



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

Form IL-1a  
Rev. 010609

**KIM HOLLAND**

OKLAHOMA INSURANCE COMMISSIONER  
2401 NW 23<sup>rd</sup> St., Suite 28 (Zip 73107)  
PO Box 53408 (Zip 73152-3408)  
Oklahoma City, OK  
(405) 521-3916 or Fax: (405) 522-3642

**Please select a license type.**

- Motor Service Club
- Prepaid Legal Liability
- Provisional *(Resident applicants 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.						

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*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	
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			
<b>Name</b>					
<b>City</b>	<b>State</b>	<b>Foreign Country</b>			

**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 or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved 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. 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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 limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that 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 or arbitration 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 written statement summarizing the details of each incident,
  - a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
  - a certified 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 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 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
  - certified copies of all relevant documents.
7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_
- If you answer yes,
- by how many months are you in arrearage? \_\_\_\_\_ Months
  - are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
  - are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_
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

**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.*

**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 – (Biennial)**

Title.....\$60.00  
 Aircraft Title .....\$60.00

**Company Appointment – (Biennial)**

Each Company.....\$40.00

**Examination**

Required for Each Exam Date

Contact [www.psiexams.com](http://www.psiexams.com) for Fee Schedule

*DO NOT SEND EXAM FEE to the Oklahoma Insurance Department.*

***PLEASE NOTE: Examination is reciprocal for Non-Resident applicants if the same license type is held in applicant’s home state. If the same license type is not held in the applicant’s home state, an examination is required by the Oklahoma Insurance Department.***

**Study Manuals**

Title.....\$40.00  
 Aircraft Title .....\$40.00

◀ 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.**

**Examination Authorization:** Applicants will receive notification of application approval or denial. Upon approval, a testing authorization letter will be mailed to the applicant, which will include instructions on how to schedule an examination.

Test scores will be made available to the applicant immediately upon completion of the examination.

**APPLICATION FOR REINSTATEMENT**

Reinstatement applicants must have met all continued education (CE) requirements prior to submitting for reinstatement. Copies of the Certificate(s) of Completion must be submitted with the application if the CE credits have not already been reported to the Insurance Department. Reinstatement applicants must also 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.

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***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.***

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