

BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. GLEN)
MULREADY, Insurance Commissioner,)

Petitioner,)

vs.)

CASE NO. 19-0709-DIS

CORTNEY E. GAYER, a renewal applicant)
for a non-resident insurance adjuster license)

Respondent.)

FILED

NOV 27 2019

INSURANCE COMMISSIONER
OKLAHOMA

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, by and through counsel, Sandra G. LaVenue, and alleges and states as follows:

JURISDICTION AND AUTHORITY

1. Glen Mulready 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. Cortney E. Gayer ("Respondent") is a renewal applicant for a non-resident insurance adjuster license in the State of Oklahoma. Respondent's mailing address of record is 19724 N. Lief Rd., Maricopa, Arizona 85138.

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 August 31, 2019, with the Oklahoma Insurance Department ("OID").

7. Respondent submitted a renewal application on September 27, 2019.

8. On September 30, 2019, the OID Licensing Division requested information regarding the adjustment of Oklahoma claims after the expiration of Respondent's License on August 31, 2019.

9. On or about October 30, 2019, Respondent's employer provided a list of claims adjusted from August 31, 2019 to present.

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 (\$200.00)** 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 her non-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.

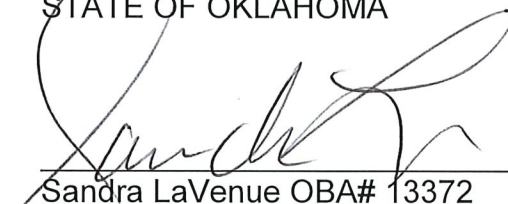
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of mailing of this Order, this Order and the penalties set forth above 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 27th day of November 2019.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



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

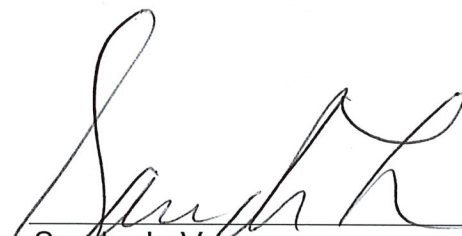
CERTIFICATE OF MAILING

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 certified mail to Cortney Gayer on this 21st day of November 2019, to:

Cortney Gayer
19724 N. Lief Rd.
Maricopa, AZ 85138

CERTIFIED MAIL NO. 9214 8902 0982 7500 0257 73

and a copy was delivered to:
Brandon Brummett
Licensing Division



Sandra LaVenue
Senior Counsel

Date Produced: 12/09/2019

OKLAHOMA INSURANCE DEPARTMENT:

The following is the delivery information for Certified Mail™/RRE item number 9214 8902 0982 7500 0257 73. Our records indicate that this item was delivered on 12/03/2019 at 10:04 a.m. in MARICOPA, AZ 85139. The scanned image of the recipient information is provided below.

Signature of Recipient :



Cortney Gayer

Address of Recipient :

19724 N LIEF RD
MARICOPA, AZ 85138-3502

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,
United States Postal Service

The customer reference number shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

This USPS proof of delivery is linked to the customers mail piece information on file as shown below:

CORTNEY GAYER
19724 N LIEF RD
MARICOPA AZ 85138-3502

Customer Reference Number: C1769727.10155343

Return Reference Number: SMS/19-0709-DIS (SGL)/Cond Ord

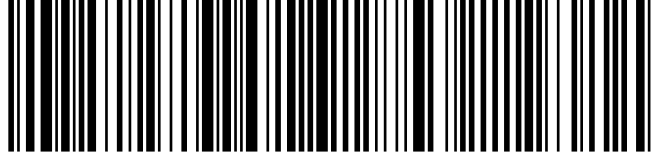
**Return address:**

OKLAHOMA INSURANCE DEPARTMENT
5 CORPORATE PLAZA
OKLAHOMA CITY, OK 73112

Recipient address:

CORTNEY GAYER
19724 N LIEF RD
MARICOPA AZ 85138-3502

MAILING DATE: 11/27/2019
DELIVERY DATE: 12/03/2019

USPS CERTIFIED MAIL

9214 8902 0982 7500 0257 73

USPS Tracking Label Number: 9214 8902 0982 7500 0257 73

USPS Tracking History	Location	Date / Time
PRE-SHIPMENT INFO SENT USPS AWAITS ITEM	OKLAHOMA CITY,OK 73112	11/27/2019 15:06
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NO AUTHORIZED RECIPIENT AVAILABLE	MARICOPA,AZ 85138	11/30/2019 14:23
DELIVERED	MARICOPA,AZ 85139	12/03/2019 10:04

CASE NUMBER: 19-0709-DIS

DEPARTMENT: LEGAL/SGL

SENDER: SMS

CUSTOM 4: CONDITIONAL ADMINISTRATIVE ORDER & NOTICE OF RIGHT TO BE HEARD