KIM HOLLAND
Oklahoma Insurance Department
2401 NW 23rd, Suite 28 (73107)
PO Box 53408 (73152-3408)
Oklahoma City, OK
(405) 521-3916

IC-1 (Rev. 04/05)

APPLICATION FOR LICENSE AS INSURANCE CONSULTANT

If Applicant Is An Individual, Please Complete The Following:

1. [Mr.] [Mrs.] [Miss] _____ Maiden Name _____
   (First) (Middle) (Last)

2. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

3. Date of Birth _____/_____/_____ Age _____ Sex: Male _____ Female: _____

4. SSN# _____/_____/_____ Place of Birth _____
   (City) (State) (County)

5. Residence _____ How Long? _____
   (Street) (City) (State) (Zip)

6. Previous Address _____ How Long? _____
   (Street) (City) (State) (Zip)

7. Have you ever been license in Oklahoma to transact any form of insurance? [ ] YES [ ] NO
   If yes, when? _____License Number _____

8. Are you now or have you ever been licensed in any other state(s) (as a resident) to transact any form of insurance?
   [ ] YES [ ] NO

   What states? _____

9.A) Has any state ever refused, revoked, suspended, or terminated your insurance license(s)? [ ] YES [ ] NO
   B) Have the authorities of any state ever called you before them for any alleged violation(s) of insurance laws?
   [ ] YES [ ] NO

   C) Have ever entered a consent order with any state insurance authority? [ ] YES [ ] NO
   D) If yes to any of the above questions, give details on a separate sheet and enclose certified copies of orders.

10. Have you ever been convicted of or pled nolo contendere to:
   A) A felony? [ ] YES [ ] NO
   B) Any offense involving misappropriation of money or assets? [ ] YES [ ] NO
   C) Violating any laws for acts arising out of any insurance transaction? [ ] YES [ ] NO
   D) If yes, give details on a separate sheet and attach a Certified Copy of Final Judgment and Sentencing Order, Order of Dismissal or Order of Expungement.

11. Record of Employment for past ten years, staring with present occupation:

Nature of Work	From	To	Employer's Name & Address	Reason for Leaving

12. List all business affiliations: _____

_____

_____

_____

_____

12. Attach a copy of the proposed Agreement Form that is to be completed prior to commencing your consulting service. Also, attach a bond in an amount commensurate with the gross fees received annually or the anticipated gross fees, if not yet known.

GROSS FEES	AMOUNT OF BOND
$1,000,000 and Above …….…	$40,000
500,000 to 999,999 ……..	35,000
250,000 to 499,999 ……..	30,000
100,000 to 249,999 ……..	25,000
75,000 to 99,999 ……..	20,000
50,000 to 74,999 ……..	15,000
25,000 to 49,999 ……..	10,000
All Below 25,000 ……..	5,000