

# ARKANSAS REGISTER

AR. REGISTER DIV.

90 AUG -1 PM 2: 57

## 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 \_\_\_\_\_ Code Number 054.00.90--004

Name of Agency Arkansas Insurance Department

Department Legal Division

Contact Person Cynthia Lea Fearn Telephone 371-1811

Statutory Authority for Promulgating Rules Ark. Code Ann.

§23-64-304(a)

Intended  
Effective Date

Date

Legal Notice Published 4/29/90-5/13/90

☐ Emergency

Final Date for Public Comment 6/1/90

☒ 20 Days  
After Filing

Filed With Legislative Council 4/20/90

Reviewed by Legislative Council 6/13/90

☐ Other

Adopted by State Agency 7/27/90

### CERTIFICATION OF AUTHORIZED OFFICER

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

Ron Taylor

SIGNATURE

Insurance Commissioner

TITLE

7-27-90

DATE

FILED  
AR. REGISTER DIV.

RULE AND REGULATION 50  
AGENTS CONTINUING EDUCATION

90 AUG -1 PM 2:57

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

SECTION

BY \_\_\_\_\_

1. Purpose
2. Authority
3. Effective Date and Applicability
4. Exemptions
5. Educational Requirements
6. Course Provider Approval
7. Instructor Qualifications
8. Program Review
9. Fees and Compliance
10. Penalties
11. Severability

APPENDIX A

APPENDIX B

APPENDIX C

APPENDIX D

APPENDIX E

APPENDIX F

SECTION 1. PURPOSE

The purpose of this Rule and Regulation is to implement Act 445 of 1989, Ark. Code Ann. §§23-64-301, et seq., establishing requirements and standards for continuing education for natural persons licensed as insurance agents, solicitors, brokers, or consultants.

SECTION 2. AUTHORITY

This Rule is issued pursuant to the authority vested in the Commissioner of Insurance ("Commissioner") by Ark. Code Ann. §23-64-304(a).

SECTION 3. EFFECTIVE DATE AND APPLICABILITY

This Rule and Regulation shall be effective July 1, 1990 and shall be applicable to those persons licensed to act as an insurance agent, solicitor, consultant or broker and engaged in the sale of the following types of insurance:

- A. Life and disability insurance
- B. Property and casualty insurance
- C. All lines of insurance for which an examination is required for licensing.

#### SECTION 4. EXEMPTIONS

- A. This Rule and Regulation shall not apply to the following individuals:
1. Persons holding licenses for which an examination is not required.
  2. Bail bondsmen.
  3. Any limited or restricted license the Commissioner may exempt.
  4. Any person who is at least sixty (60) years of age.
  5. Any person who has held a license as an agent, solicitor, consultant or broker for a period of at least fifteen (15) consecutive years.
  6. Third-party administrators who do not solicit business.
  7. Non-resident agents, non-resident solicitors, non-resident consultants or brokers.
- B. All persons requesting exemption from compliance shall complete and file with the License Division of the Arkansas Insurance Department the form as found in Appendix F.
- C. Newly licensed agents, brokers, and solicitors during the calendar year in which the applicant first received an Arkansas license shall not be required to comply with continuing education requirements until the first calendar year following licensure.

#### SECTION 5. EDUCATIONAL REQUIREMENTS

- A. Any licensed non-exempt persons shall, during the two (2) year period of his or her license, complete those courses of instruction approved by the Commissioner and equivalent to the following:
1. A minimum of sixteen (16) hours of instruction for a life and disability license or life or disability licenses.
  2. A minimum of sixteen (16) hours of instruction for a property and casualty license.
  3. A minimum of twenty (20) hours of instruction for those other persons holding dual licenses for life and disability and property and casualty.

- B. Subject to submission and approval of the Commissioner, the courses or programs of instruction successfully completed which shall be deemed to meet the Commissioner's standards for continuing educational requirements and the number of classroom hours for which they are equivalent are:
1. Any part of the Life Underwriting Training Council Life Courses Curriculum and Health Courses.
  2. Any part of the American College "CLU" diploma curriculum.
  3. Any part of the Insurance Institute of America's Program in general insurance.
  4. Any part of the American Institute for Property and Liability Underwriters' Chartered Property Casualty Underwriter (CPCU) professional designated program.
  5. Any part of the Certified Insurance Counselor Program.
  6. Any course offered by Certified Health Consultant (CHC).
  7. Any course offered by Registered Health Consultant.
  8. Any insurance related course approved by the Commissioner and taught by an accredited college or university.
  9. Any course or program of instruction or seminar sponsored by any authorized insurer, recognized agents association or insurance trade association or any independent program of instruction, shall, subject to the approval of the Commissioner, qualify for the equivalency of the number of classroom hours assigned thereto by the Commissioner.
  10. Any correspondence course approved by the Commissioner shall qualify for the equivalency of the number of classroom hours assigned thereto by the Commissioner.
  11. Any other course or program approved by the Commissioner.

