

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

FILED

NOV 18 2016

INSURANCE COMMISSIONER
OKLAHOMA

**STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,**)
)
)
 Petitioner,)
)
)
 v.)
)
 KELVIN SMITH, an applicant for a)
 nonresident insurance adjuster license,)
)
)
 Respondent.)

Case No. 16-1034-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 his counsel, Barron B. Brown, and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., including the Insurance Adjusters Licensing Act, 36 O.S. §§ 6201-6223.

2. Kelvin Smith (“Respondent”) is an applicant for a nonresident insurance adjuster license in the State of Oklahoma. Respondent’s mailing address of record is 9628 Michelle Dr., Dallas, Texas 75217-8295.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew an initial license issued pursuant to the Insurance

Adjusters Licensing Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code. 36 O.S. §§ 6219 & 6220(A) and (B).

ALLEGATIONS OF FACT

1. On or about September 25, 2016, Respondent applied for a nonresident insurance adjuster license with the Oklahoma Insurance Department (OID). On the application form, the second question asks the following: “Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?” Respondent answered “no” to this question.

2. The application form defines being “involved” in an administrative proceeding as the following: “having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. ‘Involved’ also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration.” ‘Involved’ also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial.” Applicants may only exclude “terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.”

3. A background check conducted by the OID Licensing Division showed that Respondent had the following administrative action listed on his record: a consent order entered into with the State of Washington Office of the Insurance Commissioner (“WIC”), which assessed a fine and rescinded a prior revocation order issued by the WIC

against Respondent, on or about June 15, 2016 (State Regulatory Information Retrieval System (“RIRS”) Identifier: LA892).

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220(A)(1); material misrepresentation or fraud in obtaining an adjuster’s license.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **FINED THREE HUNDRED DOLLARS (\$300.00)** for a violation of 36 O.S. § 6220(A)(1). **The \$300.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$300.00 civil fine shall be paid by money order or cashier’s check. Respondent’s application for a nonresident insurance adjuster license may be granted upon receipt of payment of the fine and reporting of the administrative action. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your license application being withdrawn.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as 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 18th day of November, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown

Barron B. Brown
Assistant General Counsel
Oklahoma Insurance Department
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112
(405) 521-2746

CERTIFICATE OF MAILING

I, Barron B. Brown, 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 18th day of November, 2016, to:

Kelvin Smith
9628 Michelle Dr.
Dallas, TX 75217-8295

CERTIFIED MAIL NO. 7016 0910 0000 5833 5916

and a copy was delivered to:

Licensing Division



Barron B. Brown
Assistant General Counsel

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Postage

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City, State, ZIP+4®

Kelvin Smith
9628 Michelle Dr.
Dallas, TX 75217-8295
rg/16-1034-DEN(BBI)/Cond Adm Ord

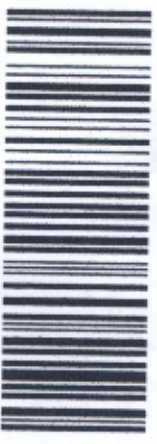


PS Form 3800, April 2015 PSN



JOHN D. DOAK
Insurance Commissioner
Oklahoma Insurance Department
5 Corporate Plaza
3625 N.W. 56th St., Ste. #100
Oklahoma City, OK 73112-4511

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Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees

Sent To: **Kevin Smith**

Street and Apt. No., or PO Box: **9628 Michelle Dr.**

City, State, Zip+4: **Dallas, TX 75217-8295**

City, State, Zip+4: **rg/16-1034-DEN(BBB)/Cond Adm Ord**

PS Form 3800, April 2015 PSN

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SENDER: COMPLETE THIS SECTION

- 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:

Kevin Smith
9628 Michelle Dr.
Dallas, TX 75217-8295
rg/16-1034-DEN(BBB)/Cond Adm Ord



9590 9402 1736 6074 9349 30

2. Article Number (Transfer from service label)

7016 0910 0000 5833 5916

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

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A. Signature
 Signature
 Agent

B. Received by (Printed Name) _____
 Addressee

C. Date of Delivery _____
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DELIVERY address different from item 1? Yes No
DELIVERY address different from item 1? Yes No

JAN 04 2017

Legal Division

OKLAHOMA INSURANCE DEPARTMENT

3. Service Type

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