

APPLICANT SURVEY

Do any of your relatives, including those who are not immediate family, work for the Oklahoma Insurance Department? (This includes in-laws, cousins, aunts, uncles, etc.)

_____ Yes _____ No

1. Are you or any member of your immediate family* financially interested, directly or indirectly, in any insurer, agency or insurance transaction (except as a policyholder or claimant)?

_____ Yes _____ No If yes, please provide details:

2. During the past year, have you or any of your immediate family* members asked for or accepted (including salary or other compensation) one or more things valued at more than one hundred dollars (\$100) in the aggregate from a lobbyist or lobbyist principal?

_____ Yes _____ No If yes, please provide details:

If you or any of your immediate family members are currently or were previously employed within the past year by any insurance entity, the answer must be yes to Questions 3 & 4:*

3. During the past year, have you or any of your immediate family* members asked for or accepted (including salary or other compensation) one or more things valued at more than one hundred dollars (\$100) in the aggregate from a person or firm that was doing business or seeking to do business with the Oklahoma Insurance Department?

_____ Yes _____ No If yes, please provide details:

4. During the past year, have you or any of your immediate family* members asked for or accepted (including salary or other compensation) one or more things valued at more than one hundred dollars (\$100) in the aggregate from a person or firm that has an economic interest in actions or matters before or affecting the Oklahoma Insurance Department?

_____ Yes _____ No If yes, please provide details:

5. Have you pled guilty to or been convicted of a felony?

_____ Yes _____ No

If so, please provide court, case number, and disposition:

****“Immediate family” means a child under the age of eighteen years residing in your household, your spouse, and an individual claimed by you or your spouse as a dependent for tax purposes.

Date: _____

Signature: _____

Printed name: _____