- C. The Commissioner shall assign the number of continuing education hours for which approved courses qualify.

#### SECTION 6. COURSE PROVIDER APPROVAL

- A. Application for approval as a provider shall be submitted to the License Division of the 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 subject of the program or course including a course outline, list of any resource materials, and list of speakers or instructors.
  2. Completion of Appendices A and B for the initial certification, and completion of Appendix C upon any change in curriculum or instructor.
  3. Schedules of classes for all locations.
- B. Changes in class schedules are to be filed with the Insurance Department no later than two (2) weeks before such program or course is offered.

#### SECTION 7. INSTRUCTOR QUALIFICATIONS

- A. A person teaching any approved course of instruction or lecturing at any approved seminar shall qualify for the same number of classroom hours for that course as would be granted to a person taking and successfully completing such course, seminar or program.
- B. Instructors must have had specific insurance training or educational experiences satisfactory and approved by the State 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 specific insurance experience and/or education in each part of the insurance training program in which he instructs and must be approved prior to teaching any course, or any part of a course, by the State Insurance Commissioner. Applicants for approval as an instructor shall complete and submit Appendix D to the License Division of the Arkansas Insurance Department.
- C. No person will be 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.

#### SECTION 8. PROGRAM REVIEW

Members of the Insurance Advisory Examining Board as provided in Ark. Code Ann. §23-64-201 and/or representatives of the Department shall have the authority to visit a course or program and review its offering at any time including, but not limited to, curriculum records and attendance records.

#### SECTION 9. FEES AND COMPLIANCE

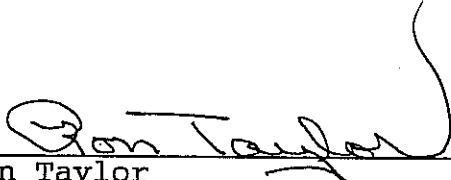
- A. Every person subject to this Regulation shall furnish, in a form satisfactory to the Commissioner, written certification as to the courses, programs and seminars of instruction taken and successfully completed by such person. Such certification shall be executed by or on behalf of the course provider and shall be in the form prescribed in Appendix E.
- B. Every person subject to this Rule and Regulation and who furnishes to the Commissioner written certification as to the courses or programs of instruction taken and successfully completed shall tender a filing fee with each certification submitted during the two (2) year period to which the continuing education hours apply. The amount of the filing fee shall be ten dollars (\$10.00).
- C. Excess classroom hours accumulated during any two (2) year period may be carried forward only to the next period. Those persons wishing to carry forward excess hours shall file a certification of those hours with the Commissioner within sixty (60) days of the beginning of the two (2) year period in which the excess hours are to be carried over.
- D. For good cause shown, the Commissioner may grant an extension of time during which the requirements may be completed, but such extension of time shall not exceed the period of one (1) year.

#### SECTION 10. PENALTIES

Upon failure of any agent, solicitor, consultant or broker to comply with Ark. Code Ann. §23-64-301, et seq. within ninety (90) days after January 1, 1993 or within ninety (90) days after January 1 of each year thereafter, the Commissioner shall take the steps enumerated in Ark. Code Ann. §23-64-307(b) to suspend such individual's license.

SECTION 11. SEVERABILITY

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

  
\_\_\_\_\_  
Ron Taylor  
Insurance Commissioner

7-27-90  
\_\_\_\_\_  
Date

APPENDIX A  
COURSE APPLICATION FOR CONTINUING EDUCATION CREDIT IN ARKANSAS  
ARKANSAS DEPARTMENT OF INSURANCE REGULATION NO.

Approved _____
Disapproved _____
Credit
# CE hours approved _____

NAME: _____
TELEPHONE:
1-(       ) _____
1-( 800 ) _____

COURSE TITLE/NAME \_\_\_\_\_ DATE OF COURSE \_\_\_\_\_  
(ATTACH APPENDIX B)

LOCATION \_\_\_\_\_ CITY \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

QUALIFICATIONS OF INSTRUCTOR INCLUDE RESUME (APPENDIX D FORM)

METHODS OF INSTRUCTION:

☐ Classroom/Lecture ☐ Correspondence ☐ Employee Training  
☐ Seminar ☐ Professional Association  
☐ College/University ☐ Other \_\_\_\_\_

Number of Hours of Instruction or Classroom Hours \_\_\_\_\_

Total Number of Continuing Education credit hours requested \_\_\_\_\_

METHOD OF DETERMINING SATISFACTORY COMPLETION:

☐ Examination ☐ Attendance ☐ Report ☐ Other \_\_\_\_\_

NAMES AND SIGNATURES OF AUTHORIZED REPRESENTATIVES TO SIGN  
CERTIFICATES OF COMPLETION:

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature



\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

SUBMITTED BY:

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

NOTE: APPENDIX A AND APPENDIX B MUST BOTH BE SUBMITTED TO THE  
Arkansas Insurance Department, 400 University Tower Bldg.,  
Little Rock, Arkansas 72204

ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION  
REGULATION NO.

