



OKLAHOMA INSURANCE DEPARTMENT  
3625 NW 56<sup>th</sup>, Suite 100  
Oklahoma City, OK 73112-4511  
(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

# CUSTOMER SERVICE REPRESENTATIVE APPOINTMENT

Please type or print clearly.

Check here for Title coverage only

CSR LICENSE NUMBER (Issued by Oklahoma Insurance Department)

CSR's SS #: \_\_\_\_\_

Applicant's Name:

(Last)	(First)	(MI)	(SSN#)
Business Address:			
(Street)	(City)	(State)	(Zip)
Date of Birth:	Business Phone: ( )	Business Fax: ( )	

1. Is the above individual employed or appointed by any other agent, broker or agency? Yes \_\_\_ No \_\_\_
2. Has this applicant been convicted of, plead guilty to or nolo contendere to a felony? Yes \_\_\_ No \_\_\_
3. Has this applicant committed a violation of any State Insurance Law, or do you believe that this applicant has violated or may be currently violating any such law? Yes \_\_\_ No \_\_\_  
**If yes to questions 2 and/or 3, please explain in detail on a separate sheet of paper.**
4. I agree that the customer service representative shall be housed within the office of my business and shall not conduct insurance-related business as authorized herein from any other location. Furthermore, no advertising, letterhead, or telephone listing of the customer service representative shall indicate any business address other than that of the below signed. Yes \_\_\_ No \_\_\_
5. I have instructed and have given to the customer service representative the Oklahoma Insurance Laws. Yes \_\_\_ No \_\_\_
6. All insurance-related business conducted by the customer service representative shall be in the name of the below agent, broker or agency. As such, I shall be responsible and accountable for all acts of the named customer service representative within the scope of such appointment. Yes \_\_\_ No \_\_\_

Being duly licensed by the State of Oklahoma Insurance Department, I hereby affix my name below in testimony that I have investigated the applicant's character and background and that I will supervise the work of the customer service representative, obligating myself to supervise the customer service representative's conduct of insurance-related business and review such work until this license and/or appointment is terminated, revoked, or suspended.

Dated this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_ (Signature of Authorized Sponsoring Agent/Broker/Agency)

Print \_\_\_\_\_ (Sponsoring Agent/Broker/Agency) Title (Print) \_\_\_\_\_

Address: \_\_\_\_\_ Oklahoma License Number \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: ( ) Business Fax: ( )

If this appointment is disapproved for any reason, a new CSR-1 will be required.

FOR INSURANCE DEPARTMENT USE ONLY		
Not approved for title coverage for the following reason(s):		
Approved for title coverage:	Processed by:	Date mailed: