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

APPENDIX T. INSURANCE COMPANY TRAINING PROGRAM AFFIDAVIT [NEW]

INSURANCE COMPANY TRAINING PROGRAM AFFIDAVIT

Our training program for resident producers includes the following components and satisfies the requirements of 36 O.S. § 1435.7 and OKLA. ADMIN. CODE § 365:25-3-1.3.

1. Instruction in insurance coverage for each line of authority the producer seeks to be licensed.
2. Business practice training associated with placing and servicing contracts of insurance. The training includes, but is not limited to, supervised interaction with customers or prospective customers, role playing, and customer interaction case studies.
3. Standards for measuring successful completion for each segment of the training program.
4. Instruction in Oklahoma statutes and regulations affecting industry and producer licensing, the regulatory and consumer assistance roles of the Oklahoma Insurance Department, and the role of the National Association of Insurance Commissioners in setting policy for the insurance industry.

The training program requirements are standard for all participating resident producer trainees. The instructional material is developed and administered in accordance with corporate requirements for our company. The company is responsible for ensuring course materials and programs satisfy the requirements of this affidavit.

ACKNOWLEDGEMENT

I, _____, on behalf of _____,
Name of Authorized Individual **Name of Insurance Company**

NAIC ID _____, certify that the above requirements are met for insurance company resident producer training as required by the Oklahoma Insurance Department ("Department"). The details of the program are available upon request by the Department.

_____ (_____)_____
Signature of Authorized Individual **Telephone Number**

STATE OF: _____

COUNTY OF: _____

This instrument was acknowledged before me on (date) by (name(s) of person(s) as (type of authority, e.g., officer, trustee, etc.) of (name of party on behalf of whom instrument was executed).

_____
Signature of Notarial Officer (Notary)

(Seal, if any)

Title (and Rank): _____

My commission expires: _____