

**State of Oklahoma**  
**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**  
**Private Security Licensing Division**

CLEET  
Private Security Division  
Ada, Oklahoma 74820-0669  
(405) 239-5100

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Dear Agency Applicant:

Thank you for your inquiry concerning the agency license application process. Please read and follow the instructions below to insure prompt handling of your application:

1. Be sure your application is complete. Answer all questions and return all pages.
2. The Authorization to Release Information page must be signed and notarized. Complete ALL Supervisor information.
3. Complete and enclose the surety bond or liability insurance form.
4. A money order, cashier's check or company check made payable to CLEET. Cash will be accepted for payments made in person. Sorry, we cannot accept personal checks. Clearly print your full name in the lower left corner of the money order or check.
5. Agency trade names must be distinguishably different. You may want to check with our office to see if the agency name you have selected is in use. (See # 9 below)

**Basic Requirements For Agencies**

1. Applicants for an agency license must:
  - a. Be 21 years of age;
  - b. Be a citizen of the United States or a resident alien;
  - c. Not have been convicted of a felony or crime involving moral turpitude unless waived by the Council pursuant to O.S. Title 59, Section 1750.5 (H);
  - d. Not have had a license revoked or application for such license denied by CLEET;
  - e. Be of good moral character, and;
  - f. In the case of a corporation, be incorporated under the laws of this state, or shall be duly qualified to do business within this state.
2. An agency must maintain a place of business in Oklahoma. For applicants with a principal place of business in another state, statutes require a contact person within Oklahoma. This can be a licensed employee residing in Oklahoma (can office in their home) or a Registered Service Agent that can accept service on behalf of the licensee.
3. An agency must maintain with the phone company, a listed number in the agency name, and file that number with CLEET.
4. Agencies must provide a geographical address for the business office.
5. The agency supervisor of investigators or guards must also be licensed in Oklahoma.
6. All agencies are responsible for ensuring that employees comply with all statutes, rules, and regulations.
7. Licensed agencies must notify CLEET in writing, within five (5) days, of all employee hires and terminations. Include the employee's name, social security number, and license number.
8. Each agency applicant, except a self-employed Private Investigator who employs no other individuals, must provide proof of a bond or policy of insurance in the amount of \$100,000.
9. A copy of the corporate charter must accompany requests for an agency license to be issued in the name of a corporation. If the license is to be issued in the name of a legal entity other than a natural person, the applicant must furnish proof that the entity is legally recognized.
10. All agency applicants, including self-employed private investigators, must complete the Supervisor Information.
11. Agencies must notify CLEET of changes in supervisors within ten (10) days for the effective date of the change.
12. Agency vehicles used by security firms must display the word "Security" or "Guard" if marked, along with the agency's state license number on the rear of the vehicle, in no less than three (3) inch letters. Vehicles may not be equipped with a siren, or lamps with red or blue lenses. Security vehicles cannot be any color similar to the law enforcement vehicles in the locale of the security company's business. Badges may not include the Great Seal of the State of Oklahoma.

If you have questions concerning these forms, or the application process, please contact CLEET Private Security during regular business hours, Monday through Friday, 8:00 a.m. to 4:30 p.m. at (405) 425-2775. The license, which you are applying, can be issued upon receipt of all the necessary forms if no disqualifying information is found, and all other licensing requirements have been met. Thank you for your interest.

Council on Law Enforcement Education and Training

AGENCY LICENSE APPLICATION

Revised: May 27, 2003

TYPE OF LICENSE REQUESTED:

- Security Agency License \$300.00
Investigative Agency License \$300.00

PLEASE PRINT PLAINLY OR TYPE

1. Agency Trade Name: (As it is to appear on license)

2. Agency Street Address:

Mailing Address:

City: State: Zip:

County: Phone Number: FAX Number:

- Self Employed
Employs other guards or investigators
Number of security guards employed
Number of investigators employed
Number of armed guards or investigators
Number of marked vehicles

TYPE OF AGENCY: (Check One)

