OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th, Suite 100
Oklahoma City, OK 73112-4511
(405) 521-3916 or Fax: (405) 522-3642
Toll Free In-State 800-522-0071
LICENSING@OID.OK.GOV WWW.OID.OK.GOV

Applicants MUST Complete:
NPN# _____
Check # _____
Amount $_____

APPLICATION FOR LICENSE AS INSURANCE ADJUSTER

❑ **New Application** ❑ **Renewal** ❑ **Reactivation**

TYPE OF LICENSE

- ❑ Resident Adjuster
- ❑ Nonresident Adjuster
- ❑ Public Adjuster *(Property Only)*
- ❑ Apprentice Adjuster*

**** must also include form A-1 sponsor form***

- ❑ Add Line of Authority

LINE OF AUTHORITY

- ❑ Property
- ❑ Casualty
- ❑ Workers' Compensation
- ❑ Crime & Fidelity
- ❑ Crop/Hail
- ❑ Multi Peril Crop

1. Social Security Number: _____ / _____ / _____ ❑ Male ❑ Female

2. Date of Birth: _____ / _____ / _____ **Must be at least 18 per *36 O.S. §1435.7.A.1***

3. Applicant's Name: _____ Alias: _____
   Last First Middle

*** Include all potential Aliases and Maiden names** ***PO Box only allowed as "Mailing Address"**

4. Residence Address: _____ How Long? _____
   (Street & Number) (City) (State) (Zip)

5. Mailing Address: _____
   (Street & Number) (City) (State) (Zip)

I understand that my designated mailing & email address will be subject to public record and that all correspondence from the Oklahoma Insurance Department will be sent to those addresses? ☐ yes ☐no

6. Are you a citizen of the United States? ☐ yes ☐no
   (If no, and this is a Resident Application, you must provide proof of eligibility to work in Oklahoma)

7. Business Address: _____
   (Street & Number) (City) (State) (Zip)

8. **Do you understand you are required by *36 O.S. § 6206(C)* to notify the Oklahoma Insurance Department of any address change within 30 days of the change, and that failing to do so is subject to penalty?** ☐ yes ☐no

9. Telephone Number (_____) _____ (_____) _____
   Business Home

   Designated E-mail address: _____

10. Are you currently licensed in any other state(s) as an adjuster? ☐ yes ☐ no

A. In which state(s) have you passed an Adjuster examination?

State	List date and LOA of Examination Passed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. If your resident state does not provide a license, you must designate a "home state". Please enter a state from the list of states you provided above, as your choice for DHS: _____.
You are required to have passed an examination and maintain active licensure in your designated "home state", in order to claim that state on your Oklahoma nonresident adjuster license.

C. Oklahoma requires continuing education for all adjusters. If your resident or designated home state does not have a continuing education requirement, you must complete the required Oklahoma Continuing Education or CE in another state where you hold an active license.
What state is your continuing education state? _____

D. **RENEWALS ONLY:** Have you met the Continuing Education requirements, above? By answering **"YES"** you agree that ***at the request*** of the Oklahoma Insurance Department, you must submit the course completions.
☐ yes ☐ no ☐n/a

11. **Resident** adjuster applicants who are licensed in their former resident state and have passed an exam in their former resident state are exempt from exam requirements ***if*** they apply for a resident license **within 90 days of establishing legal residency in Oklahoma.** Does this statement apply to you? ☐ yes ☐no

12. Record of employment for past five years, starting with present occupation (attach separate sheet if necessary):

Nature of Work	Dates From/To	Employer's Name and Address	Position held

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

13. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? ☐ yes ☐no

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

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

a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

14. If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? ☐ yes ☐no ☐n/a

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.) ☐ yes ☐ no ☐n/a

15. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration ☐ yes ☐no

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.
"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. **INCLUDE** any business so named because of your actions in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may **EXCLUDE** terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

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

a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

16. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others ☐ yes ☐no

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

17. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? ☐ yes ☐no

If you answer yes, identify the jurisdiction(s): _____

18. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation 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, or mediation proceedings, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

19. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ yes ☐no

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

a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

20. Do you have a child support obligation in arrearage? ☐ yes ☐no

If you answer yes,

a) by how many months are you in arrearage? _____

b) are you currently subject to and in compliance with any repayment agreement? ☐ yes ☐no

c) are you the subject of a child support related subpoena/warrant? ☐ yes ☐no

**** If you answered yes, provide documentation showing proof of current payments or a court approved repayment plan from the appropriate state child support agency***

21. **APPLICANT'S CERTIFICATION AND ATTESTATION**

The Applicant must read the following very carefully:

1) I hereby certify that, under penalty of perjury, 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 license revocation or denial of the license and may subject me to civil or criminal penalties.

2) Unless provided otherwise by law or regulation of the jurisdiction , I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

3) For Nonresident License Applications. I certify that I am licensed and in good standing with my home/resident state for the lines of authority requested from the nonresident state.

4) I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

5) I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

6) I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

7) I understand Oklahoma Insurance Department fees are not refundable except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.

_____

Month/Day/Year

_____

Applicant Signature

_____

Full Legal Name (Printed or Typed)

Keep this page for your records

CHECKLIST:

1. Enclosed a check or money order to cover fees due? (No cash accepted) ❑ yes ❑ no
2. Are all questions answered? ❑ yes ❑ no
3. Did you include all supporting documentation? ❑ yes ❑ no
4. If applying for a Public Adjuster's license, have you attached a bond in the amount of $25,000 payable to "The People of Oklahoma" ? ❑ yes ❑ no
5. If applying for a Multi-peril Crop License, have you attached a copy of your CAPP card? ❑ yes ❑ no
6. If you are applying for an apprentice license, did you attach a completed copy of the AT-1 application? ❑ yes ❑ no
7. If you are not a U.S. Citizen, did you attach proof of work authorization? ❑ yes ❑ no

◆ **ONE CHECK FOR ALL FEES PER APPLICATION IS ACCEPTABLE AND ENCOURAGED** ◆

Attention: We cooperate with the Oklahoma County District Attorney in the prosecution of bogus check writers

FEE SCHEDULE

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

LICENSE FEES

For any single line of authority…….$30.00
For two or more lines of authority....$50.00
Public Adjuster (property only)…….$30.00
Late Renewal……Double the license fee
Duplicate License ……...1/2 of renewal fee.

Examination - (Computerized)

DO NOT SEND EXAM FEE TO THE OKLAHOMA INSURANCE DEPARTMENT

INFORMATION

Examinations: Examinations are required ***prior*** to the submission of an application for licensure.

Test Scores are available to the applicant immediately upon completion of the exam at the testing center, only.

Reactivation Applications must have all continuing education hours, **for the delinquent license term** completed and showing on your transcript **prior to** reactivation.

Twenty-four (24) Continuing Education Hours are due **prior** to the submission of each biennial renewal; review our website for the specific requirements for your line of authority and license type www.licensing.oid.ok.gov

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability at the time you submit this application.