



**KIM HOLLAND**  
**INSURANCE COMMISSIONER**  
**OKLAHOMA INSURANCE DEPARTMENT**  
2401 N.W. 23rd, Suite 28 (73107) Post Office Box 53408 (73152-3408)  
Oklahoma City, Oklahoma 800.522.0071 or 405.522.4615 Fax 522.6779

**APPLICATION FOR INDIVIDUAL TITLE INSURANCE LICENSE**

*(CHECK ALL THAT APPLY)*

- NEW
- REINSTATE
- RESIDENT
- NON-RESIDENT
- NAME CHANGE
- CUSTOMER SERVICE REPRESENTATIVE LICENSE (CSR-1 Appointment Form required)

*Please PRINT or TYPE*

1. (Mr.) \_\_\_\_\_ Maiden  
(Mrs.) \_\_\_\_\_ Name  
(Miss) \_\_\_\_\_  
(Last) (First) (Middle)

2. Place of Residence: \_\_\_\_\_ For How Long? \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street or P.O.) (City) (State) (Zip)

3. Business Phone: ( ) Home Phone: ( )

4. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
(Month) (Day) (Year)

6. Social Security #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City) (County) (State)

7. Are you a citizen of the United States? \_\_\_\_\_ Are you a permanent resident of the United States? \_\_\_\_\_  
\* If no, attach a front and back copy of your I-94 or your card (visa).

8. Previous Address for past 5 years: \_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_

9. Have you ever made application for license or been licensed (including a Temporary License) in Oklahoma to transact any form of insurance? \_\_\_\_\_  
\* If yes, when? \_\_\_\_\_ License Number \_\_\_\_\_

**INSTRUCTIONS AND FEE SCHEDULE ON PAGE 4**

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

10. Describe your actual insurance experience: \_\_\_\_\_  
(kinds of insurance)

\_\_\_\_\_ (number of years) \_\_\_\_\_ (types of licenses held)

11. Are you now or have you ever been licensed (or held a Temporary License) in any other state(s) as a resident to transact any form of insurance? \_\_\_\_\_

\* If yes, when? \_\_\_\_\_ What state(s)? \_\_\_\_\_

\* If yes, please attach an original clearance letter from last state.

12. Have you had an agency contract cancelled? \_\_\_\_\_ When? \_\_\_\_\_ By whom? \_\_\_\_\_

Reason therefore: \_\_\_\_\_

13. Does any insurer or general agent claim you are indebted to it under an agency contract or otherwise?

\* If yes, when? \_\_\_\_\_ To whom? \_\_\_\_\_ Amount owed: \_\_\_\_\_

14. Has any state ever refused, revoked, suspended, censured or terminated your insurance license(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

A) Have the authorities of any state ever called you before them for an alleged violation(s) of insurance laws? Yes \_\_\_\_\_ No \_\_\_\_\_

B) Have you ever entered into a consent order or any other administrative order with any state insurance authority? Yes \_\_\_\_\_ No \_\_\_\_\_

\* If yes, give details on a separate sheet and attach any order issued.

15. Have you ever been convicted of, pled guilty or 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 of arising out of any insurance transaction? Yes \_\_\_\_\_ No \_\_\_\_\_

\* If yes to any of the above, give details on a separate sheet and attach a Certified Copy of Final Judgment and sentencing or court minute showing plea of guilty on deferred sentence.

16. What insurance training/instructions do you have or expect to have? \_\_\_\_\_

17. How much time do you intend to devote to insurance? \_\_\_\_\_

18. In what other business are you engaged? \_\_\_\_\_

19. Record of employment for past five years starting with present occupation.

Nature of work	From	To	Employer's name/address	Reason for leaving
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20. Are you a full-time employee of the government of the United States or of the executive or administrative branches of the government of this state or any country or municipality of Oklahoma?

Yes \_\_\_\_\_ No \_\_\_\_\_

21. If the applicant is a married person, give spouse's full name: \_\_\_\_\_

Spouse's business address: \_\_\_\_\_

Has your spouse ever been a licensed insurance agent? Yes \_\_\_\_\_ No \_\_\_\_\_

\* If so, when/where? \_\_\_\_\_

Was your spouse's insurance ever refused, suspended, revoked in any state(s)? \_\_\_\_\_

\* If so, give details on separate sheet.