- Individual or Sole Owner
Partnership
Corporation
Other:

4. Owner Information:

Complete Section A if Individual or Sole Owner:
Complete Section B if Partnership:
Complete Section C if Corporation:

Section A: Individual or Sole Owner

Agency Owner:

Street Address:

City: State: Zip:

County: Telephone Number:

Date of birth: Social Security Number:

Citizenship: U.S. Citizen Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied? Yes No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied? Yes No

If "Yes" list state, date of action, and reason:

If you check "Yes" to any question below, provide certified final disposition documents, including suspended or deferred sentences. If records are not available, you must get a letter from the court or judge stating that fact.

Have you ever been convicted of a Misdemeanor? Yes No

Have you ever been convicted of a Felony? Yes No

Are there any criminal charges presently pending against you? Yes No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

**Section B: Partnership**

**Partner 1:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied?  Yes  No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied?  Yes  No

List state, date of action, and reason: \_\_\_\_\_

If you check "Yes" to any question below, provide certified final disposition documents, including suspended or deferred sentences. If records are not available, you **must** get a letter from the court or judge stating that fact.

Have you ever been convicted of a Misdemeanor?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

Are there any criminal charges presently pending against you?  Yes  No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

**Partner 2:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied?  Yes  No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied?  Yes  No

List state, date of action, and reason: \_\_\_\_\_

If you check "Yes" to any question below, provide certified final disposition documents, including suspended or deferred sentences. If records are not available, you **must** get a letter from the court or judge stating that fact.

Have you ever been convicted of a Misdemeanor?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

Are there any criminal charges presently pending against you?  Yes  No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

**List additional partners on separate plain paper**

**Section C:**

**1. State Corporations**

**President:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied?  Yes  No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied?  Yes  No

List State, date of action, and reason: \_\_\_\_\_

List state, date of action, and reason: \_\_\_\_\_

If you check "Yes" to any question below, provide certified final disposition documents, including suspended or deferred sentences. If records are not available, you **must** get a letter from the court or judge stating that fact.

Have you ever been convicted of a Misdemeanor?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

Are there any criminal charges presently pending against you?  Yes  No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING - AGENCY LICENSE APPLICATION

Vice-President: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied?  Yes  No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied?  Yes  No

List State, date of action, and reason: \_\_\_\_\_

Have you ever been convicted of a Misdemeanor?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

Are there any criminal charges presently pending against you?  Yes  No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

Secretary/Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied?  Yes  No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied?  Yes  No

List state, date of action, and reason: \_\_\_\_\_

If you check "Yes" to any question below, provide certified final disposition documents, including suspended or deferred sentences. If records are not available, you **must** get a letter from the court or judge stating that fact.

Have you ever been convicted of a Misdemeanor?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

Are there any criminal charges presently pending against you?  Yes  No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

2. National Corporations

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_

Manager or Registered Agent: (If agency is located outside of Oklahoma)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien - Must have verifiable documentation.

Have you ever had an individual or agency license issued by CLEET revoked or denied?  Yes  No

Have you ever had an individual or agency license related to private security or private investigations issued by another state revoked or denied?  Yes  No

List state, date of action, and reason: \_\_\_\_\_

If you check "Yes" to any question below, provide certified final disposition documents, including suspended or deferred sentences. If records are not available, you **must** get a letter from the court or judge stating that fact.

Have you ever been convicted of a Misdemeanor?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

Are there any criminal charges presently pending against you?  Yes  No

Provide date(s), location (city & state), and court (city, county, state, or federal) charge, and final outcome for any of the three questions above that you marked "Yes". You may use the back of this page for details.

