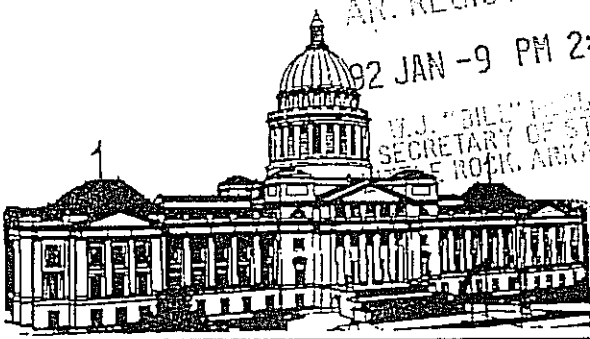


ARKANSAS REGISTER

Transmittal Sheet



FILED
AR. REGISTER DIV.

92 JAN -9 PM 2:17

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

W. J. "Bill" McCuen
Secretary of State
State Capitol Rm. 010
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 12/31/91 Code Number 054.00.92--001

Name of Agency Arkansas Insurance Department

Department Legal Division

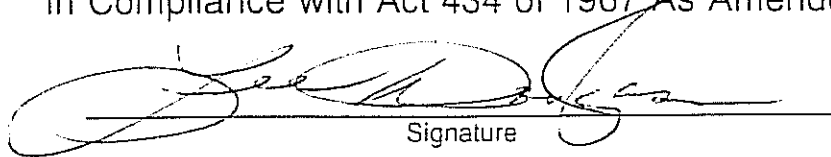
Contact Person J. Denhamclendon

Statutory Authority for Promulgating Rules A.C.A. §§23-61-108, 23-74-101, et seq., 23-75-101, et seq., 23-76-101, et seq., 25-15-202, et seq., 23-64-201, et seq.

Intended Effective Date	Date
<input type="checkbox"/> Emergency	Legal Notice Published . . . 11/13, 11/15, 11/20, 11/22, 11/27, <u>11/29/91</u>
<input type="checkbox"/> 20 Days After Filing	Final Date for Public Comment . . . <u>December 17, 1991</u>
<input checked="" type="checkbox"/> Other	Filed With Legislative Council . . . <u>November 8, 1991</u>
<u>December 31, 1991</u>	Reviewed by Legislative Council . . . <u>December 5, 1991</u>
	Adopted by State Agency <u>December 31, 1991</u>

CERTIFICATION OF AUTHORIZED OFFICER

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


Signature

Arkansas Insurance Commissioner
Title

January 7, 1992
Date

RULE AND REGULATION 31
EDUCATIONAL REQUIREMENTS FOR
INSURANCE AGENTS

FILED
AR. REGISTER DIV.

92 JAN -9 PM 2:17

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

SECTION

1. Purpose
 2. Authority
 3. Applicability and Scope
 4. Effective Date
 5. Course Requirements
 6. Instructor Qualifications
 7. Provider Requirements
 8. Program Review
 9. Licensing Procedure of Applicant
 10. Completion of Course Requirements
 11. Violations
 12. Severability
- Appendices 1 to 4

SECTION 1. PURPOSE

The purpose of this rule and regulation ("rule") is to implement Act 534 of 1983, as amended, by establishing curricula for courses of instruction required to be completed by applicants seeking insurance licenses in Arkansas, to establish criteria for approval of providers of the courses of instruction, to establish a mechanism of examination and review of the performance and quality of the instruction and to delineate the areas of responsibility of the Insurance Advisory Examining Board.

SECTION 2. AUTHORITY

This rule is used pursuant to the authority vested in the Commissioner under Ark. Code Ann. Sections 23-61-108, 23-74-101, et seq., 23-75-101, et seq., 23-76-101, et seq., 25-15-202, et seq., and Act 534 of 1983, as amended, and codified as Sections 23-64-201, et seq.

