

BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA

FILED

AUG 09 2018

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN )  
D. DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
v. )  
 )  
CLYDE BARRET COOK, )  
a licensed insurance adjuster, )  
 )  
Respondent. )

Case No. 18-0560-DEN

**CONDITIONAL ADMINISTRATIVE ORDER  
AND NOTICE OF RIGHT TO BE HEARD**

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

**JURISDICTION**

1. John D. 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., including the Insurance Adjusters Licensing Act, 36 O.S. §§ 6202-6223.

2. Clyde Cook is a nonresident licensed insurance adjuster holding license 100181271. His address of record is 56085 CO RD S, Walsh, Colorado 81090.

3. The Insurance Commissioner may censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Adjuster Licensing Act and/or may levy a fine up to \$1,000.00 for each violation of the Act. 36 O.S. § 6220.

### ALLEGATIONS OF FACT

1. Respondent Clyde Cook submitted an application to reinstate his adjuster license on July 27, 2018.
2. Oklahoma Insurance Department records show that Respondent's license expired on June 30, 2018 for failing to renew.
3. Respondent adjusted approximately twenty-three (23) claims in the state of Oklahoma during the time his adjuster license was expired.
4. Respondent is required to maintain an active license while conducting an insurance adjusting business in Oklahoma.

### CONCLUSIONS OF LAW

1. Respondent violated 36 O.S. § 6220(A)(9) in adjusting losses or negotiating claim settlements arising pursuant to the provisions of insurance contracts on behalf of an insurer or insured without proper licensing from the Commissioner. 36 O.S. § 6220(A)(9).

### ORDER

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** by the Insurance Commissioner, subject to the following paragraph, that the Respondent violated 36 O.S. § 6220(A)(9) and as a result **Respondent is FINED** in the amount of **TWO HUNDRED AND FIFTY DOLLARS (\$250.00)**. **License will be reinstated upon payment of this fine. The fine is to be paid within thirty (30) days of receipt of this Order.**

**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 Julie Meaders, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> Street, 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 9<sup>th</sup> day of August 2018.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

  
\_\_\_\_\_  
Julie Meaders  
Deputy General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, OK 73112  
Telephone: (405) 521-2746

**CERTIFICATE OF MAILING**

I, Julie Meaders, 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 9<sup>th</sup> day of August to:

Clyde Barret Cook  
56085 CO Rd. S.  
Walsh, CO 81090

**CERTIFIED MAIL NO: 7017 1450 0002 2806 8797**

and that a copy was delivered to:

Licensing

  
\_\_\_\_\_  
Julie Meaders

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 Clyde Barret Cook  
 56085 CO Rd. S.  
 Walsh, CO 81090  
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PS Form 3800, April 2015 PSN 7530-02-000-9053

**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.
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1. Article Addressed to:

Clyde Barret Cook  
 56085 CO Rd. S.  
 Walsh, CO 81090  
 SMS/18-0560-DEN(JAM)  
 Cond Ord

9590 9402 3455 7275 7883 17

2. Article Number (Transfer from service label)  
 7017 1450 0002 2806 8797

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 CLYDE COOK

C. Date of Delivery  
 AUG 14 2018

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

Legal Division  
 AUG 14 2018  
 WALSH CO, CO, 81090

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