

CK.# _____
AMT _____
DATE _____

**KIM HOLLAND, COMMISSIONER**  
 OKLAHOMA INSURANCE DEPARTMENT  
 P.O. Box 53408 – 2401 NW 23<sup>rd</sup>, Suite 28  
 Oklahoma City, Oklahoma 73152-3408  
 (405) 521-3916

**APPLICATION FOR CORPORATE LICENSE AS SURPLUS LINES BROKER**

1. Name \_\_\_\_\_ (FEIN #) \_\_\_\_\_
2. Address \_\_\_\_\_  
 (Street and PO #) (City) (State) (Zip) (Phone)
3. Does any corporation own any stock in, or is any corporation a partner in the corporate applicant?  YES  NO  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_
4. Does this corporation own any stock in, or is it a partner in any other corporation or partnership?  YES  NO  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_
5. Have you or any member of your firm had any license denied, suspended, revoked or restricted by any public authority in this or any other state; had such license subjected to a monetary fine; or withdrawn any application for, or surrendered such license to avoid disciplinary action? \_\_\_\_\_ If yes, give details on a separate sheet and attach a certified copy of order issued.
6. Have the authorities of any state called you before them for any alleged violation(s) of insurance law? \_\_\_\_\_ If yes, give details on a separate sheet and attach a certified copy of order issued.
7. Have you entered a consent order with any state insurance authority? \_\_\_\_\_ If yes, give details on a separate sheet and attach a certified copy of order issued.
8. Do you understand that a surplus line corporation must maintain an office at a designated location in the state of Oklahoma \_\_\_\_\_; and that a full and true record of each surplus line contract procured by said corporation must be kept therein? \_\_\_\_\_
9. If licensed, do you understand that you must comply with all of the conditions of Okla. Stat. Tit 36, Article 11? \_\_\_\_\_
10. State the name of your corporate directors and officers. Use a separate sheet if necessary.

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Pursuant to Okla. Stat. Tit. 36 § 1435.32(B), each person acting as a surplus lines insurance broker “shall be named in the license and shall qualify therefore as though an individual licensee”. A separate license and bond in the amount of at least \$5,000.00 is required of each authorized individual. This amount may increase with the amount of premiums written pursuant to Okla. Stat. Tit. 36 § 1435.22. List the licensed individual(s) who are authorized to act for the corporation under the applicant’s license.

Name	Address	Oklahoma License #(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Please attach the following:
- a. Certificate or other proof of \$100,000.00 Errors and Omissions policy.
  - b. \$5,000.00 Broker’s Bond (**Oklahoma Residents Only**)
  - c. \$100.00 Application Fee, payable to the Oklahoma Insurance Department.
13. Do you understand that you are required by Okla. Stat. Tit. 36 § 1435.32(F) to notify the Insurance Commissioner of all changes among its members, directors and officers, and all other individuals designated in the license within fifteen (15) working days after said change? \_\_\_\_\_
14. Do you understand that the corporation will be required to file a quarterly report in accordance with Okla. Stat. Tit. 36 § 1107? \_\_\_\_\_

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**NOTARY PUBLIC**

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I, \_\_\_\_\_, being first duly sworn, state that I have read the within and foregoing application and the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the license; and I will write and receive commissions for the sale of only such insurance for which I am licensed to sell. I hereby realize that an intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal or revocation of this license.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
(Date)

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

My Commission expires: \_\_\_\_\_

(SEAL)