SECTION 3. APPLICABILITY AND SCOPE

This rule shall apply to all applicants seeking a license as an insurance agent, broker, solicitor, and consultant, and seeking a license as a health maintenance organization ("HMO") agent, except those specifically exempted pursuant to the provisions of Arkansas law, and seeking a license as a fraternal benefit society agent except those specifically exempted pursuant to the provisions of Arkansas law. This rule is intended to complement the provisions of Rule and Regulation 5, "Agent License for Health Maintenance Organizations", and is not intended to supersede Rule and Regulation 35.

SECTION 4. EFFECTIVE DATE

This rule shall be effective December 30, 1991.

SECTION 5. COURSE REQUIREMENTS

- A. All candidates for an Arkansas life and/or disability agent's license, for a health maintenance organization agent's license and for a fraternal benefit society agent's license are hereby required to complete a course of instruction with a minimum of 36 hours of classroom instruction which includes, but is not limited to, all of the following, as applicable:
1. Introduction to Insurance
 2. State Insurance Regulations (Not Less Than Five Hours)
 3. Life Insurance Basics
 4. Life Insurance Policies and Policy Provisions
 5. Life Insurance Policy Options ("Settlement") and Annuities
 6. Health Insurance Basics
 7. Health Insurance Policy Provisions
 8. Disability Income Insurance
 9. Medical Expense Insurance - Including Medicare Supplement Ins.
- B. All candidates for a property and casualty license as agent, broker, solicitor, or consultant are hereby required to complete a course of instruction with a minimum of 36 hours of classroom instruction which includes, but is not limited to, all of the following:
1. Introduction to Insurance and Laws Governing Insurance
 2. State Insurance Regulations (Not Less Than Five Hours)
 3. Fire and Allied Lines
 4. Homeowners Policies and Other Multiple-Line Products
 5. National Flood Insurance
 6. Ocean and Inland Marine Insurance
 7. Crop Insurance
 8. General Liability Insurance
 9. Automobile Insurance and Assigned Risk Plan
 10. Workers' Compensation and Assigned Risk Plan
 11. Commercial Crime Insurance and Fidelity Bonds

12. Surety Bonds

- C. Any applicant for life, disability, HMO and/or fraternal benefit society license and the property/casualty agent's license may combine the five hours of instruction on state regulation.

SECTION 6. INSTRUCTOR QUALIFICATIONS

- A. Instructors must have had specific insurance training or educational experience satisfactory to the Insurance Advisory Examining Board 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 Insurance Advisory Examining Board and the Insurance Commissioner. Applicants for approval as an instructor shall complete and submit Appendix 4 to the Insurance Advisory Examining Board c/o Arkansas Insurance Department.
- B. 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 after a hearing to determine the applicant's qualifications.

SECTION 7. PROVIDER REQUIREMENTS

- A. 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 Appendix 1 for the initial certification or completion of Appendix 2 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 each class begins.
- C. 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.

- D. The provider shall maintain detailed attendance records for all students for all classes for three (3) years following completion of the classes. Rosters of attendees, including courses completed and completion dates, shall be maintained as a permanent record by course providers. These records 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 thirty-six (36) hours.

SECTION 8. 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 9. LICENSING PROCEDURE OF APPLICANT

- A. The required hours of classroom instruction may be completed prior to the date of the licensing examination, but not later than sixty (60) days after the license is issued. If the applicant fails to complete the required classroom instruction within sixty (60) days of licensing, the applicant will be required to apply as if he had never taken the insurance examination.
- B. The instructor or designated official of the provider is responsible for transmitting the certification of completion of required hours to the Insurance Department immediately upon the applicant's completion of the course. The instructor or designated official of the provider shall complete an original and one copy of each individual certification, Appendix 3 or Appendix 3A, and forward such 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 within the time required will be considered a violation of this Regulation.
- C. Each individual certification must be on the form as shown in Appendix 3 or Appendix 3A and must be signed by the applicant and the instructor or designated official of the provider where more than one instructor is used. The Insurance Department must actually receive certification within sixty-five (65) days of the date the license is issued.

