

# **INSTRUCTIONS FOR ARKANSAS \$10,000 CONTRACTORS "SURETY" BOND**

**\*\* All "Unrestricted or Restricted Commercial" Contractors are required to have this bond filed with the Board. \*\***

**MAIL COMPLETED "ORIGINAL" BOND, POWER OF ATTORNEY, AND AR INSURANCE LICENSE TO THE BOARD AT:** Contractors Licensing Board,  
4100 Richards Road, North Little Rock, AR 72117

## **AGENTS:**

**Only this prescribed form will be accepted.** (Any alterations must have prior approval from the Contractors Licensing Board)

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.

**\*\*A copy of "Arkansas Insurance License" must be attached,** as this will speed up the process of the bond being processed.\*\*

## **IF issued by Direct Underwriter:**

The bond may be executed solely by the "Surety" company. **An underwriter that "works directly" for the "Surety" need only sign the "bottom left" line and "indicate" that you're a "direct underwriter".**

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

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## **CONTRACTORS:**

**"Principal Company Name" exactly** as registered with the Secretary of State, this name is how all bids and work is to be performed. (Any other name could constitute a possible violation)

**\*\*The Board will only receive the "Original Bond" with Power of Attorney, AR insurance license, with all "Principal", Surety and Agency/Agent information completed (unless a direct underwriter), otherwise the bond could be rejected.\*\***

Any change in the Federal ID# requires a new bond be executed. Any change in company name will require other documentation, **\*\*please call for instructions first.**

For questions regarding this bond, contact Michelle Spoor at 501-371-1506 or [michelle.spoor@arkansas.gov](mailto:michelle.spoor@arkansas.gov).



# \$10,000 Surety Bond

(Required by A.C.A. § 17-25-401)

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

**\*\* A copy of that Arkansas Insurance License "must" be attached \*\***

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, \_\_\_\_\_

**Principal's Company Name exactly as filed with the Secretary of State or will appear on the Contractors License**

Principal Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

as Principal, and **Surety's Name:** \_\_\_\_\_

Surety Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

as surety, 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).

**Agents: Please attach a copy of the Arkansas Insurance License**

\_\_\_\_\_  
**Company Name of Agency/Broker/Producer**  
**("Exactly" as it appears on the AR insurance license)**

\_\_\_\_\_  
**Principal's Signature**  
**(Must be an Owner, Officer, Partner, Member)**

\_\_\_\_\_  
**Mailing Address (of Agency/Broker/Producer)**

\_\_\_\_\_  
**Title - (Ex: Owner, Officer, Partner, Member)**

\_\_\_\_\_  
**City/State/Zip Code                      Phone Number**

\_\_\_\_\_  
**Principal's Federal ID#**

\_\_\_\_\_  
**\*\*Agent's/Broker's/Producer's Signature\*\***

\_\_\_\_\_  
**Power of Attorney Signature**  
**or "Surety" Signature –  IF Direct Underwriter**

**"ORIGINAL" SIGNED, AND PROPERLY EXECUTED BOND, POWER OF ATTORNEY, & COPY OF ARKANSAS INSURANCE LICENSE ARE TO BE FILED WITH THE BOARD AT:** Contractors Licensing Board or CLB, 4100 Richards Road, North Little Rock, AR, 72117