RULE 31

PRE-LICENSE EDUCATION FOR PRODUCERS

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SECTION 1. PURPOSE

The purpose of this Rule ("Rule") is to implement Act 534 of 1983, as amended, and Ark. Code Ann. §23-64-202(b)(2), as amended by Act 1948 of 2005, by establishing curricula for courses of instruction required to be completed by applicants seeking insurance producer licenses in Arkansas, to establish criteria for approval of course providers of the courses of instruction, and to establish a mechanism of examination and review of the performance and quality of the instruction.

SECTION 2. AUTHORITY

This Rule is used pursuant to the authority vested in the Commissioner under Ark. Code Ann. Sections 23-61-108, §23-74-609(a), §23-75-102(5), §23-76-120(a), §§25-15-202, et seq., and Act 534 of 1983, as amended, and codified as Sections 23-64-201, et seq., and §§23-64-501, et seq.; and §§23-64-202, as amended by Act 1948 of 2005.

SECTION 3. APPLICABILITY AND SCOPE

I. Applicability.

A. This Rule shall apply to insurance producers, including original license applicants or currently-licensed applicants seeking an additional line of authority, which for purposes of this Rule shall be deemed to include all who are referred to collectively as insurance producers ("producers") under the Producer License Model Act ("PLMA"), Ark. Code Ann. §§23-64-501, et seq.

B. This Rule shall also apply to:
1. all applicants seeking a license as an insurance producer;
2. all applicants seeking a license as a health maintenance organization ("HMO") producer, or as a producer for a limited benefit health maintenance organization, except those specifically exempted pursuant to the provisions of Arkansas law. This Rule is intended to complement the provisions of Rule 35, "Agent License for Health Maintenance Organizations", but is not intended to supersede it;
3. all applicants seeking a license as a fraternal benefit society producer, except those specifically exempted pursuant to the provisions of Arkansas law;
4. all applicants seeking a license as a producer for a hospital or medical service corporation; and
5. all applicants who are producers from another state, and who are not licensed as a producer under the Producer License Model Act, shall be required to comply with this Rule in order to secure any new resident or non-resident producer license.

II. Exemptions. The following are exempt from this Rule:
A. insurance adjusters, pursuant to Ark. Code Ann. §23-64-202(b)(2)(A)(iii)(d);
B. limited adjusters, pursuant to Ark. Code Ann. §23-64-202(b) (2)(A)(iii)(d);
C. insurance consultants, pursuant to Ark. Code Ann. §23-64-202(b) (2)(A)(iii)(d);
D. surplus line brokers licensed pursuant to Ark. Code Ann. §§23-65-301, et seq., and Department Rule 24, and exempted pursuant to Ark. Code Ann. §23-64-501(c); and
E. applicants licensed as a producer in good standing in another state under the Producer License Model Act, who thereafter move to Arkansas, who establish residency within the period required under Arkansas law, and who thereafter apply for a resident producer license.

SECTION 4. EFFECTIVE DATE

This Rule shall be effective January 1, 2016.

SECTION 5. COURSE REQUIREMENTS

I. A. All applicants for a life line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following, as applicable:

1.	Introduction to Insurance	1 hour

2.	State Insurance Laws and Rules	5 hours
3.	Life Insurance Basics	5 hours
4.	Life Insurance Policies, Policy Options, and Policy Provisions	5 hours
5.	Annuity Contracts	3 hours
6.	Ethics	1 hour

B. All applicants for an Arkansas accident, health, and sickness (A &H) line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following, as applicable:

1.	Introduction to Insurance	1 hour
2.	State Insurance Laws and Rules	5 hours
3.	Health Insurance Policy provisions	3 hours
4.	Disability Income Insurance	2 hours
5.	Medical Expense Insurance	1 hour
6.	Medicare Supplement Insurance	1 hour
7.	Long Term Care	2 hours
8.	Social Security and Medicare	2 hours
9.	Group Insurance	1 hour
10.	Health Maintenance Organizations	1 hour
11.	Ethics	1 hour