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
AGENCY LICENSE APPLICATION**

5. Supervisor Information:

NOTE: THIS PORTION MUST BE FILLED OUT BY ALL APPLICANTS, INCLUDING SELF-EMPLOYED INDIVIDUALS WITH NO EMPLOYEES

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Supervisor Experience:

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

6. Attach Proof of Insurance

Requirements: Refer to section 390:35-11-1. Insurance and bond requirements in the rules and regulations handbook. The rules state in part:

(a) 59 O.S., 1750.5 (J) requires that on and after July 1, 1988, all persons and agencies who are newly licensed or renew an existing license under the provisions of the Oklahoma Security Guard and Private Investigator Act, obtain and maintain liability insurance or Surety Bond in the amounts as follows:

- (1) Unarmed Security Guard .....\$5,000.00
- (2) Private Investigators employed by an agency .....\$5,000.00
- (3) Self Employed Private Investigators licensed as an agency but who employ no other investigators .....\$5,000.00
- (4) Armed Security Guards .....\$10,000.00
- (5) Security or Investigative Agencies .....\$100,000.00

(b) Liability insurance policy shall have endorsements for coverage for bodily injury, personal injury and property damage, with endorsements for personal injury including false arrests, libel, slander and invasion of privacy.

(c) In lieu of liability insurance a licensee may obtain a Surety Bond which allows persons to recover for actionable injuries, loss or damage as a result of the willful, or wrongful acts or omissions of the licensee and further protects this state, its agents, officers and employees from judgments against the licensee or principal, and is further conditioned upon the faithful and honest conduct of the principal's business.

7. Authority to Release Information

**IMPORTANT:** READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION IN THE PRESENCE OF A NOTARY PUBLIC.

The definition of applicant and licensee is as follows in the Oklahoma Private Security Rules and Regulations 390:35-1-3:

"**Applicant**" means a person, or as it relates to an agency license, any of its owners, partners, directors, or in the case of a corporation, each officer and registered agent (branch manager), applying for a license under the provisions of the Act.

"**Licensee**" means a person or as it relates to an agency license, any of its owners, partners, directors, or in the case of a corporation, each officer and registered agent (branch manager), authorized by CLEET under the provisions of this Act, to lawfully conduct business as a security guard, armed security guard, private investigator, security agency, or investigative agency.

I, \_\_\_\_\_, certify that I lawfully represent the applicants listed in this agency application, and have their permission and authority to grant the following waiver:

I certify that the applicants listed in this application have received, read, understand and will abide by the "Rules and Regulations Governing Security Guards and Private Investigators" and the "Oklahoma Security Guard and Private Investigators Act."

I hereby declare under oath and under penalty of perjury, that to the best of my knowledge, all information contained in this application is true and correct. I understand that any misrepresentation is sufficient cause for denial of license. I hereby authorize any person or organization listed in this application to provide any information about me or the applicants listed, to the Council on Law Enforcement Education and Training, on a confidential basis, including criminal history information, or any other information about me or the applicants related to the qualification for licensing as a security agency or investigative agency. I further authorize the Council on Law Enforcement Education and Training, or authorized representative of the Council, to release to any law enforcement agency any information held by the Council concerning this application.

\_\_\_\_\_  
Signature of Authorized Agency Representative Title Date

\_\_\_\_\_  
Printed or typed name of Authorized Agency Representative

STATE OF OKLAHOMA  
COUNTY OF \_\_\_\_\_) ss.

(SEAL)

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature Notary Public Printed Name of Notary

My Commission Expires: \_\_\_\_\_ My Commission Number: \_\_\_\_\_

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
AGENCY LICENSE APPLICATION**

**Return to:**

CLEET  
Private Security Division  
2401 Egypt Road  
Ada, Oklahoma 74820-0669

**Remember:**

- \*\* Report employments and terminations within five (5) days to CLEET.
- \*\* Each new year on a calendar year basis, you are to provide CLEET with proof of insurance or bond.
- \*\* You must obtain and maintain insurance or bond.
- \*\* You must notify CLEET of any business address or telephone change within ten (10) days.

If you have any questions or a special need, please contact the Private Security Supervisor or Division Manager.

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**  
**EMPLOYMENT OR TERMINATION FORM**

AGENCY LICENSE #: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

AGENCY NAME (as on license): \_\_\_\_\_

**NOTICE OF EMPLOYMENT**

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>SSN</u>	<u>License Number</u>	<u>Date Employed</u>
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The individual named above has been employed as a security guard.

