

KIM HOLLAND
 OKLAHOMA INSURANCE COMMISSIONER
 2401 NW 23rd St., Ste. 28, Oklahoma City OK 73107
 PO Box 53408, Oklahoma City, OK 73152



____ **New License**
 ____ **License Reinstatement**
 ____ **Name Change**
 ____ **Add Coverage**

Oklahoma Insurance Department
Application for Resident Agency Licensing
 (Please Print or Type)

| | | | | | |
|--|---------------------|--|--|-------------------------|------------------------|
| Business Entity Name/Type of Business Entity | | Incorporation/Formation Date (month) _____ (day) _____ (year) _____ | | FEIN - | |
| DBA/Trade Name (if applicable) | | State of Domicile | | Country of Domicile | |
| Business Address | | City | | State | Zip or Foreign Country |
| Phone Number () - | Fax Number () - | Business Web Site Address | | Business E-Mail Address | |
| Mailing Address | P. O. Box | City | | State | Zip or Foreign Country |

Designated/Responsible Licensed Producer

Please Identify a Licensed Producer Responsible For Compliance With The Insurance Laws Of This State.

| | | |
|------------|-----------|-------------------------------|
| Name _____ | SSN _____ | Oklahoma License Number _____ |
| Name _____ | SSN _____ | Oklahoma License Number _____ |
| Name _____ | SSN _____ | Oklahoma License Number _____ |
| Name _____ | SSN _____ | Oklahoma License Number _____ |

Please identify all members, directors & officers.

Please note: The licensee shall notify the Commissioner of all changes among its owners, members, directors, partners, and officers, and all other individuals designated in the license within fifteen (15) days after the change per Oklahoma State § 1435-32(B).

| | | |
|------------|-------------|-----------|
| Name _____ | Title _____ | SSN _____ |
| Name _____ | Title _____ | SSN _____ |
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| Name _____ | Title _____ | SSN _____ |
| Name _____ | Title _____ | SSN _____ |
| Name _____ | Title _____ | SSN _____ |

Please complete: Amount Paid \$ _____ by check/money order# _____ Dated _____

All Fees are deemed "earned and non-refundable" except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.
 We cooperate with the Oklahoma County District Attorney in the prosecution of bogus checks.

Jurisdiction and Type of License Requested

Next to each jurisdiction, check the legal business type, license type(s) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in the jurisdiction to which you are applying:

Legal Business Type: C—Corporation P—Partnership LLC—Limited Liability Company LLP—Limited Liability Partnership

Full Lines of Authority: V—Variable Annuity L—Life H—Health P & C—Property and Casualty SPL—Surplus Lines

Limited Lines of Authority: CRL—Credit Life, Accident & Health CRP—Credit Property CR—Car Rental Crop—Crop T—Travel S—Surety

Use this application to apply for a Full Lines license OR a Limited Lines license. Do not apply for both license types on one application.

| Legal Business Type | | | | Full Lines of Authority | | | | | Limited Lines of Authority | | | | | Previously Licensed | |
|---------------------|---|-----|-----|-------------------------|---|---|-------|-----|----------------------------|-----|----|------|---|---------------------|---|
| C | P | LLC | LLP | V | L | H | P & C | SPL | CRL | CRP | CR | Crop | T | S | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | | | | | | | | | |

Background Questions

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with a felony whether or not adjudication was withheld? Yes___ No___

“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 fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Does any person who has had their license revoked by the Insurance Commission own an interest in the business entity or a business entity in which such person has a majority ownership, whether direct or indirect, own any interest in the business entity? Yes___ No___

Background Information

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- If required, I have received a Certified copy of the Articles of Incorporation or Articles of Organization from the jurisdiction’s Secretary of State in which I am applying.

Applicants Certificate and Attestation

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- If required, I have received a Certified copy of the Articles of Incorporation or Articles of Organization from the Oklahoma Secretary of State.

_____/_____/_____
Officer, Director, Principal or Partner of the Business Entity Signature Month Day Year

Print Authorized Signer’s Name Title

Checklist

New Applications:

1. Please attach a current list of producers (names and license numbers).
2. Resident Agencies Only: If the agency is incorporated, please provide a Certified Copy of your Articles of Incorporation. If a Limited Liability Corporation or Partnership, please provide a Certified Copy of your Articles of Organization.
3. **IF** using a trade name, please provide a copy of the Trade Name Report filed with the Oklahoma Secretary of State.
4. Please attach any other supporting documentation
5. Fees: License - \$60.00; Variable Annuity - \$60.00; Broker - \$50.00; Limited Rep. - \$40.00; Article Review - \$20.00; Company Appointment - \$40.00 ea.

License Reinstatement:

1. Please provide the previously held license number. # _____
2. Please remit payment in the amount of double the original renewal fee if reinstating within twenty-four (24) months of the license expiration date. If reinstating after twenty-four (24) months, see fee schedule under "New Application" checklist.
3. Please attach a current list of producers (names and license numbers).
4. If your agency is incorporated, please provide a Certified Copy of your Articles of Incorporation. If a Limited Liability Corporation or Partnership, please provide a Certified Copy of your Articles of Organization.
5. **IF** using a trade name, please provide a copy of the Trade Name Report filed with the Oklahoma Secretary of State.
6. Please attach any other supporting documentation

Name Change:

Please provide a Certified Copy of the Amended Articles of Incorporation. There is no fee for name changes. Complete the Duplicate License Request Form, send it with a check or money order in the amount of one-half of the license renewal fee for a duplicate license.

Must be signed by an officer, director, principal or partner of the business entity.

Signature

Month Day Year

Typed or Printed Name

Title

Social Security Number

Address

City State Zip