

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
Petitioner,)
vs.)
CANDICE ADCOCK, a licensed bail bondsman)
in the State of Oklahoma,)
AND)
CRUM & FORSTER INDEMNITY COMPANY,)
an insurance company licensed to act as bail)
surety in the State of Oklahoma,)
Respondents.)

FILED
JUL 01 2016
INSURANCE COMMISSIONER
OKLAHOMA

CASE NO. 16-0641-DIS

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1341.
2. Respondent Candice Adcock (“Adcock”) is a licensed bail bondsman in the State of Oklahoma holding license number 200181.
3. Respondent Crum & Forster Indemnity Company (“CFIC”) is an insurance company licensed to act as bail surety in the State of Oklahoma holding NAIC number 31348.

FINDINGS OF FACT

1. On or about February 21, 2016, an appearance bond was executed as follows:

Defendant: Heather Ann Bazzle
Case Number(s): CM-2015-667
City/County: Canadian County Court Clerk
Surety: Crum & Forster Indemnity Company
Bondsman: Candice Adcock
Power Number(s): C5-70213957
Bond Amount(s): \$1000

2. On March 14, 2016, the Defendant failed to appear, and the bond was orally declared forfeited. An Order and Judgment of Forfeiture was filed by the court on March 22, 2016. A true and correct copy of the Order and Judgment of Forfeiture was mailed to Respondents with return receipt requested within thirty (30) days after the Order's filing.

3. Adcock received a copy of the Order and Judgment of Forfeiture on March 23, 2016.

4. CFIC received a copy of the Order and Judgment of Forfeiture on March 28, 2016.

5. The ninety-first (91st) day after receipt of the Order and Judgment of Forfeiture by Respondents was Wednesday, June 22, 2016.

6. As of the date of this Order, the bond forfeiture has not been paid or otherwise set aside or the bond exonerated.

7. The Defendant was not returned to custody within 90 days, nor was the face amount of the forfeited bond deposited with the Court Clerk within 91 days, after receipt of the Order and Judgment of Forfeiture by Respondents.

9. The bond was reported.

CONCLUSIONS OF LAW

1. The allegations are found to be true and correct, and Respondents have violated 59 O.S. § 1332(D) by failing to return the Defendant within ninety (90) days or remit payment in the face amount of the bond forfeiture within ninety-one (91) days from receipt of the Order and Judgment of

Forfeiture.

2. Pursuant to 59 O.S. § 1310(B), any bondsman or company violating a provision of the Bail Bond Act, 59 O.S. §§ 1301-1340, may be subject to a fine of not less than \$250 but not more than \$2,500.

3. Pursuant to 59 O.S. § 1332(D)(4)(a), when a surety company does not properly deposit with the court clerk the face amount of the forfeited bond, the Commissioner shall “cancel the license privilege and authorization of the insurer to do business within the State of Oklahoma and cancel the surety appointment of all surety bondsman agents of the insurer.

ORDER

IT IS THEREFORE ORDERED that Candice Adcock and Crum & Forester Indemnity Company are each **CENSURED** and **FINED** Three Hundred Dollars (\$300.00).

IT IS FURTHER ORDERED that the face amount of the bond forfeiture shall be deposited with the Canadian County Court Clerk (or the bond forfeiture otherwise set aside or the bond exonerated) within thirty (30) days of receipt of this Order. Failure to do so shall result in the **CANCELLATION** of Crum & Forster Indemnity Company’s license privilege and authorization to do business within the State of Oklahoma and **CANCELLATION** of the surety appointment of all surety bondsman agents of Crum & Forster Indemnity Company.

Respondents are further notified that they may request a hearing within 30 days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Dan R. Byrd, Assistant General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and **give an explanation of Respondents’**

actions alleged herein and any defenses thereto.

If Respondents have not paid the fines ordered herein and do not request a hearing within the thirty (30) days allotted, this Order shall become a FINAL ORDER on the thirty-first (31st) day following the receipt of the Order, Respondents' license shall be immediately suspended, and the fines ordered herein shall be due.

WITNESS My Hand and Official Seal this 1st day of July, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in blue ink, appearing to read "Dan R. Byrd", is written over a horizontal line. The signature is stylized and somewhat illegible.

Dan R. Byrd
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma, 73112
Tel. (405) 522-6330
Fax (405) 522-0125

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 1st day of July, 2016, to:

Candice Adcock
446 W. Main St.
Yukon, OK 73099-1218

Certified Mail No.
7015 3010 0001 4736 9885

Crum & Forster Indemnity Company
c/o Fairmont Specialty
Attn: Dee Evans
11490 Westheimer Rd., Suite 300
Houston, TX 77077

Certified Mail No.
7015 3010 0001 4736 9878



Dan R. Byrd

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Total Postage and Fees
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 Candise Adcock
 446 W. Main St.
 Yukon, OK 73099-1218
 rg/16-0641-DIS(DRB)/Cond Adm Ord

Street and Apt. No., or PO Box #
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN

7015 3010 0001 4736 9885

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Candise Adcock 446 W. Main St. Yukon, OK 73099-1218 rg/16-0641-DIS(DRB)/Cond Adm Ord</p> <p>9590 9402 1900 6104 3898 01</p> <p>2. Article Number (Transfer from service label) 7015 3010 0001 4736 9885</p> | <p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 7-2-16</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |



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Adult Signature Required \$ _____

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Postage
 \$ _____

Total Postage and Fees
 \$ _____




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 Street and Apt. No., or PO Box #
 City, State, ZIP+4®

Crum & Forster Indemnity Company
 c/o Fairmont Specialty
 ATTN: Dee Evans
 11490 Westheimer Rd., Suite 300
 Houston, TX 77077
 rg/16-0641-DIS(DRB)/Cond Adm Ord

PS Form 3800, April 2015 PSN

7015 3010 0001 4736 9878

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|--|---|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Debra Samuel</p> <p>C. Date of Delivery 7-5-16</p> |
| <p>1. Article Addressed to:</p> <p>Crum & Forster Indemnity Company c/o Fairmont Specialty ATTN: Dee Evans 11490 Westheimer Rd., Suite 300 Houston, TX 77077 rg/16-0641-DIS(DRB)/Cond Adm Ord</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED OKLAHOMA INSURANCE DEPARTMENT JUL 11 2016 Legal Division</p> |
| <p>2. Article Number (Transfer from service label) 7015 3010 0001 4736 9878</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |



9590 9402 1900 6104 3898 18