The individual named above has been employed as a private investigator.

This notice of employment is to inform CLEET that the above named person has been employed by this agency and will be covered under the agency's liability insurance or bond.

This notice is approved to replace a letter of employment and proof of insurance. It is not necessary to attach proof of your agency's insurance.

\_\_\_\_\_  
Print Name of Manager or Designee

\_\_\_\_\_  
Signature of Manager or Designee

\_\_\_\_\_  
Date

**NOTICE OF TERMINATION**

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>SSN</u>	<u>License Number</u>	<u>Date Terminated</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Manager or Designee

\_\_\_\_\_  
Signature of Manager or Designee

\_\_\_\_\_  
Date

**OTHER CHANGES**  
**(Address or Phone Number Change)**

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Manager or Designee

\_\_\_\_\_  
Signature of Manager or Designee

\_\_\_\_\_  
Date

**Important:** The Oklahoma Private Security Rules and Regulations require that employments and terminations be reported within **five (5) days** to CLEET. Failure to comply may result in fines and penalties being assessed.

**Please do not list employments and terminations on the same form.**

**Use one form for each employment.** Multiple names may be listed under terminations. Please note in margin if person is deceased.

**SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE**

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
NOTIFICATION OF BOND COVERAGE BY CARRIER

Security Guards and Private Investigators
NOTICE TO INSURANCE/BOND COMPANIES

Statutory requirements: Title 59, Oklahoma Statutes § 1750.1 et. seq.

- J. 1. All persons and agencies shall obtain and maintain liability coverage in accordance with the following minimum standards:
a. General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or
b. A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful, or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.
2. Liability coverage and bonds outlined in this section shall be in the minimum amounts of One Hundred Thousand Dollars (\$100,000.00) for agencies, Ten Thousand Dollars (\$10,000.00) for armed security guards, and Five Thousand Dollars (\$5,000.00) for security guards and self-employed private investigators who employ no other investigators.
3. Security agencies and investigative agencies shall ensure that all employees of these agencies have met the minimum liability coverage as prescribed in this section.
4. Insurance policies and bonds issued pursuant to this section shall not be modified or canceled unless ten (10) days' prior written notice is given to the Council. All persons and agencies insured or bonded pursuant to this section shall be insured or bonded by an insurance carrier or a surety company licensed in the state in which the insurance or bond was purchased, or in this state.

Agency Rules: 390:35-11-3. Liability Coverage

- (c) Proof of insurance shall be provided to CLEET by submitting a certificate of insurance, such as the Accord Form; or a copy of the policy, or a copy of the bond; or a letter from the issuing company. Regardless of the method chosen, the proof submitted shall at least contain the following information:
(1) Name of Insured
(2) Name and address of Insurer
(3) Policy limits, coverage and amounts
(4) Effective dates of policy
(d) Any company providing insurance or surety bonds must be licensed to do business in the State of Oklahoma.

KNOW ALL MEN BY THESE PRESENT:

Bond Number : \_\_\_\_\_

That we, \_\_\_\_\_, as Principal and \_\_\_\_\_, as Surety, are authorized to conduct business in the State of Oklahoma, are firmly bound unto the State of Oklahoma in the just sum of:

- [ ] \$ 5,000.00 (Self-employed unarmed private investigator or unarmed guard)
[ ] \$ 10,000.00 (Self-employed armed private investigator or armed guard)

for the payment of which, well and truly to be made, we bind ourselves, our heirs, executor, and administrators, each and every one of them, jointly and severally, firmly by these present.

The condition of this obligation is such that whereas the above bound Principal has made application to do business in the State of Oklahoma under the provisions of Title 59, Oklahoma Statutes, Section 1750 et. seq. as a licensed:

- [ ] Unarmed security guard or private investigator
[ ] Armed security guard or private investigator

and will comply with all the laws governing said license. It is a further condition that the Principal and Surety shall indemnify the State of Oklahoma or any person for any judgment against same resulting from any wrongful act or omission, whether intentional or negligent, that arose in the course of business as a Security Guard or Private Investigator, or resulting from any violations of the laws of the State of Oklahoma.

