

# ARKANSAS REGISTER

AR. REGISTER DIV.

90 MAY 10 PM 3:32

## Transmittal Sheet



W.J. "BILL" McCuen  
SECRETARY OF STATE  
LITTLE ROCK, ARKANSAS

BY \_\_\_\_\_

W.J. "BILL" McCuen

Secretary of State

State Capitol

Little Rock, Arkansas 72201-1094

For Office  
Use Only:

Effective Date 5-1-90 Code Number 054.00.90--002

Name of Agency Arkansas Insurance Department

Department Legal Division

Contact Person Alan Langford Telephone 321-1811

Statutory Authority for Promulgating Rules Rule 47: Ark. Code

Ann. §§ 23-61-108, 23-91-219, 23-91-224, and 25-15-202, et seq.

Intended  
Effective Date

Date

Legal Notice Published 8-28-89 — 9-16-89

☐ Emergency

Final Date for Public Comment 9-19-89

☐ 20 Days  
After Filing

Filed With Legislative Council 9-6-89

Reviewed by Legislative Council 9-20-89

☒ Other

Adopted by State Agency 4-24-90

May 1, 1990; Compliance

date of  
August 1,  
1990

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance With Act 434 of 1967 As Amended.

Alan Langford  
SIGNATURE  
Chief Counsel  
TITLE  
May 9, 1990  
DATE

RULE AND REGULATION 47  
PRE-LICENSING EDUCATIONAL REQUIREMENTS  
FOR LEGAL INSURANCE AGENTS

FILED  
AR. REGISTER DIV.  
90 MAY 10 PM 3:32  
W.J. "BILL" MCCUE  
SECRETARY OF STATE  
LITTLE ROCK, ARKANSAS  
BY \_\_\_\_\_

SECTION 1.	PURPOSE
SECTION 2.	AUTHORITY
SECTION 3.	APPLICABILITY AND SCOPE
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EXHIBIT 1.
EXHIBIT 2.
EXHIBIT 3.
EXHIBIT 4.

SECTION 1. PURPOSE

The purpose of this rule is to establish curricula for courses of instruction required to be completed by applicants seeking an agent's license to sell legal insurance in Arkansas under Ark. Code §23-91-219 (Supp. 1987), to establish a mechanism of examination and review of the performance and quality of the instruction, and to establish respective duties of the Insurance Advisory Examining Board.

SECTION 2. AUTHORITY

The rule is issued pursuant to the authority vested in the Commissioner under Ark. Code Ann. §§23-61-108 (1987), 23-91-224 (1987), and 23-91-219 (Supp. 1987), and 25-15-202 (1987), et seq.

SECTION 3. APPLICABILITY AND SCOPE

This rule shall apply to all new applicants seeking an agent's license on and after August 1, 1990 to sell legal insurance for all insurers holding an Arkansas certificate of authority pursuant to Ark. Code Ann. §§23-63-201, et seq., or 23-91-201, et seq. This rule shall not be applicable to agents holding a valid license to sell legal insurance on or before August 1, 1990.

SECTION 4. EFFECTIVE DATE

The effective date of this rule shall be May 1, 1990.

SECTION 5. COURSE REQUIREMENTS

All candidates for an Arkansas legal insurance agent's license are hereby required to complete a course of instruction with a minimum of eight (8) hours of classroom instruction, with a minimum five (5)

hours on Ark. Code Ann. §§23-66-201, et seq., 23-66-301 et seq., 23-91-201, et seq., and other applicable provisions of the Arkansas Insurance Code and Rules and Regulations of the Arkansas Insurance Department, and with a minimum three (3) hours on legal insurance and general insurance principles. All candidates for a legal insurance agent's license who have previously completed thirty-six (36) hours of education pursuant to Department Rule and Regulation 31 will only be required to complete a course of three (3) hours on legal insurance and general insurance principles to comply with this Rule.

