

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

FILED

NOV 08 2018

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
vs.) CASE NO. 18-0716-DEN
)
INNOVA CLAIMS MANAGEMENT, LLC, a)
reinstatement applicant for a resident)
insurance adjuster license,)
)
)
Respondent.)

**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 counsel, Sandra G. LaVenue, and alleges and states as follows:

JURISDICTION AND AUTHORITY

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 *et seq.*, including the Oklahoma Insurance Adjusters Licensing Act, 36 O.S. §§ 6201-6223.

2. Innova Claims Management, LLC ("Respondent") is a renewal applicant for a resident insurance adjuster license in the State of Oklahoma. Respondent's mailing address of record is 25909 Pala, #395, Mission Viejo, California 92691.

3. The Insurance Commissioner may censure, suspend, revoke, or refuse to issue or renew a license issued pursuant to the Oklahoma Insurance Adjuster Licensing

Act and/or may levy a fine up to \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code pursuant to 36 O.S. § 6220(A) and (B).

4. If Respondent requests a hearing in writing in this matter, pursuant to OAC 365:1-7-1, the Insurance Commissioner, pursuant to 36 O.S. § 319, will appoint an independent hearing examiner who shall sit as a quasi-judicial officer and preside over the hearing requested by Respondent.

5. The Insurance Commissioner, pursuant to OAC 365:1-7-5, upon written request reasonably made by a person affected by the hearing and at such person's expense, shall cause a full stenographic record of the proceedings to be made by a competent court reporter.

ALLEGATIONS OF FACTS

6. Respondent's resident adjuster license expired on or about January 31, 2015, with the Oklahoma Insurance Department ("OID").

7. Respondent submitted a renewal application on September 24, 2018.

8. On September 25, 2018, the Oklahoma Insurance Department ("OID") Licensing Division requested information regarding the adjustment of Oklahoma claims after the expiration of Respondent's License on January 31, 2015.

9. On or about September 26, 2018, Respondent provided a list of claims adjusted from February 1, 2015 to September 25, 2018.

10. Pursuant to 36 O.S. § 6220(A)(9), it is a violation of the Adjuster Licensing Act for an adjuster to adjust claims without proper licensing from the Oklahoma Insurance Commissioner.

ALLEGED CONCLUSIONS OF LAW

11. Respondent has violated 36 O.S. § 6220(A)(9) by adjusting claims without proper licensure from the Oklahoma Insurance Commissioner.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner, subject to the following paragraph, that Respondent is hereby **CENSURED** and **FINED TWO HUNDRED DOLLARS (\$100.00)** for a violation of 36 O.S. § 6220(A)(9). The **\$200.00 fine is to be paid within thirty (30) days** of this Conditional Administrative Order and made payable to the Oklahoma Insurance Department. Respondent's application for the renewal of his resident insurance adjuster license shall be granted upon receipt of payment of the fine. Failure to pay the civil fine or request a hearing within thirty (30) days will result in your renewal license application being withdrawn.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of mailing of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first (31st) day following the mailing of this Order. A request for hearing shall be in writing and addressed to Sandra LaVenue, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. Additionally, the request for hearing shall state the grounds for the request to set aside or modify the Order. The request shall be served on the Oklahoma Insurance Department within the thirty (30) days allotted. The proceedings on such requested

hearing will be conducted in accordance with the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., and the Oklahoma Administrative Procedures Act, 75 O.S. §§ 250 through 323. If Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as a 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 7th day of November 2018.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Sandra LaVene OBA# 13372
Oklahoma Insurance Department
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
(405) 521-2746

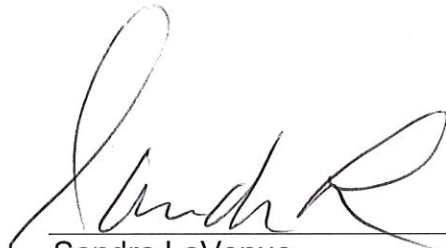
CERTIFICATE OF MAILING

I, Sandra LaVenue, 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 regular mail and by certified mail, with postage prepaid and return receipt requested on this 8th day of November, 2018, to:

Innova Claims Management, LLC
25909 Pala, #395
Mission Viejo, California 92691

CERTIFIED MAIL NO. 9214 8902 0982 7500 0142 03

and a copy was delivered to:
Lorie Jones
Licensing Division



Sandra LaVenue
Senior Counsel



November 26, 2018

Dear Sherry Standerfer:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8902 0982 7500 0142 03.


Item Details

Status: Delivered, Left with Individual
Status Date / Time: November 13, 2018, 1:27 pm
Location: MISSION VIEJO, CA 92691
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: INNOVA CLAIMS MANAGEMENT LLC

Shipment Details

Weight: 2.0oz

Recipient Signature

Signature of Recipient: 
Address of Recipient: 25507 R/4
375

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Sincerely,
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