Form R-11 (021408)

INSURANCE COMPANY APPOINTMENT FORM

OKLAHOMA INSURANCE DEPARTMENT

2401 NW 23rd St., Ste. 28, 73107 • PO Box 53408, Oklahoma City, OK 73152-3408

Submit with fee of $40.00 per Company for each individual or agency appointment.
No State fee is Required to Add an Additional Line of Authority to an Existing Company Appointment
All fees are deemed earned and non-refundable except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.

Title 36 O.S. § 1435.15 (B): ***To appoint a producer as its agent, the appointing insurer, or an authorized representative of the insurer, shall file, in a format approved by the Insurance Commissioner, a notice of appointment within fifteen (15) days from the date the agency contract is executed or the first insurance application is submitted. For purposes of this section, an "authorized representative of the insurer" means a person or entity licensed by the Insurance Commissioner pursuant to the laws of this state who is authorized in writing by the appointing insurer to file appointments for the appointing insurer.***

A copy of said written authorization shall accompany each notice of appointment filed by an authorized representative of the insurer.

NOTE: All ***appointments*** expire biennially, unless the ***license*** expires first. If a license expires, the appointment shall be terminated unless the license is renewed within ninety (90) days from the date of expiration. If approved, the effective date is the day received in this department. **If this appointment is disapproved for any reason, a *new R-11 and fee* are required.**

PLEASE TYPE OR PRINT CLEARLY

NAIC No.:

Company FEIN:

Applicant Oklahoma License No.:

Applicant Social Security Number / FEIN:

Applicant Date of Birth (if Applicable):

MARK ALL LINES OF AUTHORITY THAT APPLY WITH AN "X" HERE →

PROPERTY & CASUALTY	A & H	LIFE	VAR ANN	MOTOR CLUB	HMO	MGA	TRAVEL LTD	CREDIT L & H	PRPD LEGAL	PREPAID DENTAL	JOB LOSS	CREDIT PROP	CROP HAIL	VEH AUTO RENTAL	AIRCRAFT TITLE	TITLE	AGRICULTURE REV

Lines of Authority Marked Must Match License Type

Applicant's Name: _____

Mailing Address: _____

_____

COMPANY ENDORSEMENT

1. Has this licensee been convicted of a felony? (*If Yes, explain on a separate sheet of paper.*) Yes [ ] No [ ]
2. Has this licensee committed a violation of any State insurance law, or do you believe that licensee has violated or may be currently violating any such law? (*If Yes, explain on a separate sheet of paper.*) Yes [ ] No [ ]
3. Is the Appointee a citizen of the United States? Yes [ ] No [ ]
   If No, of which country are they a citizen?_____
   If No, have they provided proof of eligibility to work in the United States (front and back of Appointee's I-94 or visa card? Yes [ ] No [ ]
4. If applicable, provide the name and address of the General Agent or Agency through which licensee will be working.

_____

5. I have investigated licensee's character and background, and am satisfied that licensee is trustworthy and qualified to represent our company in Oklahoma. Instructions on our policy forms and rates and the insurance laws of the State of Oklahoma have been given to the application. I hereby certify the above named licensee is duly appointed as indicated from the date received by the Insurance Department, assuming otherwise qualified and I accept full responsibility for licensee's actions, within the scope of licensee's employment with our company and without proof of errors and omission insurance.

Dated this _____ day of _____, _____

Admitted Company_____ _____
Authorized Signature

Address_____ **Name** (Typed)_____

_____ **Title** (Typed)_____

Check/Money Order #_____ **Date of Check**_____ **for $**_____

Remitter's Name_____

For Oklahoma Insurance Department Use Only: Processed by _____ *Dept. Date Stamp*

[ ] Appointment effective _____

[ ] Disapproved because: [ ] License inactive. [ ] Not licensed for _____

[ ] Company endorsement incomplete and/or signature not authorized.

[ ] Other: _____