

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED
JUL 10 2017
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
DORA LOUISE MARTINDALE,)
an applicant for reinstatement)
of a resident adjuster license,)
)
Respondent.)

Case No. 17-0492-DEN

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John Doak, Insurance Commissioner, by and through his attorney, Sara A. Worten, and alleges and states as follows:

JURISDICTION

1. John 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.*

2. Respondent Dora Louise Martindale (“Respondent”) is an applicant for a resident adjuster license in the State of Oklahoma. Respondent’s address of record is 5029 NW 29th Street, Oklahoma City, Oklahoma 73127-1732.

3. The Insurance Commissioner may censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma 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. § 6220(A) and (B).*

ALLEGATIONS OF FACT

1. Respondent applied for a resident insurance adjuster license on or about June 19, 2017, 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...regarding any professional or occupational license or registration?” Respondent answered “no” to this question.

2. The application form defines being “involved” as 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. 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 record: a Conditional Administrative Order, Case Number 05-1968-DIS issued on November 21, 2005 by the OID. On November 30, 2005, the Final Order was issued. Respondent paid the fine in this referenced administrative action and the matter was resolved. Accordingly, Respondent did not properly disclose the aforementioned administrative action in the license application.

ALLEGED VIOLATIONS OF LAW

1. Respondent violated 36 O.S. § 6220(A)(1); providing a material misrepresentation in obtaining an adjuster’s license by failing to disclose her administrative history.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is **FINED ONE HUNDRED DOLLARS (\$100.00)** for providing a material misrepresentation on her license application. **The \$100.00 fine is to be paid within thirty (30) days** made payable to the Oklahoma Insurance Department. The \$100.00 civil fine shall be paid by money order or cashier's check. Respondent's application for a resident 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 Sara A. Worten, 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 10th day of July, 2017.



JOHN DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink, appearing to read "Sara A. Worten", written over a horizontal line.

Sara A. Worten
Assistant General Counsel
3625 NW 56th St., Suite 100
Oklahoma City, OK 73112
405-521-2746

CERTIFICATE OF MAILING

I, Sara A. Worten, 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 10th day of July, 2017, to:

Dora Louise Martindale
5029 NW 29th Street
Oklahoma City, OK 73127

CERTIFIED MAIL NO. 7016 2140 0000 3510 7416

and a copy was delivered to:

Nicole Godfrey
Licensing Division



Sara A. Worten
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



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Sent To
 Street and Apt. No., or PO Box

 City, State, ZIP+4®

Dora Louise Martindale
 5029 NW 29TH Street
 Oklahoma City, OK 73127
17-0492-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice-7-07-17)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:
 Dora Louise Martindale
 5029 NW 29TH Street
 Oklahoma City, OK 73127
17-0492-DIS/SAW(mt)
(Cond.Adm.Ord. & Notice-7-07-17)



2. Article Number (Transfer from service label)
7016 2140 0000 3510 7416

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 D Martindale Agent
 Addressee

B. Received by (Printed Name)
Dora Martindale

C. Date of Delivery

RECEIVED
 OKLAHOMA INSURANCE DEPARTMENT
 JUL 14 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