If the required certification is not received by the Insurance Department within sixty-five (65) days of the issuance of license, the license will be terminated. In such case where the applicant has actually completed the required classroom instruction within sixty (60) days of licensing, but the certification is not received by the Insurance Department within the required sixty-five (65) days, the course provider must pay any reappointment fees required prior to reissuance of the license.

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

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

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.



LEE DOUGLASS
INSURANCE COMMISSIONER

12-30-01

DATE

APPENDIX 1

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 _____
(Property/Casualty or Life and Disability)

Location and Street Address
Where Course will be Held _____

ATTACH FOLLOWING DOCUMENTS

- 1) Course Outline
- 2) List of Resources Materials
- 3) Names of Instructors and Qualifications with a completed Form as in Appendix 4 for each instructor
- 4) Schedule of Classes pursuant to Section 6
- 5) Name of Instructor(s) serving as Designated Official(s) 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: _____

APPENDIX 2

To: Arkansas Insurance Department
Licensing Division
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 Outline
- 2) List of Resource Materials
- 3) Names of Instructors and Qualifications
- 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: _____

To: Arkansas Insurance Department
License Division
400 University Tower Building
Little Rock, AR 72204

(SUBMIT IN DUPLICATE)

This is to certify that the following person has satisfactorily completed 36 hours of classroom instruction in the area of Life and Disability.

Student Name _____

Residence Address _____

Social Security No. _____ Date of Birth _____

Agency or Company Sponsor _____

Name of Approved Training Facility _____

Date of Course Completion _____

Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	Number of Hours Completed
Introduction to Insurance		
State Insurance Regulations (Not Less Than Five Hours)		
Life Insurance Basics		
Life Insurance Policies and Policy Provisions		
Life Insurance Policy Options ("Settlement") and Annuities		
Health Insurance Basics		
Health Insurance Policy Provisions		
Disability Income Insurance		
Medical Expense Insurance - Including Medicare Supplement Ins.		
Testing on Above Subjects*		
Other:		
TOTAL NUMBER OF HOURS COMPLETED =		

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

(Typed Name of Student)

(Typed Name of Instructor)

(Signature of Student)

(Signature of Instructor)

(Date Signed)

(Date Signed)

*No more than three (3) credit hours allowed for testing.

To: Arkansas Insurance Department
 License Division
 400 University Tower Building
 Little Rock, AR 72204

(SUBMIT IN DUPLICATE)

This is to certify that the following person has satisfactorily completed 36 hours of classroom instruction in the area of Property and Casualty.

Student Name _____

Residence Address _____

Social Security No. _____ Date of Birth _____

Agency or Company Sponsor _____

Name of Approved Training Facility _____

Date of Course Completion _____

Classes were conducted on the following dates covering the following subject areas:

Subject Area	Date	Number of Hours Completed
Introduction to Insurance and Laws Governing Insurance		
State Insurance Regulations (Not Less Than Five Hours)		
Fire and Allied Lines		
Homeowners Policies and Other Multiple-Line Products		
National Flood Insurance		
Ocean and Inland Marine Insurance		
Crop Insurance		
General Liability Insurance		
Automobile Insurance and Assigned Risk Plan		
Workers' Compensation and Assigned Risk Plan		
Commercial Crime Insurance and Fidelity Bonds		
Surety Bonds		
Testing on Above Subjects*		
Other:		
TOTAL NUMBER OF HOURS COMPLETED =		

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

 (Typed Name of Student)

 (Typed Name of Instructor)

 (Signature of Student)

 (Signature of Instructor)

 (Date Signed)

 (Date Signed)

*No more than three (3) credit hours allowed for testing.

APPENDIX 4

To: Arkansas Insurance Department
Licensing Division
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, totalling 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 course(s); number of hours completed toward certifications such as CLU, CPCU, FLMI, LOMA, 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.]

[Appendix 4 is continued on next page.]

APPENDIX 4 (Continued)

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 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

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: _____