

OKLAHOMA INSURANCE DEPARTMENT
 3625 NW 56th Suite 100, Oklahoma City, OK 73112-4511
 405) 521-3916 or Fax: (405) 522-3642
 Toll Free In-State 800-522-0071



New License
 License Reinstatement
 Name Change
 Add Coverage
 Resident or Non-Resident

Oklahoma Insurance Department
Application for Adjuster Agency Licensing
(Please Print or Type)

Business Entity Name/Type of Business Entity		Incorporation/Formation Date (month) _____ (day) _____ (year) _____		FEIN -	
DBA/Trade Name (if applicable)		State of Domicile		Country of Domicile	
Business Address		City		State	Zip or Foreign Country
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Mailing Address		P. O. Box	City	State	Zip or Foreign Country

Designated/Responsible Licensed Adjuster

Please identify an Oklahoma licensed Adjuster responsible for compliance with the insurance laws of this State.

Name _____	SSN _____	Oklahoma License Number _____
Name _____	SSN _____	Oklahoma License Number _____
Name _____	SSN _____	Oklahoma License Number _____
Name _____	SSN _____	Oklahoma License Number _____

Please identify all members, directors & officers

Please note: The licensee shall notify the Commissioner of all changes among its members, directors, and officers, and all other individuals designated in the license within fifteen (15) days after the change.

Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____

Please complete: Amount Paid \$ _____ by check/money order# _____ Dated _____

All fees are deemed "earned and non-refundable" by Oklahoma Statute.
 We cooperate with the Oklahoma County District Attorney in the prosecution of bogus checks.

Jurisdiction and Type of License Requested

Check the legal business type, license type(s), line(s) of authority, license type for which you are applying and use the check-box to indicate any previous license.

Legal Business Type: C—Corporation P—Partnership LLC—Limited Liability Company LLP—Limited Liability Partnership

License Type: I— Insurance Adjuster (*Includes Independent Adjuster & Company Staff Adjuster*) P—Public Adjuster

Legal Business Type				Lines of Authority						License Type		Previously Licensed
C	P	LLC	LLP	Fire & Allied Lines (Property)	Casualty	Motor Vehicle Physical Damage	Workers' Compensation	Crime & Fidelity Bonds	Crop/Hail	I	P	<input type="checkbox"/> Yes <input type="checkbox"/> No

Background Questions

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with a felony whether or not adjudication was withheld? Yes or No

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Does any person who has had their license revoked by the Insurance Commission own an interest in the business entity or a business entity in which such person has a majority ownership, whether direct or indirect, own any interest in the business entity? Yes or No

3. Have authorities of any state ever refused the firm or any individuals authorized to act on behalf of the firm? Yes or No

4. Have authorities of any state ever revoked, suspended, fined or terminated the firm or any individuals authorized to act on behalf of the firm? Yes or No

5. Has the firm’s surety or fidelity bond ever been denied, canceled or resorted to for satisfaction? Yes or No

Applicants Certificate and Attestation

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

_____/_____/_____
 Officer, Director, Principal or Partner of the Business Entity Signature Month Day Year

 Print Authorized Signer’s Name Title

Checklist

New Applications:

1. Please attach a letter of explanation and supporting legal documentation for background questions with a "Yes" response.
2. Fees: License - \$30.00 for single class of business, or \$50.00 for two or more classes of business. \$30.00 for Public (property only class of business) + Bond in the amount of no less than \$10,000.
3. First time application fees: Non-Resident \$20.00 designation for service of process fee + \$20.00 application review fee. Resident \$20.00 Article review fee.
4. First time Resident application: Submit an Oklahoma Secretary of State certified copy of the agency Articles of Incorporation (S-Corp or C-Corp) or Articles of Organization (LLC, LC, LLP, or LP).

License Reinstatement:

1. Please provide the previously held license number. # _____
2. Please remit payment in the amount of double the original renewal fee if reinstating within twenty-four (24) months of the license expiration date. If reinstating after twenty-four (24) months, see fee schedule under "New Application" checklist.
3. Please attach any other supporting documentation.

Name Change:

Please completed the first page only of this application, and mail it to the Oklahoma Insurance Department. If a duplicate license is requested, complete the Duplicate License Request Form and mail it to the Oklahoma Insurance Department with a check or money order in the amount of 1/2 the normal license renewal fee.

Must be signed by an officer, director, principal or partner of the business entity.

Signature

Month Day Year

Typed or Printed Name

Title

Social Security Number

Address

City State Zip