



4. Pursuant to 59 O.S. § 1310(B), in addition to any potential denial, censure, suspension, or revocation, any person violating any provision of the Oklahoma Bail Bond Act may be subject to a civil penalty of not less than Two Hundred Fifty Dollars (\$250.00) nor more than Two Thousand Five Hundred Dollars (\$2,500.00) for each occurrence of a violation.

5. Pursuant to 36 O.S. § 619, any insurance company violating any provision of the Insurance Code 36 O.S. §§ 101 et seq., may be subject to a civil penalty of not more than \$5,000.00 per violation.

### **ALLEGATIONS OF FACT**

1. On or about August 13, 2016, an appearance bond was executed as follows:

Defendant:	Amanda C. Quaid
Case Number(s):	34706E; 34707E
City/County:	Oklahoma County District Court
Surety:	Crum & Forster Indemnity Company
Bondsman:	Esmeralda Arellano
Power Number(s):	CF5-70228856
Bond Amount(s):	\$3,000.00

2. On September 12, 2016, the Defendant failed to appear and the bond was declared forfeited. On September 23, 2016, an Order and Judgment of Forfeiture was issued and filed in the case by Oklahoma County District Court. 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 forfeiture Order's filing.

3. Arellano received a copy of the Order and Judgment of Forfeiture on September 24, 2016, as evidenced electronically by the United States Postal Service Tracking website.

4. Crum received a copy of the Order and Judgment of Forfeiture on September 26, 2016, as evidenced electronically by the United States Postal Service Tracking website.

5. By rule, the calculated ninety-first (91st) day after receipt of each Order and

Judgment of Forfeiture was December 28, 2016.

6. On or about January 10, 2017, the bond forfeiture was untimely paid.

7. Pursuant to 59 O.S. § 1314(B)(1), a licensed bail bondsman is required to electronically file monthly reports to the Oklahoma Insurance Department (“OID”) “. . . showing every bond written, amount of bond, whether released or revoked during each month, showing the court and county, and the style and number of the case, premiums charged and collateral received . . .”

8. Respondent Arrellano failed to include the appearance bond at issue on her August 2016 monthly report to the OID as required by 59 O.S. § 1314(B)(1).

#### **ALLEGED VIOLATIONS OF LAW**

1. Respondents have violated 59 O.S. § 1310(A)(2); violation of any laws of this state or any lawful rule, regulation, or order of the Commissioner relating to bail.

2. Respondents have violated 59 O.S. § 1332(D); by failing to timely return the Defendant within ninety (90) days or timely remit payment in the face amount of the bond forfeitures within ninety-one (91) days from receipt of the Order and Judgment of Forfeiture.

3. Respondent Arellano has violated 59 O.S. §§ 1310(A)(25) and 1314(B)(1); for filing a materially untrue monthly report to the OID by failing to report the appearance bond at issue.

#### **ORDER**

**IT IS THEREFORE ORDERED that Respondents Arellano and Crum are each FINED Five Hundred Dollars (\$500.00). The fines are to be paid within thirty (30) days made payable to the Oklahoma Insurance Department. Payment may be made by either cashier’s check or money order and mailed to ATTN: Barron B. Brown, Legal Division,**

3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112.


**IT IS FURTHER ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondents request 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 56<sup>th</sup> 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 Oklahoma Insurance Code (36 O.S. §§ 101 et seq.), the Oklahoma Bail Bond Act (specifically- 59 O.S. §§ 1311-1311.1) and the Oklahoma Administrative Procedures Act (75 O.S. §§ 308a et seq.). If Respondents serve 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 22<sup>nd</sup> day of March, 2017.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Barron B. Brown  
Assistant General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma, 73112  
(405) 521-2746

**CERTIFICATE OF MAILING**

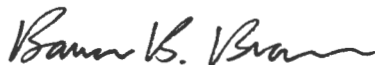
I, Barron B. Brown, hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on this 22<sup>nd</sup> day of March, 2017, to:

Esmeralda Arellano  
2801 S. Shields  
Oklahoma City, OK 73129

**CERTIFIED MAIL NO. 7016 0910 0000 8401 4120**

Crum & Forster Indemnity Company  
C/O Fairmont Specialty  
Attn: Dee Evans  
11490 Westheimer Rd. Ste. 300  
Richmond Ave. Ste. 300  
Houston, TX 77077-6841

**CERTIFIED MAIL NO. 7016 0910 0000 8401 6643**



\_\_\_\_\_  
Barron B. Brown  
Assistant General Counsel

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

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

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

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

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

Sent To  
 Street and Apt. No., or PO Box  
 City, State, ZIP+4®

Esmeralda Arellano  
 2801 S. Shields  
 Oklahoma City, OK 73129  
 rlg/17-0048-DIS(BBB)/Cond Adm Ord

PS Form 3800, April 2015 PSN 7530-02-000-9053

7016 0910 0000 8401 4120

**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:

Esmeralda Arellano  
 2801 S. Shields  
 Oklahoma City, OK 73129  
 rlg/17-0048-DIS(BBB)/Cond Adm Ord



9590 9402 1346 5285 6113 58

2. Article Number (Transfer from service label)

7016 0910 0000 8401 4120

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *E Arellano*  Agent  
 Addressee

B. Received by (Printed Name) *E ARELLANO* C. Date of Delivery *3-27-17*

RECEIVED OKLAHOMA INSURANCE DEPARTMENT  
 Is delivery address different from item 1?  Yes  
 If so, provide delivery address below:  No

MAR 27 2017

Legal Division

3. Service Type
- Adult Signature  Priority Mail Express®
- Adult Signature Restricted Delivery  Registered Mail™
- Certified Mail®  Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery  Return Receipt for Merchandise
- Collect on Delivery  Signature Confirmation™
- Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery
- Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

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

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

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

Certified Mail Restricted Delivery \$ \_\_\_\_\_

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

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

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

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

Sent To  
 Street and Apt. No., or PO Box #  
 City, State, ZIP+4®

Crum & Forster Indemnity Company  
 c/o Fairmont Specialty  
 ATTN: Dee Evans  
 11490 Westheimer Rd., Suite 300  
 Houston, TX 77077-6841  
 rg/17-0048-DIS(BBB)/Cond Adm Ord



7016 0910 0000 8401 6643

PS Form 3800, April 2015 PSN

**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:

Crum & Forster Indemnity Company  
 c/o Fairmont Specialty  
 ATTN: Dee Evans  
 11490 Westheimer Rd., Suite 300  
 Houston, TX 77077-6841  
 rg/17-0048-DIS(BBB)/Cond Adm Ord



2. Article Number (Transfer from service label)  
 7016 0910 0000 8401 6643

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Debra Samuel*  Agent  Addressee

B. Received by (Printed Name)  
**Debra Samuel**

C. Date of Delivery  
**3/27**

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

RECEIVED  
 OKLAHOMA INSURANCE DEPARTMENT  
 MAR 30 2017  
 Legal Division

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Signature Confirmation Restricted Delivery (over \$500)

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

Domestic Return Receipt