C. All applicants for a casualty line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

1.	Introduction to Insurance	1 hour
2.	State Insurance Laws and Rules	5 hours
3.	Ocean (Wet Marine) and Inland Marine Insurance	1 hour
4.	General Liability Insurance	2 hours
5.	Automobile Insurance and Assigned Risk Plans, including Personal ("AIPSO") and Commercial ("CAIP")	5 hours
6.	Workers' Compensation and Assigned Risk Plan	3 hours
7.	Commercial Crime Insurance and Fidelity Bonds	1 hour
8.	Surety Bonds	1 hour
9.	Ethics	1 hour

D. All applicants for a property line of authority are hereby required to complete a course of instruction with a minimum of twenty (20) hours of instruction which includes, but is not limited to, all of the following:

1.	Introduction to Insurance	1 hour
2.	State Insurance Laws and Rules	5 hours
3.	Fire and Allied Lines; and Assigned Risk Plans ("ARRUA")and Arkansas Earthquake Authority ("AEA")	4 hours
4.	Homeowners Policies and Other Multiple-Line Products	5 hours
5.	National Flood Insurance-Federal	0.5 hour
6.	Commercial Property and Commercial Crime Insurance	3 hours
7.	Crop Insurance - FEDERAL ("FCIC")	0.5 hour
8.	Ethics	1 hour

E. All applicants for a personal line of authority (non-commercial), called "Personal Lines", are hereby required to complete a course of instruction with a minimum of

twenty (20) hours of instruction which includes, but is not limited to, all of the following:

1.	Introduction to Insurance	1 hour
2.	State Insurance Laws and Rules	5 hours
3.	Fire and Allied Lines; including Manufactured Houses; and Assigned Risk Plans ("ARRUA") and Arkansas Earthquake Authority ("AEA")	2 hours
4.	Homeowners Policies and Other Multiple-Line Products and Assigned Risk Plans ("ARRUA") and Arkansas Earthquake Authority ("AEA");	5 hours
5.	Automobile Insurance and Assigned Risk Plans	5 hours
6.	Flood Insurance – Federal	1 hour
7.	Ethics	1 hour

II. EXCEPTIONS.

A. Notwithstanding the provisions of Subsection (I) above, an applicant for a new or additional line of authority shall be exempt from the five (5) hours of State Insurance Laws and Rules portion for:

1. Life
2. Accident/Health/Sickness
3. Casualty
4. Property
5. Personal Lines (non-commercial)

if the applicant has successfully completed this portion of the pre-license education within two (2) years of the filing date of his application for a new or additional line of authority. This exemption or waiver is provided by Ark. Code Ann. §23-64-202, as amended by Act 1948 of 2005.

B. Notwithstanding the provisions of Subsection (I) above, an applicant for a new or additional line of authority shall be exempt from the one (1) hour of Ethics course for:

1. Life
2. Accident/Health/Sickness
3. Casualty
4. Property
5. Personal Lines (non-commercial)

if the applicant has successfully completed this portion of the pre-license education within two (2) years of the filing date of his/her application for a new or additional line of authority.

III.

A. Subsections I and II of Rule Section 5 apply to both classroom and/or electronic courses of study.

B. Education course providers shall file procedures with the Department to illustrate how the electronic courses may be verified as self-study, and shall detail the exact length of time that the license applicant spends on the course.

C. For classroom courses, the identity of the applicant and the length of time spent in that course must be monitored by the Instructor in the classroom.

SECTION 6. INSTRUCTOR AND ELECTRONIC EDUCATION INSTRUCTOR/PROCTOR QUALIFICATIONS

A. 1. Instructors must have had specific insurance training or educational experience satisfactory to and approved by the State Insurance Commissioner in order to be certified to teach any part of an approved course. Each instructor must have three (3) or more years of specific insurance experience and/or education in each part of the insurance training program in which he/she instructs and must be approved prior to teaching any course, or any part of a course, by the Insurance Commissioner.