22. Please give your Individual Abstractor's License Number: (if applicable) \_\_\_\_\_

and/or Oklahoma Bar Association Number: (if applicable) \_\_\_\_\_

23. Do you understand that you are required to notify the Insurance Department of any change in your address within thirty (30) days after the change? Yes \_\_\_\_\_ No \_\_\_\_\_

**Notary Public**

I, \_\_\_\_\_ Being first duly sworn, state that I have read the within and foregoing that the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the license, and I will write and receive commissions for the sale of only such insurance for which I am licensed to sell. I hereby realize that an intentional misstatement of fact required to be disclosed on this application constitutes a violation of the Insurance Code and shall be cause for refusal of revocation of this license.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Date

Notary Public Signature \_\_\_\_\_

(Seal)

My commission expires: \_\_\_\_\_

**Title Insurer or Customer Service Representative Sponsor Endorsement**

To the State Insurance Commissioner of Oklahoma:  
I have read the answers of the applicant. I have investigated his (her) character and background and am satisfied that he (she) is trustworthy and qualified to represent our company in Oklahoma. Instruction on policy forms, rates and insurance laws have been given to the applicant.

Company: \_\_\_\_\_

\_\_\_\_\_  
Signature

Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

\_\_\_\_\_  
Title

**FOR NON-RESIDENTS ONLY**

Please complete this section and include the \$20.00 affidavit fee.

**DESIGNATION OF INSURANCE COMMISSIONER AS AGENT FOR SERVICE OF PROCESS**

I designate the Insurance Commissioner of the State of Oklahoma as the person upon whom may be served all lawful process in any action, suit or proceeding instituted by or on behalf of any interested person arising out of my insurance business in the State of Oklahoma. This designation shall constitute an agreement that such service of process is of the same legal force and validity as personal service of process in the State of Oklahoma upon me. This designation further authorizes the Insurance Commissioner of the State of Oklahoma to forward any such process to me at my last "residence" address as it appears in the Oklahoma Insurance Commissioner's records. I understand that a failure to accept any such process shall subject my license to administrative action by the Oklahoma Insurance Commissioner.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

## Licensing Information

**EXAMINATIONS:** You will be notified if your application has been approved or disapproved. If approved, you will receive instructions to make arrangements to take your test.

**TEST SCORES** are available to the applicant immediately upon completion of the exam.

**REINSTATEMENT APPLICATIONS** must have all continuing education hours, including the current year, completed and recorded prior to your reinstatement. The expiration and continuing education due date will change to comply with your new license issue date.

### NEW BIENNIAL CONTINUING EDUCATION HOURS:

Insurance agent: **16 Total Hours** (14 hours of continuing education plus 2 hours of ethics)

Customer service representative: **12 Total Hours** (10 hours of continuing education plus 2 hours of ethics)

Continuing Education requirements are due prior to each biennial renewal date. No extensions will be given. Licenses will be subject to suspension and/or fine of up to \$500.00 for noncompliance.

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### BIENNIAL FEE SCHEDULE

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#### License-

Insurance Agent\* \_\_\_\_\_ \$60.00  
Customer Service Representative \_\_\_\_\_ \$40.00  
Reinstatement \_\_\_\_\_ Double the license fee

#### Non-Resident

Service of Process  
(one- time filling fee) \_\_\_\_\_ \$20.00

#### Company Appointment –

Each Company \_\_\_\_\_ \$40.00

**\*NON-RESIDENTS NOTE:** If the home state license is greater, that fee will prevail. If a bond is required in the home state, proof must be attached herewith that said bond will likewise provide indemnity for Oklahoma insureds.

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#### Other Fees -

Examination (Required for each exam date) \_\_\_\_\_ \$50.00  
**(DO NOT SEND EXAM FEE to the Oklahoma Insurance Department)**  
Study Manual \_\_\_\_\_ \$40.00

### ALL FEES ARE BY LAW DEEMED EARNED AND NON-REFUNDABLE

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**ATTENTION: WE COOPERATE WITH OKLAHOMA DISTRICT ATTORNEY, WES LANE, IN THE PROSECUTION OF BOGUS CHECK WRITERS.**

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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.