



# OKLAHOMA INSURANCE DEPARTMENT

3625 NW 56<sup>th</sup> Street, Suite 100, Oklahoma City, OK 73112-4511

Phone: 405-521-3916 ♦ Fax: 405-522-3642 ♦ Email: licensing@oid.ok.gov



WWW.OID.OK.GOV

## Navigator Entity Application

LICENSING DIVISION

### PLEASE PRINT OR TYPE

1. NAVIGATOR ENTITY NAME			2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS			5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE
			6. DESIGNATED RESPONSIBLE PARTY		
7. BUSINESS ADDRESS			8. CITY	9. STATE	10. ZIP
11. TELEPHONE NUMBER	12. FAX NUMBER	13. WEBSITE		14. BUSINESS EMAIL ADDRESS	
15. MAILING ADDRESS			16. CITY	17. STATE	18. ZIP

### BACKGROUND INFORMATION & ATTESTATION

Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

YES  
 NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

### As the designated responsible party of the navigator entity I hereby certify, under penalty of perjury, that

- All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for registration revocation and may subject me and the navigator entity to civil or criminal penalties.
- The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
- I acknowledge and accept all legal responsibility for the acts of the individual navigators that this entity employs, supervises or is affiliated with are performed within the scope of the navigator's apparent authority.
- I acknowledge that I am familiar with the navigator laws and regulations of Oklahoma Insurance Code and the rules and regulations promulgated by the Oklahoma Insurance Department regarding Navigator Entity and Individual Registration.
- I certify that this entity has in place, procedures for the handling of nonpublic information.

SIGNATURE	TITLE
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### NOTARY

NOTARY PUBLIC SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	STATE
	NAME (TYPED OR PRINTED)		COUNTY
	USE RUBBER STAMP IN CLEAR AREA BELOW		



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#### **DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION**

#### **Application for initial & renewal registration shall include the following:**

1. A completed application for navigator entity license
2. \$50.00 yearly registration fee in the form of a check or money order payable to:  
**Oklahoma Insurance Department**
3. Attach a list of all individual navigators, whom, at the time of application, it is employing, supervising or affiliated with or has, during the previous year while registered as a navigator entity, employed, supervised or been affiliated with.
4. Include all supporting documents and a detailed description to explain any “yes” answers on this application.
5. Designated Responsible Party must ensure that all registered individuals are distributing the required disclaimer to all insureds assisted.
6. Mail application fee and completed registration packet to:

**Oklahoma Insurance Department**

**Licensing Division**

**3625 NW 56<sup>th</sup> Street, Suite 100**

**Oklahoma City, OK 73112-4511**

**All Fees Are By Law Deemed Earned and Shall Not Be Refundable.**

**All incomplete applications will be withdrawn without refund.**

All completed applications will be processed within 5 business days of being received in the licensing division. If you have a question regarding your submitted application, please email [licensing@oid.ok.gov](mailto:licensing@oid.ok.gov)

