

**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.

CASE NO. 16-0642-DIS

**FILED**  
JUL 01 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

**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 17, 2016, an appearance bond was executed as follows:

Defendant: Chelsea Jean Stark  
Case Number(s): CM-2016-87  
City/County: Canadian County Court Clerk  
Surety: Crum & Forster Indemnity Company  
Bondsman: Candice Adcock  
Power Number(s): C5-70212735  
Bond Amount(s): \$1000

2. On March 3, 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 10, 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's copy of the Order and Judgment of Forfeiture was unclaimed.

4. CFIC's copy of the Order and Judgment of Forfeiture was returned to sender, unable to forward.

5. The ninety-first (91<sup>st</sup>) day after receipt of the Order and Judgment of Forfeiture by Respondents was Thursday, June 9, 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 56<sup>th</sup> 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 (31<sup>st</sup>) 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 1<sup>st</sup> day of July, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

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

**CERTIFICATE OF MAILING**

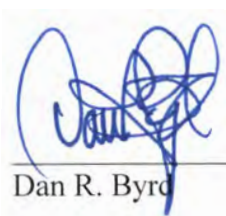
I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 1<sup>st</sup> day of July, 2016, to:

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

Certified Mail No.  
7015 3010 0001 4736 9908

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 9892



Dan R. Byrd

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 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage  
 \$ \_\_\_\_\_  
 Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To  
 Candise Adcock  
 446 W. Main St.  
 Yukon, OK 73099-1218  
 Street and Apt. No., or PO Box  
 rlg/16-0642-DIS(DRB)/Cond Adm Ord  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 DELAWARE IR  
 Candise Adcock  
 446 W. Main St.  
 Yukon, OK 73099-1218  
 rlg/16-0642-DIS(DRB)/Cond Adm Ord  
 Legal Division

Barcode  
 9590 9402 1900 6104 3897 95

2. Article Number (Transfer from service label)  
 7015 3010 0001 4736 9908

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Candise Adcock 7-2-16

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

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Return Receipt (electronic) \$ \_\_\_\_\_

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Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_



**Total Postage and Fees**  
 \$ \_\_\_\_\_

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City, State, ZIP+4®  
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Crum & Forster Indemnity Company  
 c/o Fairmont Specialty  
 ATTN: Dee Evans  
 11490 Westheimer Rd., Suite 300  
 Houston, TX 77077  
 rg/16-0642-DIS(DRB)/Cond Adm Ord

PS Form 3800, April 2015 PSN

2698 9898 4736 9898 1000 0100 5100

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Debra Samuel</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>Debra Samuel</b></p> <p>C. Date of Delivery  <b>7-5-16</b></p>
<p>1. Article Addressed to:</p> <p>Crum &amp; Forster Indemnity Company              c/o Fairmont Specialty              ATTN: Dee Evans              11490 Westheimer Rd., Suite 300              Houston, TX 77077              rg/16-0642-DIS(DRB)/Cond Adm Ord</p>	<p>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 1 2016                  Legal Division</p>
<p>2. Article Number (Transfer from service label)  <b>7015 3010 0001 4736 9892</b></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>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>