## SECTION 6. INSTRUCTOR QUALIFICATIONS AND PROVIDER REQUIREMENTS

A. Instructors must have had training or educational experience satisfactory to the Advisory Examining Board and approved by the Arkansas Insurance Commissioner in order to be certified to teach any part of an approved course. Each instructor must have five (5) or more years of experience in the field of insurance generally, or advanced education, or five years of experience and advanced education combined, and must be approved prior to teaching any course, or any part of a course, by the Insurance Advisory Examining Board c/o Arkansas Insurance Department.

B. No person will approved as an instructor who has received disciplinary action by the Arkansas Insurance Department, the Insurance Department of another state, or any similar regulatory body or court. The Commissioner shall have the authority to waive this requirement after a hearing to determine the instructor's qualifications.

C. Application for approval as a provider shall be submitted to the Insurance Advisory Examining Board c/o Arkansas Insurance Department not less than sixty (60) days prior to the expected use of the program. A provider shall include the following information in duplicate:

- 1] Detailed description of the instruction program including a course outline and list of resource materials;
- 2] Completion of Exhibit 1 for the initial certification;
- 3] Description of all facilities and schedules of classes for all locations;
- 4] Completion of Exhibit 2 upon any change in curriculum or instructor or location; and
- 5] Completion of Exhibit 4 as to each instructor.

Course providers previously certified under Department Rule and Regulation 31 may amend their existing applications to add three (3) hours of instruction on legal insurance to comply with this Rule, or may file new applications for eight (8) hours of instruction on legal insurance pursuant to this Rule.

D. Changes in class schedules are to be filed with the Insurance Department no later than two (2) weeks before each class begins.

E. The Board 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.

F. The provider shall maintain detailed attendance records for all students for all classes, which may be reviewed by the Commissioner and the Board. In this regard, any studying which is not conducted under the direct supervision of the instructor at the facility during scheduled classes may not be credited toward completion of the required eight (8) hours.

#### SECTION 7. LICENSING PROCEDURE OF APPLICANT

A. The required hours of classroom instruction must be completed prior to the date of license issuance. Certification must be on the form as shown in Exhibit 3 and must be signed by the applicant and the instructor or designated official of the provider where more than one (1) instructor is used.

B. The instructor or designated official of the provider is responsible for promptly transmitting the certification to the Insurance Department. The instructor or designated official of the provider shall complete an original and one (1) copy of each individual certification, Exhibit 3, and forward to the Insurance Department with a self addressed, stamped envelope. The Insurance Department will return a copy, indicating proof of receipt, to the instructor or designated official of the provider. Failure of the instructor or the designated official of the provider to file the certification promptly will be considered a violation of this Regulation.

#### SECTION 8. COMPLETION OF COURSE REQUIREMENTS

Educational requirements must be completed no more than one (1) year prior to license issuance for course certification to be valid.

#### SECTION 9. VIOLATIONS

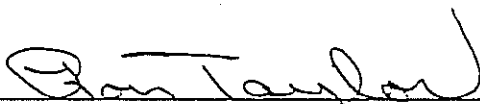
Pursuant to the Administrative Procedure Act, approval of instructors and providers of instruction courses may be suspended or revoked for violations of this Regulation and provisions of the Arkansas Insurance Code or other laws of the State of Arkansas, upon notice and hearing.

#### SECTION 10. PROGRAM REVIEW

The Board and 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 11. 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.

  
\_\_\_\_\_  
Insurance Commissioner

4-24-90  
Date

EXHIBIT 1

EDUCATIONAL REQUIREMENTS FOR LEGAL INSURANCE AGENTS

TO: Arkansas Insurance Department  
Licensing Division  
University Tower Building  
12th and University  
Little Rock, Arkansas 72204

(SUBMIT IN DUPLICATE)

Name of Training Facility \_\_\_\_\_

Address \_\_\_\_\_

Name and Telephone Number \_\_\_\_\_  
of contact person

Course of Study \_\_\_\_\_  
(State regulation for legal insurance agent applicants)

Location and Street Address \_\_\_\_\_  
Where Course will be Held \_\_\_\_\_  
\_\_\_\_\_

ATTACH FOLLOWING DOCUMENTS

- 1) Course Outline
- 2) List of Resource Materials
- 3) Names of Instructors and Qualifications
- 4) Schedule of classes pursuant to Section 6 of the Rule
- 5) Names of Instructors serving as Designated Officials of the Provider