Course Title: \_\_\_\_\_

Dates Offered: \_\_\_\_\_

TIME <u>START</u>	TIME <u>STOP</u>	TOTAL TIME SPENT <u>ON SUBJECT</u>	CREDIT HOURS <u>REQUESTED</u>	<u>DESCRIPTION OF SUBJECT MATTER</u>

[illegible]

Arkansas Department of Insurance

APPENDIX C

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

(SUBMIT IN DUPLICATE)

CHANGE IN CURRICULUM OR INSTRUCTOR

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:

(Attach the Applicable Changes)

- 1) Course Description (Appendix B)
- 2) List of Resource Materials
- 3) Names of Instructors and Qualifications (Appendix D)
- 4) Names of Instructors serving as Designated Officials of  
Provider

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

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

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

.....  
FOR DEPARTMENT USE ONLY

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

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

APPENDIX D

ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION  
REGULATION NO.

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

(SUBMIT IN DUPLICATE)

APPLICATION FOR APPROVAL  
AS 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 agent, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Please summarize your insurance experience and training,  
totaling five (5) 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 courses; number of hours

completed toward certifications such as CLU, CPCU, FLMI, 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ATTACH FOLLOWING DOCUMENTS:

- a) Resume or Curriculum Vitae, if any;
- b) Appendix C 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 never been suspended or revoked.

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

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

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

My Commission expires

\_\_\_\_\_

.....  
FOR DEPARTMENT USE ONLY

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

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

APPENDIX E  
INDIVIDUAL CERTIFICATE OF COMPLETION  
ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION  
REGULATION NO.

CERTIFICATE OF COMPLETION

\_\_\_\_\_  
Name (Type or Print) Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

I, \_\_\_\_\_,  
Authorized Representative (Type or Print)

of \_\_\_\_\_,  
Organization

do hereby certify that the person named herein has successfully  
completed the following approved and certified course:

Course Title \_\_\_\_\_

Number of Credit Hours Earned \_\_\_\_\_ Course No. \_\_\_\_\_

Date of Course Completion \_\_\_\_\_

Name of Sponsor \_\_\_\_\_

This course has been certified by the Arkansas Department of  
Insurance pursuant to Department of Insurance Regulation No.

\_\_\_\_\_  
Date Signature of Authorized Training Representative

\_\_\_\_\_  
Date Signature of Attendee

THIS DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLETION WILL  
BE ACCEPTED AS EVIDENCE OF AN APPROVED COURSE. THE AGENT,  
BROKER, CONSULTANT, OR SOLICITOR MUST SUBMIT HIS/HER  
ORIGINAL CERTIFICATES OF COMPLETION TO THE DEPARTMENT OF  
INSURANCE IMMEDIATELY UPON COMPLETION OF THE COURSE. A  
FILING FEE OF \$10.00 SHALL BE INCLUDED WITH EACH  
CERTIFICATION SUBMITTED IN ANY TWO YEAR PERIOD. THE LICENSEE  
MUST RETAIN COPIES OF HIS OR HER CERTIFICATES OF COMPLETION  
EARNED FOR THE MOST RECENT TWO YEAR PERIOD. (PERSONAL CHECKS  
WILL NOT BE ACCEPTED.)

THIS FORM MAY BE REPRODUCED BY THE COURSE SPONSOR ONLY.

APPENDIX F

ARKANSAS DEPARTMENT OF INSURANCE CONTINUING EDUCATION  
REGULATION NUMBER \_\_\_\_\_

TO: Arkansas Insurance Department  
Licensing Division  
400 University Tower Building  
Little Rock, AR 72204

REQUEST FOR EXEMPTION

Under Arkansas Code §23-64-301, et seq., I am requesting the following exemption:

- \_\_\_\_\_ At least sixty (60) years of age. Date of Birth \_\_\_\_\_  
(Attach copy of birth certificate or other document evidencing date of birth)
- \_\_\_\_\_ Have held a license as an agent for life insurance for a period of fifteen (15) consecutive years. Beginning Date \_\_\_\_\_
- \_\_\_\_\_ Have held a license as an agent for disability insurance for a period of fifteen (15) consecutive years. Beginning Date \_\_\_\_\_
- \_\_\_\_\_ Have held a license as agent, solicitor, consultant or broker for property, casualty, surety and marine for fifteen (15) consecutive years. Beginning Date \_\_\_\_\_
- \_\_\_\_\_ Hold only limited line licenses for which an examination is not required.

I certify that the information set out above is true and correct to the best of my knowledge and belief.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip

Subscribed to before me a notary public in and for the State of Arkansas on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

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

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