2. Individuals who will act as an electronic education instructor/proctor of electronic education courses must have the same credentials as a classroom instructor as provided by this Rule.

3. Proctors or instructors must be a disinterested third party and shall not serve for examinations of: family members or relatives or dependents, employers or supervisors, employees or subordinates, partners or joint ventures or co-owners, current or former teachers or pupils, neighbors or personal friends or significant others, or for anyone in whom the proctor or instructor has an economic or other interest in assuring the successful outcome of the examination.

4. Applicants for approval as a classroom instructor, or electronics course instructor/proctor shall complete and submit Appendix 4 to the Arkansas Insurance Department.

B. No person will be approved as an instructor/proctor who has received disciplinary action by the Arkansas Insurance Department, the Insurance Department of another state, or any regulatory or governmental body, or state or federal court. The Commissioner shall have the authority to waive this requirement upon written request by the applicant. The applicant shall have the burden of proving his or her qualifications to the Commissioner to meet eligibility for serving as an instructor or proctor.

C. This Rule prohibits the provider's officials, owners, instructors, or proctors from taking the licensing exam for the purpose of learning test questions in order to aid the provider's customers and/or to improve a provider's pass-fail rate. Any such entity or person discovered to have done this will lose Department approval to participate in the pre-licensure education program under this Rule, in addition to any other applicable penalties. An individual who acts as a proctor may take the exam to obtain an individual producer's license for his/her own benefit.

D. This Rule authorizes the Department to compare the end-of-course examinations with Department examination results at any time, without prior notice to the course provider, its owners or managers, instructors, or proctors.

SECTION 7. COURSE PROVIDER REQUIREMENTS

A. Application for approval as a course provider shall be submitted to the Arkansas Insurance Department not less than ninety (90) days prior to the expected use of the program. A course provider shall include the following information in duplicate:

1. Detailed description of the classroom or electronic course instruction program, including a course outline and list of resource materials.

2. Completion of Appendix 1 for the initial certification; or completion of Appendix 2 upon any change in curriculum or instructor.

3. Schedule of classes for all locations.

4. All materials used for electronic education courses must be made available online to the Arkansas Insurance Department.

B. Changes in class schedules are to be filed with the Insurance Department not later than two (2) weeks before each class begins. Course providers may file in writing or electronically a change or addition to the class schedule with the Department one (1) week in advance for a single course scheduled for an individual.

C. The Commissioner may consider the type of facility to be used for training, the sufficiency of teaching aids, and the exclusive use of that portion of the facility being used for training, in making a determination to certify the provider.

D. The course provider shall maintain detailed attendance records for all applicants for all classes for three (3) years following completion of the classes. Rosters, including courses completed and completion dates, shall be maintained for a minimum of two (2) years by course providers. These records may be reviewed by the Commissioner. In this regard, any studying which is not conducted under the direct supervision of the classroom instructor at the facility during scheduled classes may not be credited toward completion of the required twenty (20) hours; and electronic course providers must verify and confirm to the Department the work done by electronics course students for proper crediting of electronic hours.

E. Forms. The following forms are prescribed by the Commissioner and are attached as exhibits to this Rule. All forms are available upon request to the Department, or via the Department's web site at http://www.insurance.arkansas.gov/license/divpage.htm.

Appendix 1	Application for Approval As Course Provider
Appendix 2	Change in Curriculum or Instructor or Proctor
Appendix 3(A)	Life
Appendix 3(B)	Accident, Health, and Sickness
Appendix 3(C)	Casualty
Appendix 3(D)	Property
Appendix 3(E)	Personal Lines (Non-Commercial)
Appendix 4	Application for Approval as Instructor or Proctor

F. Alternate Forms. The Commissioner may accept, in lieu of Appendices 1 – 4 to the Rule in Item (E) above the most recent editions of comparable forms published by the National Association of Insurance Commissioners.

