

## APPENDIX T. INSURANCE COMPANY TRAINING PROGRAM AFFIDAVIT

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OKLAHOMA INSURANCE COMMISSIONER**

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**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 may include 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 \_\_\_\_\_ certify that the  
(name of authorized individual) (name of Insurance Company)  
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)

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)

(Seal, if any)

\_\_\_\_\_  
Title (and Rank)

\_\_\_\_\_  
(My commission expires)