Instructions for Arkansas’

$10,000 “SURETY” Bond

All **Commercial Contractors and Commercial Registered Subcontractors** are required to have this bond filed with the Board to have a valid license.

## **AGENTS:**

## Bond must have **Principal’s Company Name and EIN** on the bond, **exactly** as applying

the license.

Only an Arkansas Resident or an Arkansas Non-Resident agency, agent, broker, or producer that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

We cannot accept a License and Permit Bond.

 **IF issued by Direct Underwriter:**

The bond may be executed solely by the Surety company. An underwriter (employee) that works directly for the Surety need only sign the bottom left line and indicate that you are a direct underwriter.

**Continuation Certificates are not required, as our bonds are continuous until cancelled.**

## **CONTRACTORS:**

**Principal Company Name** and **EIN** must appear on the bond, **exactly** as applying for the license. This name is how all work and bids are to be performed in Arkansas. (Any other name could constitute a possible violation)

See that the bond is filed with the Board as directed at the bottom of the bond form, for processing. A license is not valid without this bond in place with the Board.

Bond and the Power of Attorney may be mailed, faxed, or emailed to the Board for processing:

**Email:** **contractors.licensing.board@arkansas.gov**

**Fax#: 501-372-2247**

**Address: Contractors Licensing Board, 4100 Richards Rd, North Little Rock, AR 72117**

For questions regarding this bond,contact our office at 501-372-4661 or by email at contractors.licensing.board@arkansas.gov

 Revised 6/2022

 **$10,000 Surety Bond** (Required by A.C.A. § 17-25-401)

Only an Arkansas Resident or an Arkansas Non-Resident insurance agency, agent, broker, producer, or surety (as a direct underwriter) that is currently licensed by the Arkansas Insurance Department can execute this surety bond.

**Effective Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bond Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATE OF ARKANSAS**

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, as Principal and Surety (below), are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars ($10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The Surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the Principal and to the State of Arkansas (Contractors Licensing Board).

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

 **Principal’s Company Name and EIN (as applying for license) Business Address & Phone#**

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

**Surety’s Name Address, and Phone#**

Agents**:** Arkansas Insurance License must be attached along with Power of Attorney

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insurance Company Name or Agent (Exactly as it appears on the AR Insurance License)

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

Mailing Address & Phone#

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

\*\*Signature of Agent/Broker/Producer\*\* Printed Name

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

Power of Attorney Signature (if different than above) **or IF Direct Underwriter - “Surety” Employee Signature ⃣**

**Contractor:** Bond may be mailed, faxed, or emailed to the Board for processing:

 Email: contractors.licensing.board@arkansas.gov

 Fax#: 501-372-2247

 Address: Contractors Licensing Board, 4100 Richards Rd, North Little Rock, AR 72117

Revised 6/2022