SECTION 8. PROGRAM REVIEW

The Department shall have the authority to visit a training facility and review its program at any time, including, but not limited to curriculum records and attendance records.

SECTION 9. LICENSING PROCEDURE OF APPLICANT

A. The required hours of instruction must be completed prior to the date of the licensing examination.

B. The instructor or designated official of the course provider shall complete an original and one (1) copy of each individual certification, Appendices 3(A) – 3(E), to give to the course attendee or applicant. The Certificate must include the type and length of study (either by live classroom instruction and/or by electronic media) selected by the course provider.

C. Each individual certification must be on the form as shown in Appendices 3(A) – 3(E) and must be signed by the applicant and the instructor or designated official of the course provider where more than one instructor is used.

The individual original certification must be presented by the student to the exam vendor at the time the candidate is scheduled to sit for the exam. If the candidate fails to present the original certification to the exam vendor, the candidate will not be allowed to sit for the exam but must reschedule the exam for another time. The exam vendor will collect all valid certifications and file those with the Department along with the applications, fees, or other necessary documents.

SECTION 10. COMPLETION OF COURSE REQUIREMENTS

Educational requirements must be completed no more than two (2) years prior to taking the license exam for course certification to be valid.

SECTION 11. VIOLATIONS

Department approval of instructors and course providers of instruction courses may be withdrawn for violations of this Rule.

SECTION 12. SEVERABILITY

Any section or provision of this Rule held by a court to be invalid or unconstitutional will not affect the validity of any other section or provision of this Rule.

_____

ALLEN KERR
INSURANCE COMMISSIONER

_____

DATE

APPENDIX 1
APPLICATION FOR APPROVAL AS COURSE PROVIDER
FOR USE WITH RULE 31

TO: Arkansas Insurance Department
Licensing Division
1200 West Third
Little Rock, AR 72201-1904

Name of Training Facility: _____
Name of Pre-licensing Course Provider: _____
Provider Number: _____
Address: _____
Name of contact person: _____
Telephone Number: _____
E-mail address: _____

Course of Study	Check all that Apply	Type of Study: Classroom, Electronic Or Combination
Life		
Accident, Health and Sickness		
Casualty		
Property		
Personal Lines		

Location and Street Address Where Course will be Held

_____
Street Address City State Zip

ATTACH FOLLOWING DOCUMENTS	
1.	Course Outline
2.	List of Resource Materials
3.	Names of Instructors and Qualifications with a completed Form Appendix 4 for each instructor/proctor
4.	Schedule of Classes pursuant to Rule Section 7
5.	Name of Instructor(s) serving as Designated Official(s) of the Provider

_____
Typed Name of Pre-licensing Education Course Provider Official

_____
Signature of Pre-licensing Education Course Provider Official

_____
(Date)

FOR DEPARTMENT USE ONLY	
APPROVED BY:	**DATE:**
DISAPPROVED BY:	**DATE:**

APPENDIX 2
CHANGE IN CURRICULUM OR INSTRUCTOR OR PROCTOR
FOR USE WITH RULE 31

To: Arkansas Insurance Department
Licensing Division
1200 West Third
Little Rock, AR 72201-1904

Name: _____
Name of Pre-licensing Education Course Provider: _____
Provider Number: _____
Course Number: _____
Name of contact person: _____
Telephone Number: _____
Address: _____
Email Address: _____
Facility or Course Provider Website: _____

The following changes have been made in our Course Curriculum and/or Instructors/Proctors:

ATTACH THE APPLICABLE CHANGES	
1.	Course Outline and Type of Study (Classroom or Electronic)
2.	List of Resource Materials
3.	Names of Instructors/Proctors and Qualifications
4.	Names of instructors serving as Designated Officials of Provider
5.	Names of proctors serving for electronic courses; disclose if you are serving as a Designated Official of the Provider