\_\_\_\_\_  
(Typed Name of Training Facility Official)

\_\_\_\_\_  
(Signature of Training Facility Official)

\_\_\_\_\_  
(Date)

.....  
FOR DEPARTMENT USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EXHIBIT 2

EDUCATIONAL REQUIREMENTS FOR LEGAL INSURANCE AGENTS

TO: Arkansas Insurance Department  
Licensing Division  
University Tower Building  
12th and University  
Little Rock, Arkansas 72204

(SUBMIT IN DUPLICATE)

CHANGES IN CURRICULUM OR INSTRUCTOR OR LOCATION

Name of Training Facility \_\_\_\_\_

Address \_\_\_\_\_

Name and Telephone Number \_\_\_\_\_  
of contact person

The following changes have been made in our Course Curriculum and/or  
instructors and/or Location for Legal Insurance Agent Applicants:

(Attach for Applicable Changes)

- 1) Course Outline
- 2) List of Resource Materials
- 3) Names of Instructors and Qualifications, and Exhibit 4 as to each  
new instructor
- 4) Names of Instructors serving as designated Officials of Provider
- 5) New address and phone number of facility

\_\_\_\_\_  
(Typed Name of Training Facility Official)

\_\_\_\_\_  
(Signature of Training Facility Official)

\_\_\_\_\_  
(Date)

.....  
FOR DEPARTMENT USE ONLY

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EXHIBIT 3

EDUCATIONAL REQUIREMENTS FOR LEGAL INSURANCE AGENTS

TO: Arkansas Insurance Department  
Licensing Division  
University Tower Building  
12th and University  
Little Rock, Arkansas 72204

(SUBMIT IN DUPLICATE)

This is to certify that the following person has satisfactorily completed 8 hours of classroom instruction in the area of insurance principles and state regulation for legal insurance agent applicants.

Name \_\_\_\_\_

Address \_\_\_\_\_

Agency or Company Sponsor \_\_\_\_\_

The course was conducted by \_\_\_\_\_  
(Name of Approved Training Facility)

and was completed on \_\_\_\_\_ with  
(Date)

classes held at the following times and dates:

_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Typed Name of Instructor)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_\_  
(Date Signed)



EXHIBIT 4

EDUCATIONAL REQUIREMENTS FOR LEGAL INSURANCE AGENTS

TO: Arkansas Insurance Department  
Licensing Division  
University Tower Building  
12th and University  
Little Rock, Arkansas 72204

(SUBMIT IN DUPLICATE)

APPLICATION FOR APPROVAL AS LEGAL INSURANCE INSTRUCTOR

- 1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: Office(    ) \_\_\_\_\_ Home (    ) \_\_\_\_\_
- 2) Name and Address of Current Employer \_\_\_\_\_  
\_\_\_\_\_
- 3) Name of Sponsoring Training Facility \_\_\_\_\_  
Address \_\_\_\_\_
- 4) Please list all resident and non-resident insurance licenses you currently hold as agent, broker, solicitor, consultant, adjuster, managing general agents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Please summarize your insurance experience and/or training, totaling five (5) years (Attach additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6a) Please summarize your insurance education, including, but not limited to, college/university insurance course (s) hours; insurance seminars and training courses; number of hours completed

toward certifications such as CLU, CPCU, FLMI, LOMA, etc. (Attach additional sheets, as necessary):

- 
- 
- b) Please summarize your advanced education, including but not limited to college/university degrees; number of hours completed towards college/university degrees (attach additional sheets as necessary):

[Note: You may include general education hours or degrees, such as BA or MBA Degrees in Business, Marketing, etc.]

ATTACH FOLLOWING DOCUMENTS:

- a) Resume or Curriculum Vitae, if any;  
b) Exhibit 2 completed by Training Facility Official; and  
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 five (5) years, and that your license(s) has not ever been suspended or revoked.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

Subscribed to and sworn or affirmed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

(State of \_\_\_\_\_)

(County of \_\_\_\_\_)

My Commission expires \_\_\_\_\_

.....  
FOR DEPARTMENT USE ONLY

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_