



OKLAHOMA INSURANCE DEPARTMENT

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Oklahoma City, OK 73127

(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

APPLICATION FOR APPRENTICE ADJUSTER LICENSE*

* This application is available to **Oklahoma Residents only** and can only be made in conjunction with Form CR-1 and required Affidavit.

CLASS OF BUSINESS – ONLY SELECT ONE

- Fire & Allied Lines (Property)
- Casualty
- Motor Vehicle Physical Damage
- Workers' Compensation
- Crime & Fidelity Bonds
- Crop/Hail

FEE: \$20.00

REQUIRED WITH THIS APPLICATION

☞ ONLY ONE CLASS OF BUSINESS MAY BE SELECTED FOR THE APPRENTICE LICENSE

As prescribed by Oklahoma Statute 36 O.S. § 6204B, the purpose of this application is to allow work under supervision and/or training until taking and passing the required examination for an Oklahoma Insurance Adjuster License. I understand this Apprentice license allows me to only act as an Adjuster in the line of business marked above. It is further understood a period not to exceed one hundred eighty (180) days is granted with this application.

The attached sworn Affidavit signed by the supervising licensed adjuster is an agreement for my condition of supervision and all parties understand their responsibility required by law. Any change of address, name, or business condition relevant to this license will be immediately reported to the Oklahoma Insurance Department. I further understand that if I do not complete the permanent licensing process or fail the examination twice in the one hundred eighty (180) day period, my Apprentice license shall be revoked.

(Signature of Applicant)

(Date)

(Signature of Supervisor/Trainer)

(Date)

(Supervisor's Oklahoma Adjuster License number)

For official use only:

License No. AT _____ Check/Money Order # _____



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AFFIDAVIT FOR APPRENTICE ADJUSTER LICENSE

I, _____, being first duly licensed as an **Oklahoma Resident Insurance Adjuster** holding active Oklahoma license number _____, do hereby register _____ as an Apprentice Adjuster who will be under my direction and supervision for a period not to exceed one hundred eighty (180) days. I understand that I accept full responsibility for said Apprentice's actions while under my supervision and I will be held accountable for any misconduct or violation of Insurance Law committed by this Apprentice. I further understand that the scope of said Apprentice's duties will not exceed the class of business indicated on the Apprentice's application for an Apprentice Adjuster license. Further, this Apprentice license will apply for the State of Oklahoma only. I agree also to give written notice to the Insurance Commissioner immediately if this Apprentice leaves my employ or is no longer under my direct supervision and will disclose all details as to circumstances causing termination as an Apprentice.

Signature of Licensed Adjuster

Date _____

10. Are you currently licensed in any other state(s) as an adjuster? yes no

A. In which state(s) have you passed an Adjuster examination?

<u>State</u>	<u>List date and LOA of Examination Passed</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. If your resident state does not provide a license, you must designate a "home state". Please enter a state from the list of states you provided above, as your choice for DHS: _____.

You are required to have passed an examination and maintain active licensure in your designated "home state", in order to claim that state on your Oklahoma nonresident adjuster license.

C. Oklahoma requires continuing education for all adjusters. If your resident or designated home state does not have a continuing education requirement, you must complete the required Oklahoma Continuing Education or CE in another state where you hold an active license.

What state is your continuing education state? _____

D. **RENEWALS ONLY:** Have you met the Continuing Education requirements, above? By answering "YES" you agree that *at the request* of the Oklahoma Insurance Department, you must submit the course completions. yes no n/a

11. **Resident** adjuster applicants who are licensed in their former resident state and have passed an exam in their former resident state are exempt from exam requirements *if* they apply for a resident license **within 90 days of establishing legal residency in Oklahoma.** Does this statement apply to you? yes no

12. Record of employment for past five years, starting with present occupation (attach separate sheet if necessary):

<u>Nature of Work</u>	<u>Dates From/To</u>	<u>Employer's Name and Address</u>	<u>Position held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

13. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? yes no

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

“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 no contest, or having been given probation, a suspended sentence or a 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,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

14. If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? yes no n/a

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.) yes no n/a

15. 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 yes no

“Involved” means 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. **INCLUDE** any business so named because of your actions in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may **EXCLUDE** terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

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

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

16. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others yes no

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

17. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? yes no

If you answer yes, identify the jurisdiction(s): _____

18. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? yes no

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

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

19. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? yes no

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

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

20. Do you have a child support obligation in arrearage? yes no

If you answer yes,

- a) by how many months are you in arrearage? _____
b) are you currently subject to and in compliance with any repayment agreement? yes no
c) are you the subject of a child support related subpoena/warrant? yes no

** If you answered yes, provide documentation showing proof of current payments or a court approved repayment plan from the appropriate state child support agency*

21. **APPLICANT'S CERTIFICATION AND ATTESTATION**

The Applicant must read the following very carefully:

- 1) I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2) Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3) For Nonresident License Applications. I certify that I am licensed and in good standing with my home/resident state for the lines of authority requested from the nonresident state.
- 4) I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 5) I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6) I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7) I understand Oklahoma Insurance Department fees are not refundable except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.

Month/Day/Year

Applicant Signature

Full Legal Name (Printed or Typed)