

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner, )  
)  
)  
Petitioner, )  
)  
vs. )  
)  
)  
SARAH FLETCHER )  
an applicant for a non-resident )  
insurance adjuster, )  
)  
Respondent. )

FILED  
NOV 01 2016  
INSURANCE COMMISSIONER  
OKLAHOMA

CASE NO. 16-0988-DEN

**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, Sandra G. LaVenu, and alleges and states as follows:

**JURISDICTION AND AUTHORITY**

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 *et seq.*, including the Oklahoma Adjuster Licensing Act, 36 O.S. §§ 6205 through 6223.

2. Sarah Fletcher ("Respondent") is an applicant for a non-resident insurance adjuster license in the State of Oklahoma. Respondent's mailing address of record is 880 Picket St., Alexandria, Virginia 22304.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Adjusters Licensing Act and/or may levy a fine up to One Thousand Dollars (\$1,000.00) for each

occurrence of a violation of the Oklahoma Insurance Code pursuant to 36 O.S. § 6220.

4. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

5. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

#### **ALLEGATIONS OF FACTS**

6. Respondent applied for a non-resident insurance adjuster license on or about October 20, 2016, with the Oklahoma Insurance Department. On the application form, question 2 asks the following: "Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?" Respondent answered "no" to this question and provided no documents or explanation.

7. A review of the Regulatory Information Retrieval System ("RIRS) showed that Respondent was a party to an administrative action in the State of Minnesota wherein she surrendered her insurance producer license on August 11, 2016. Included with the Consent Order is a Consent to Entry of Order which was signed by Sarah Fletcher on August 2, 2016.

8. Pursuant to 36 O.S. § 6220(A)(12), it is a violation of the Insurance Adjuster Licensing Act for an adjuster to provide incorrect, misleading, incomplete or materially untrue information in a license application.

### **ALLEGED CONCLUSIONS OF LAW**

9. Respondent violated 36 O.S. § 6220(A)(12) by obtaining or attempting to obtain a license through misrepresentation or fraud when Respondent answered "No" to question 2 when in fact she had been a party to an administrative action in the State of Minnesota.

### **ORDER**

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that Respondent is hereby **CENSURED** and **FINED TWO HUNDRED AND FIFTY DOLLARS (\$250.00)** for a violation of 36 O.S. § 6220(A)(12). The **\$250.00 fine is to be paid within thirty (30) days** of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. Respondent's application for a non-resident insurance adjuster license shall be granted upon receipt of payment of the fine. Failure to pay the civil fine or request a hearing within thirty (30) days will result in license application being withdrawn.

**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first (31<sup>st</sup>) day following the mailing of this Order. A request for

hearing shall be in writing addressed to Sandra LaVenue, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112. Additionally, the request for hearing shall state the grounds for the request to set aside or modify the Order. The request shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 *through* 323. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a notice of the matters to be reviewed at the hearing and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing .

**WITNESS** My Hand and Official Seal this 31<sup>st</sup> day of October, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

Sandra LaVenue OBA# 13372  
Oklahoma Insurance Department  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112  
(405) 521-2746

**CERTIFICATE OF MAILING**

I, Sandra LaVenue, 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 by certified mail, with postage prepaid and return receipt requested, on this 1<sup>st</sup> day of ~~October~~, 2016, to:  
~~October~~  
November

Sara Fletcher  
880 S. Picket St.  
Alexandria, VA 22304

**CERTIFIED MAIL NO.**      7016 0910 0000 5833 6494

and a copy was delivered to:

Nicole Godfrey  
Licensing Division



Sandra LaVenue  
Senior Counsel

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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Sara Fletcher  
 880 S. Picket St.  
 Alexandria, VA 22304  
**sms/16-0988-DEN/Cond Ord**

PS Form 3800, April 2015 PSN

7016 0910 0000 5833 6494

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"/> <u>[Signature]</u> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>D. Tran</u></p> <p>C. Date of Delivery <u>11/24/16</u></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Sara Fletcher              880 S. Picket St.              Alexandria, VA 22304  <b>sms/16-0988-DEN/Cond Ord</b></p> </div> <p>9590 9402 1736 6074 9343 74</p>	<p>RECEIVED              OKLAHOMA INSURANCE DEPARTMENT              NOV 08 2016              Legal Division</p> <p>TRADE CENTER ALEXANDRIA              NOV 2016              USPS</p>
<p>2. Article Number (Transfer from service label)  <b>7016 0910 0000 5833 6494</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 <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</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>