



**ARKANSAS DEPARTMENT OF COMMERCE
ARKANSAS INSURANCE DEPARTMENT
COMPLIANCE DIVISION**

1 Commerce Way, Suite 102
Little Rock, AR 72202
501-371-2800
FAX 501-371-2748

**Form PEO-P
APPLICATION TO BE LICENSED AS AN ARKANSAS PROFESSIONAL
EMPLOYER ORGANIZATION**

This form must be completed for every PEO applicant (hereinafter "PEO"). Responses and any additional explanatory information may be attached as exhibits to the form. Please indicate in your response to a question that, if any, exhibits should be referred to for additional information pertinent to the question. Please refer to Ark. Code Ann. §23-92-404(B) of Act 1750 of 2003 for additional information and instruction of completing this application. A copy of this law and other resources for a PEO doing business in Arkansas may be obtained at this location:

<https://insurance.arkansas.gov/industry-regulation/product-compliance/>

This biennial application and all related PEO forms, exhibits and attachments may be computer-generated. You may download copies of this application and other related forms provided by the Department at the web address listed above.

The filing fee to file this application is \$1,000.00. Make **payment** to: AR Insurance Department Trust Fund. THE APPLICATION FEE IS NON-REFUNDABLE. Submit Payment and Upload Application at: <https://ar.accessgov.com/professional-employer-organization/Forms/Page/professional-employer-organization/peo-licensure/>

Direct any questions to Becky Harrington at Becky.Harrington@arkansas.gov or 501.371.2810.

1. The legal name of the PEO and all other names under which the PEO conducts business:

2. (a) The address of the principal place of business of the PEO and the address of each office it maintains in Arkansas:

- (b) The mailing address, if different:

(c) The applicant's telephone number:

(d) The applicant's email address if email notices and communications are desired:

(e) Name and contact information for the person who can answer questions regarding this application:

Name:

Address:

City:

State:

Zip code:

Telephone Number:

Fax Number:

E-Mail:

3. The PEO's taxpayer or employer identification number:
4. A list by jurisdiction of each name under which the PEO(s) has operated in the preceding five (5) years, including any fictitious names, alternative names, names of predecessors and, if known, successor business entities (if this information is printed on a separate page, please attach it to the application as an exhibit):
5. The state of domicile of the PEO:
6. A statement of ownership, which shall include the name and evidence of the business experience of all controlling persons. You may use the form entitled "Controlling Person Information" for this purpose. Fill out one form for each person to which it applies. Please mark each form with a unique exhibit number:
7. A statement of each controlling person disclosing any interest in any other PEO, whether licensed or not in Arkansas, in which the controlling person has a ten percent (10%) or greater interest. Please complete for each controlling person the form attached to this application as an Exhibit. Please list below the forms attached by exhibit number:

8. A statement of management, which shall include the name and evidence of the business experience of any person who serves as president or chief executive officer, or otherwise has the authority to act as senior executive officer of the PEO (if this information is printed on a separate page, please attach it to the application as an exhibit):
9. A financial statement setting forth the financial condition of the PEO, as of a date not earlier than one hundred eighty (180) days before the date the financial statement is submitted to the commissioner. The financial shall be prepared in accordance with generally accepted accounting principles, and unless the PEO provides financial assurance as set forth in Ark. Code Ann. §23-92-408(a)(2), the financial statement shall be audited by an independent certified public accountant licensed to practice in Arkansas or the state of domicile of the PEO.
10. The states in which the applicant is currently doing business as a PEO (if this information is printed on a separate page, please attach it to the application as an exhibit):
11. A list of all licenses held by the applicant or its controlling persons (if this information is printed on a separate page, please attach it to the application as an exhibit):
12. (a) The principle business type of the applicant. Indicate all that apply:
 - Corporation
 - General Partnership
 - Limited Partnership
 - Limited Liability Company
 - Sole Proprietorship
 - Other, please explain:
- (b) If applicant is organized under Arkansas law as a corporation, limited partnership or limited liability company, attach a copy the relevant certificate issued by the Secretary of State of Arkansas. If a partnership or sole proprietor doing business

under an assumed name, please furnish a copy of any assumed name filing and indicate the county or counties in which it is filed.

