

# APPLICATION FOR REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE (EASi) ARKANSAS AUTOMOBILE INSURANCE PLAN

PRINT IN INK OR TYPE APPLICATION

MAIL APPLICATION AND COPY OF LICENSE TO:  <b>ARKANSAS AUTOMOBILE INSURANCE PLAN 302 CENTRAL AVENUE JOHNSTON, RI 02919</b>		FOR PLAN USE	
		RECEIVED	PROCESSED BY AND DATE
		REGISTRATION ID CODE	
P & C INSURANCE AGENT/BROKER LICENSE NUMBER	EXPIRATION DATE	TAX ID # OR SOCIAL SECURITY #	
LAST NAME/OR AGENCY NAME (AS IT APPEARS ON PRODUCER'S LICENSE)	FIRST NAME	MI	
DBA (AS IT APPEARS ON PRODUCER'S LICENSE)			
STREET ADDRESS (REQUIRED)	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)		
IF AN INDIVIDUAL, NAME OF AGENCY/BROKERAGE ASSOCIATED WITH:*	AGENCY LICENSE NUMBER	AGENCY REGISTRATION ID CODE	
<b>*NOTE: IF AGENCY IS NOT REGISTERED, PLEASE COMPLETE AND ATTACH AN APPLICATION FOR AGENCY REGISTRATION.</b>			
<p>REGISTRATION TO ACCESS THE ELECTRONIC APPLICATION SUBMISSION INTERFACE SHALL NOT BE CONSTRUED AS CONSTITUTING THE PRODUCER NAMED ABOVE AS AN AGENT OF THE ARKANSAS AUTOMOBILE INSURANCE PLAN OR ANY COMPANY TO WHICH AN APPLICANT IS ASSIGNED. IN ALL TRANSACTIONS BETWEEN THE PRODUCER AND THE PLAN, THE PRODUCER SHALL BE DEEMED TO BE THE AGENT OF THE APPLICANT AND NOT THE AGENT OF THE PLAN OR ANY COMPANY TO WHICH AN APPLICANT IS ASSIGNED.</p> <p>IF YOU HAVE ANY QUESTIONS ON THE ARKANSAS AUTOMOBILE INSURANCE PLAN REGISTRATION PROGRAM OR THE PROPER COMPLETION OF THIS FORM, PLEASE CONTACT CUSTOMER SERVICE AT (800) 413-5808. FAILURE TO INCLUDE A LICENSE COPY WILL RESULT IN THE RETURN OF YOUR APPLICATION. IF ADDITIONAL COPIES OF THIS APPLICATION FORM ARE NEEDED, THIS FORM MAY BE PHOTOCOPIED.</p> <h3 style="text-align: center;">APPLICANT'S DECLARATION</h3> <p>THE APPLICANT NAMED ABOVE, OR THEIR REPRESENTATIVE, DECLARES THAT IN THE EVENT OF REGISTRATION AS A PRODUCER WHO MAY ACCESS EASi AND ELECTRONICALLY TRANSMIT ARKANSAS AUTOMOBILE INSURANCE PLAN APPLICATIONS, THE APPLICANT WILL COMPLY WITH ALL PLAN RULES AND REGULATIONS. ADDITIONALLY, THEY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THE COPY OF THE LICENSE IS AS ISSUED BY THE ARKANSAS DEPARTMENT OF INSURANCE. ANY MISREPRESENTATION OF MATERIAL INFORMATION OR ALTERATION OF THE LICENSE WILL RESULT IN THEIR REGISTRATION BEING DECLARED INVALID.</p>			
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE		PRINTED NAME	DATE
PRODUCER REMARKS	PLAN REMARKS		

**FOR FASTER SERVICE, THIS FORM AND A COPY OF LICENSE MAY BE FAXED TO THE ARKANSAS PLAN AT (401) 528-1361.**