_____
Typed Name of Pre-licensing Education Course Provider Official

_____
Signature of Pre-licensing Education Course Provider Official

_____
Date

FOR DEPARTMENT USE ONLY	
APPROVED BY:	**DATE:**
DISAPPROVED BY:	**DATE:**

APPENDIX 3(A)
LIFE
FOR USE WITH RULE 31

To: Arkansas Insurance Department
License Division
1200 West Third
Little Rock, AR 72201-1904

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of **Life.**

Applicant Name: _____
Residence Address: _____
Social Security No. & License No: _____
Date of Birth: _____
Name of Approved Training Facility/Electronic Facility: _____
Date of Course Completion: _____

Study Method of Course Completion (in classroom or electronic media or both). Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hrs Completed	No. Hrs Classroom("C"), Electronic("E") or Both("B")
Introduction to Insurance (1 hr)			
State Insurance Laws and Rules (5 hrs)			
Life Insurance Basics (5 hrs)			
Life Insurance Policies, Policy Options, and Policy Provisions (5 hrs)			
Annuity Contracts (3 hrs)			
Ethics (1 hr)			
TOTAL NUMBER OF HRS COMPLETED			

For those applicants seeking an exemption from the five (5) hours on State Insurance Laws and Rules, please initial here: _____. Applicant certifies that the portion of study on State Insurance Laws and Rules for a total of five (5) hours was completed on _____, and is therefore not required to be completed in this certification.
(course date)

We acknowledge that falsifying this statement will result in disciplinary action taken against us by the Arkansas Insurance Department.

_____
(Typed Name of Applicant)

_____
(Typed Name of Instructor/Proctor)

_____
(Signature of Applicant)

_____
(Signature of Instructor/Proctor)

_____
(Provider Name)

_____
(Provider Number)

_____
(Date Signed)

_____
(Date Signed)

APPENDIX 3(B)
ACCIDENT, HEALTH, AND SICKNESS
FOR USE WITH RULE 31

To: Arkansas Insurance Department
License Division
1200 West Third
Little Rock, AR 72201-1904

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of **Accident, Health, and Sickness.**

Applicant Name: _____
Residence Address: _____
Social Security No. & License No.: _____
Date of Birth: _____
Name of Approved Training Facility/Electronic Facility: _____
Date of Course Completion: _____

Study Method of Course Completion (in classroom or electronic media or both). Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hrs Completed	No. Hrs Classroom("C"), Electronic("E") or Both("B")
Introduction to Insurance (1 hr)			
State Insurance Laws and Rules (5 hrs)			
Health Insurance Policy Provisions (3 hrs)			
Disability Income Insurance (2 hrs)			
Medical Expense Insurance (1 hr)			
Medicare Supplement Insurance (1 hr)			
Long Term Care (2 hrs)			
Social Security and Medicare (2 hrs)			
Group Insurance (1 hr)			
Health Maintenance Organizations (1 hr)			
Ethics (1 hr)			
TOTAL NUMBER OF HRS COMPLETED			

For those applicants seeking an exemption from the five (5) hours on State Insurance Laws and Rules, please initial here: _____. Applicant certifies that the portion of study on State Insurance Laws and Rules for a total of five (5) hours was completed on _____, and is therefore not required to be completed in this certification.
(course date)

We acknowledge that falsifying this statement will result in disciplinary action taken against us by the Arkansas Insurance Department.

_____
(Typed Name of Applicant)

_____
(Typed Name of Instructor/Proctor)

_____
(Signature of Applicant)

_____
(Signature of Instructor/Proctor)

_____
(Provider Name)

_____
(Provider Number)

_____
(Date Signed)

_____
(Date Signed)

APPENDIX 3(C)
CASUALTY
FOR USE WITH RULE 31

To: Arkansas Insurance Department
License Division
1200 West Third
Little Rock, AR 72201-1904

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of **Casualty**.