(c) If applicant is organized under the laws of another state as a corporation, limited partnership or limited liability company, attach a copy of the relevant certificate issued by the Secretary of State of Arkansas, evidencing the applicant's authority to conduct business in the State of Arkansas:

(d) If you believe none of the above are applicable, please furnish your explanation supporting your conclusion (if this information is printed on a separate page, please attach it to the application as an exhibit):

13. Has this applicant ever been refused any license, had any license revoked, or had an administrative action taken against it by any regulatory or state, federal, or local taxing agency? If so, attach copies of all notices, pleadings, answers, complaints, orders that set out the allegations, the applicant's defenses, the basis upon which the action was concluded (if this information is printed on a separate page, please attach it to the application as an exhibit):
14. Attach a list of litigation pending against the applicant. Include a short synopsis of each item:
15. Attach a specimen copy of the proposed contract between the applicant and its clients. If you propose using multiple types of contracts, supply a specimen of each. You should also attach specimens of any exhibits or attachments that will be used that are referenced in the specimen contract(s). See Ark. Code Ann. 23-92-409 for additional information regarding minimum contract provisions.
16. Provide the financial assurance required by Ark. Code Ann. §23-92-404. You may provide one of the following:
 - (a) An audited minimum net worth of at least one hundred thousand dollars (\$100,000), as reflected in the financial attached to this application, and maintain this net worth at all times hereafter;
 - (b) A bond in the amount of at least one hundred thousand dollars (\$100,000). The terms and conditions of the bond shall be approved by the commissioner. The bond shall be conditioned so that the licensee and each member, employee, shareholder, or officer of a person, firm, partnership, corporation, or association operating as an agent of the licensee shall not violate the provisions of Act 1750 of 2003, violate rules any regulations or orders lawfully promulgated by the Commissioner, or fail to pay any wages due under any contract made by the licensee in the conduct of its business

subject to this subchapter. The bond required by this section shall be a surety bond issued by a corporate surety or insurer authorized to do business in Arkansas;

(c) Deposit either securities with a minimum market value of at least one hundred thousand dollars (\$100,000) with an approved depository under an approved depository agreement under Ark. Code Ann. §23-69-134(b)(4); or

(d) An irrevocable letter of credit in a face amount of not less than one hundred thousand dollars (\$100,000) in a form that is acceptable to the commissioner.

The bond, deposited securities, or letter of credit shall secure payment by the PEO of all taxes, wages, benefits, or other entitlement due to or with respect to a covered employee, if the PEO does not make the payments when due; and
Any securities deposited may be included for the purpose of calculation of the minimum net worth required by this subsection.

17. Attach an explanation of any health benefits available to your employees. Include a brief explanation of what is required before an employee may take advantage of these benefits and whether the client has to participate before an employee may take advantage of them.
18. Attach an explanation of any other benefits that may be provided to the employee. Include a short explanation of how the employees may take advantage of these benefits. Does the client company have to participate in order for the employee to take advantage of them?
19. If the PEO applicant provides workers compensation insurance to clients listed in response to question 15 above, attach the certificate of coverage issued by an insurance company licensed to write workers compensation coverage in the State of Arkansas. If one or more clients are providing the coverage attach the certificate(s) of coverage furnished by the client(s).

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the _____ are true and correct.
(Name of Professional Employer Organization)

President (printed name)

Secretary (printed name)

President (signature)
Authorized Member or Manager if a LLC
Partner if a partnership

Secretary (signature)

E-Mail Address

E-Mail Address

Date

State of _____)
County of _____)ss:

_____,
Notary Public.

My Commission Expires: _____

ADDITIONAL INFORMATION

The **Arkansas Secretary of State – Corporations** can be reached at:

501 Woodlane, Suite 310

Little Rock, AR 72201

501-682-3409

<http://www.sos.arkansas.gov/Pages/default.aspx>

Email: corporations@sos.arkansas.gov

Arkansas Department of Workforce Services can be reached at:

P. O. Box 8007

Little Rock, AR 72203

501-682-3099

<http://www.accessarkansas.org/esd/>

Workers Compensation Information:

Certificates of insurance certifying that workers compensation coverage has been secured for each client must be submitted to the Department within 30 days of its effective date.

Either the licensee or client may submit them according to the written agreement between the parties. However, the PEO is responsible for seeing that they are submitted timely.