It is further understood and agreed that this bond meets the standards outlined in O.S. 59 § 1750.1 above and is for the following period.

Beginning date: \_\_\_\_\_ and Ending date: \_\_\_\_\_

unless continued by a renewal certificate. This bond may be canceled as to future liability by Surety giving ten (10) days written notice to the Council on Law Enforcement Education and Training. The Surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond or number of years the bond remains in force.

Witness our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
Principal
Oklahoma Insurance License Number \_\_\_\_\_ Surety
By: \_\_\_\_\_ Attorney-in-Fact

Attach Original Power of Attorney

Agents Name (Please Print): \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
NOTIFICATION OF INSURANCE COVERAGE BY CARRIER**

Security Guards and Private Investigators

**NOTICE TO INSURANCE COMPANIES**

**Statutory requirements: Title 59, Oklahoma Statutes § 1750.1 et. seq.**

- J. 1. All persons and agencies shall obtain and maintain liability coverage in accordance with the following minimum standards:
- a. General liability insurance coverage for bodily injury, personal injury, and property damage, with endorsements for personal injury including false arrest, libel, slander, and invasion of privacy, or
  - b. A surety bond that allows persons to recover for actionable injuries, loss, or damage as a result of the willful, or wrongful acts or omissions of the principal and protects this state, its agents, officers and employees from judgments against the principal or insured licensee, and is further conditioned upon the faithful and honest conduct of the principal's business.
2. Liability coverage and bonds outlined in this section shall be in the minimum amounts of One Hundred Thousand Dollars (\$100,000.00) for agencies, Ten Thousand Dollars (\$10,000.00) for armed security guards, and Five Thousand Dollars (\$5,000.00) for security guards and self-employed private investigators who employ no other investigators.
3. Security agencies and investigative agencies shall ensure that all employees of these agencies have met the minimum liability coverage as prescribed in this section.
4. Insurance policies and bonds issued pursuant to this section shall not be modified or canceled unless ten (10) days' prior written notice is given to the Council. All persons and agencies insured or bonded pursuant to this section shall be insured or bonded by an insurance carrier or a surety company licensed in the state in which the insurance or bond was purchased, or in this state.

**Agency Rules: 390:35-11-3. Liability Coverage**

- (c) Proof of insurance shall be provided to CLEET by submitting a certificate of insurance, such as the Accord Form; or a copy of the policy, or a copy of the bond; or a letter from the issuing company. Regardless of the method chosen, the proof submitted shall at least contain the following information:
- (1) Name of Insured
  - (2) Name and address of Insurer
  - (3) Policy limits, coverage and amounts
  - (4) Effective dates of policy
- (d) Any company providing insurance or surety bonds must be licensed to do business in the State of Oklahoma.

**Name of the Insured:** \_\_\_\_\_

**This policy includes:**  Unarmed security guard coverage      **Number of employees:**  Self-Employed  
 Armed security guard coverage       Other guards and/or investigators  
 Unarmed private investigator coverage  
 Armed private investigator coverage

**Amount of coverage:**  \$ 5,000.00 (Self-Employed unarmed private investigator or unarmed guard)  
 \$ 10,000.00 (Self-Employed armed private investigator or armed guard)  
 \$100,000.00 (Other guards and/or investigators employed)

**Name of Insurance Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** ( ) \_\_\_\_\_ **OK Insurance License #:** \_\_\_\_\_

**Company affording coverage:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **Expire Date:** \_\_\_\_\_

✓ **Attach Proof of Insurance such as a copy of the Accord Form, or policy detailing policy limits, coverage and amounts.**

I have read the statutory requirements described above and certify that this policy meets the minimum standards required by the State of Oklahoma for liability insurance.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature Notary Public

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_