Applicant Name: _____
Residence Address: _____
Social Security No. & License No.: _____
Date of Birth: _____
Name of Approved Training Facility/Electronic Facility: _____
Date of Course Completion: _____

Study Method of Course Completion (in classroom or electronic media or both). Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hrs Completed	No. Hrs Classroom("C"), Electronic("E") or Both("B")
Introduction to Insurance (1 hr)			
State Insurance Laws and Rules (5 hrs)			
Ocean [Wet Marine] and Inland Marine Insurance (1 hr)			
General Liability Insurance (2 hrs)			
Automobile Insurance and Assigned Risk Plans, including Personal ("AIPSO) and Commercial ("CAIP") (5 hrs)			
Workers' Compensation and Assigned Risk Plan (3 hrs)			
Commercial Crime Insurance and Fidelity Bonds (1 hr)			
Surety Bonds (1 hr)			
Ethics (1 hr)			
TOTAL NUMBER OF HRS COMPLETED			

For those applicants seeking an exemption from the five (5) hours on State Insurance Laws and Rules, please initial here: _____. Applicant certifies that the portion of study on State Insurance Laws and Rules for a total of five (5) hours was completed on _____, and is therefore not required to be completed in this certification.
(course date)

We acknowledge that falsifying this statement will result in disciplinary action taken against us by the Arkansas Insurance Department.

_____
(Typed Name of Applicant)

_____
(Typed Name of Instructor/Proctor)

_____
(Signature of Applicant)

_____
(Signature of Instructor/Proctor)

_____
(Provider Name)

_____
(Provider Number)

_____
(Date Signed)

_____
(Date Signed)

APPENDIX 3(D)
PROPERTY
FOR USE WITH RULE 31

To: Arkansas Insurance Department
License Division
1200 West Third
Little Rock, AR 72201-1904

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area of **Property**.

Applicant Name: _____
Residence Address: _____
Social Security No. & License No.: _____
Date of Birth: _____
Name of Approved Training Facility/Electronic Facility: _____
Date of Course Completion: _____

Study Method of Course Completion (in classroom or electronic media or both). Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hrs Completed	No. Hrs Classroom("C"), Electronic("E") or Both("B")
Introduction to Insurance (1 hr)			
State Insurance Laws and Rules (5 hrs)			
Fire and Allied Lines; and Assigned Risk Plans ("ARRUA")and Arkansas Earthquake Authority ("AEA") (4 hrs)			
Homeowners Policies and other Multi-Line Products (5 hrs)			
National Flood Insurance - Federal (0.5 hr)			
Commercial Property and Commercial Crime Insurance (3 hrs)			
Crop Insurance – Federal ("FCIC")(0.5 hr)			
Ethics (1 hr)			
TOTAL NUMBER OF HOURS COMPLETED			

For those applicants seeking an exemption from the five (5) hours on State Insurance Laws and Rules, please initial here: _____. Applicant certifies that the portion of study on State Insurance Laws and Rules for a total of five (5) hours was completed on _____, and is therefore not required to be completed in this certification.
(course date)

We acknowledge that falsifying this statement will result in disciplinary action taken against us by the Arkansas Insurance Department.

_____
(Typed Name of Applicant)

_____
(Typed Name of Instructor/Proctor)

_____
(Signature of Applicant)

_____
(Signature of Instructor/Proctor)

_____
(Provider Name)

_____
(Provider Number)

_____
(Date Signed)

_____
(Date Signed)

APPENDIX 3(E)
PERSONAL LINES (NON-COMMERCIAL)
FOR USE WITH RULE 31

To: Arkansas Insurance Department
License Division
1200 West Third
Little Rock, AR 72201-1904

This is to certify that the following applicant has satisfactorily completed twenty (20) hours of instruction in the area limited to **Personal Lines (non-commercial) only**.

