



**APPLICATION FOR
MOTOR SERVICE CLUB, PREPAID LEGAL or PROVISIONAL
LICENSE FOR INDIVIDUALS**

Form IL-1a
Rev. 01242011

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

Please select all that apply.

- Motor Service Club
- Prepaid Legal Liability
- Provisional *(resident applications only)*

Please Provide the Following Information:

Total Amount Enclosed: _____

Your Check Number/s: _____

New Application License Reinstatement Oklahoma License # _____

Resident License

Non-Resident License

Home State _____

Home State License # _____

Non-Resident applicants must submit a \$20.00 fee for designation of service of process in addition to the license fee on new applications only.

PLEASE TYPE OR PRINT CLEARLY

Demographic Information							
Soc. Security Number - -			If assigned, National Producer Number (NPN)				
If applicable, NASD Individual Central Registration Depository (CRD) Number			Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Last Name JR./SR. etc		First Name		Middle Name	Date of Birth (month) ____ (day) ____ (year) ____		
Residence/Home Address (Physical Street)		PO Box	City		State	Zip Code Foreign Country	
Home Phone Number () - -		Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)				
Business Entity Name							
Business Address (Physical Street)		PO Box	City		State	Zip Code Foreign Country	
Business Phone Number (include extension) () - -		Business Fax Number () - -		Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		PO Box	City		State	Zip Code Foreign Country	
a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.							
b. List any trade names under which you are currently doing business or intend to do business.							

Oklahoma Insurance Department Resident Application • Continued on Next Page

Law cites included within this application are found in the numbered Section of Oklahoma Statutes Title 36, referenced as 36 O.S.1435 et seq.

Agency or Business Entity Affiliations

List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

Background Information

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

1. 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 ___
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 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 certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as a party in an administrative 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 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.

"Involved" also means having a license 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) copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. 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, insured or producer, 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.

4. 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): _____

5. 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.
6. 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.
7. Do you have a child support obligation in arrearage? Yes ___ No ___
 If you answer yes,
 a) by how many months are you in arrearage? _____ Months
 b) are you currently subject to a 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 an approved repayment plan from the appropriate state child support agency.)
8. I understand that my designated Mailing Address will be subject to public record and that all correspondence from the Oklahoma Insurance Department will be sent to said address? Yes ___ No ___
9. Do you understand you are required by 36 O.S. 1435.8.F to notify the Oklahoma Insurance Department of any address change within 30 days after the change, and that failing to do so is subject to penalty? Yes ___ No ___

APPLICANTS CERTIFICATION AND ATTESTATION

ALL Applicants must read the following very carefully:

- 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.
- Where required by law, 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.
- 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.
- I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 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.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

 Original Applicant Signature

 Month Day Year

 Clearly Print or Type Full Legal Name

CHECKLIST:

Have you enclosed or completed the following, if applicable?

- All questions answered? () Yes () No
- Original, current application (dated within 6 mo.) and/or clearance letter enclosed if required? () Yes () No
- The appropriate fees included? () Yes () No
- All forms are original? () Yes () No

EXAMINATION INFORMATION

FEE SCHEDULE

◀ One Check for All Fees Is Encouraged Per Application ▶

License – (180 days)

Provisional\$20.00

License – (Annual)

Motor Service Club\$20.00

License – (Biennial)

Prepaid Legal Liability\$40.00

Company Appointment – (Biennial)

Each Company\$55.00

◀ One Check for All Fees Is Encouraged Per Application ▶

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

APPLICATION FOR REINSTATEMENT

Reinstatement applicants must provide the correct fee amount which is double the amount of the normal renewal. Reinstatement applications will only be accepted for those whose license has been expired for less than two years.

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.
