to the ASP-122 form.
- A separate check from the insurer or agency or a money order or cashier's check made payable to the Arkansas Insurance Department in the amount of \$20.00 must be attached to the form.
- No personal check from the applicant or other individual will be accepted for this payment, nor can this payment be combined with any other Department fee.

This new procedure is effective May 1, 2006 and all resident applications received on or after that date must have the completed ASP-122 form, fee, and legible driver's license photocopy attached. If all documents are not included, the application paperwork will be immediately

returned to the applicant unprocessed. A copy of form ASP-122 is attached to this bulletin. The ASP-122 application with application instructions can be found on the Department's website at www.insurance.arkansas.gov under the License Division link.

If you have any questions regarding this matter, please contact Fred Stiffler, Director of the License Division at (501) 371-2750 or fred.stiffler@arkansas.gov.



JULIE BENAFIELD BOWMAN
INSURANCE COMMISSIONER

March 28, 2006

Date



Identification Bureau Individual Record Check Form

Full Name: First Middle Last Name Maiden/Other

Date of Birth: (Month/Day/Year) State of Birth: Race: Sex:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: ()

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: (First/MI/Last Name) or Full Name of Agency

Mailing Address: Street City State ZIP

Signature: (First/MI/Last Name) Date: (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF

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COUNTY OF

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the day of, 20.

Notary Public

82001 Civil Record Check