Applicant Name: _____
Residence Address: _____
Social Security No. & License No.: _____
Date of Birth: _____
Name of Approved Training Facility/Electronic Facility: _____
Date of Course Completion: _____

Study Method of Course Completion (in classroom or electronic media or both). Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	No. of Hrs Completed	No. Hrs Classroom("C"), Electronic("E") or Both("B")
Introduction to Insurance (1 hr)			
State Insurance Law & Rules (5 hours)			
Fire and Allied Lines, including Manufactured Houses; and Assigned Risk Plans ("ARRUA") and Arkansas Earthquake Authority ("AEA") (2 hours)			
Homeowners Policies and other Multiple-Lines Products; and Assigned Risk Plans ("ARRUA") and Arkansas Earthquake Authority ("AEA") (5 hours)			
Automobile Insurance and Assigned Risk Plans (5 hours)			
Flood Insurance – Federal (1 hour)			
Ethics (1 hr)			
TOTAL NUMBER OF HOURS COMPLETED			

For those applicants seeking an exemption from the five (5) hours on State Insurance Laws and Rules, please initial here: _____. Applicant certifies that the portion of study on State Insurance Laws and Rules for a total of five (5) hours was completed on _____, and is therefore not required to be completed in this certification.
(course date)

We acknowledge that falsifying this statement will result in disciplinary action taken against us by the Arkansas Insurance Department.

_____
(Typed Name of Applicant)

_____
(Typed Name of Instructor/Proctor)

_____
(Signature of Applicant)

_____
(Signature of Instructor/Proctor)

_____
(Provider Name)

_____
(Provider Number)

_____
(Date Signed)

_____
(Date Signed)

APPENDIX 4
APPLICATION FOR APPROVAL AS INSTRUCTOR OR PROCTOR
FOR USE WITH RULE 31

To: Arkansas Insurance Department
Licensing Division
1200 West Third
Little Rock, AR 72201-1904

1) Name: _____ License Type: _____
Address: _____
Electronic Mail Address: _____
Phone: Office ( ) _____ Home ( ) _____
2) Name and Address of Current Employer: _____
_____
3) Name of Sponsoring Training Facility/Electronic Course Provider: _____
Provider Name: _____ Provider Number: _____
Address: _____
Electronic Mail Address: _____
4) Please list all resident and non-resident insurance licenses you currently hold as producer, consultant, adjuster, limited adjuster, managing general agent, etc.: _____
_____
_____
5) Please summarize your insurance experience and training, totaling three (3) years. (Attach additional sheets, if necessary): _____
_____
_____
6) Please summarize your insurance education, including, but not limited to college/university insurance course(s) hours; insurance seminars and training course(s); number of hours completed toward certifications such as CLU, CPCU, FLMI, LOMA, ChFC, CIC, ARM, RHU, CRM, and LUTCF, etc. (Attach additional sheets, as necessary):
_____
_____
[Note: As specific training on insurance is a prerequisite, please do not include general education hours or degrees, such as BA or MBA Degrees in Business, Marketing, etc.]
7) Courses of study at Training Facility for which you propose to serve as Instructor or Proctor or both: _____
_____

ATTACH FOLLOWING DOCUMENTS	
a	Resume if any
b	Appendix 2 completed by Training Facility Official
c	As to non-resident applicants only, please attach written verification from your domiciliary state insurance department confirming that you have held an insurance license(s) for a minimum of three (3) years, and that your license(s) has not ever been suspended or revoked, fined or otherwise sanctioned.

State of Arkansas
County of: _____

_____
Name of Applicant
Subscribed to and sworn or affirmed before me this _____ day of _____, 20_____

_____ (Notary Seal)
Notary Public
My Commission expires: _____

FOR DEPARTMENT USE ONLY	
APPROVED BY:	**DATE:**
DISAPPROVED BY:	**DATE:**