

FILED

DEC 03 2015

**INSURANCE COMMISSIONER
OKLAHOMA**

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel. JOHN D. DOAK, Insurance Commissioner,)	
)	
)	
Petitioner,)	
v.)	Case No. 15-0979-DEN
)	
TIM P. NORTON, Applicant)	
for Renewal of Oklahoma Nonresident)	
Adjusters License,)	
)	
Respondent.)	

**CONSENT ORDER ISSUING PROBATIONARY RENEWAL OF NONRESIDENT
ADJUSTER LICENSE**

The Respondent, Tim P. Norton ("the Respondent" or "Mr. Norton"), requested an Administrative Hearing after Petitioner, State of Oklahoma ex rel. John D. Doak ("the Insurance Commissioner"), by letter dated September 16, 2015, denied the Respondent's application for renewal of his Oklahoma nonresident adjuster license.

Pursuant to Article II of the Oklahoma Administrative Procedure Act, 75 O.S. §§ 250 et seq. and the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq., this matter came on for individual hearing on November 19, 2015, after due notice to Respondent. Independently Appointed Hearing Officer, John D. Miller, presided over the Administrative Hearing. Petitioner Insurance Commissioner appeared by and through its counsel Kelley C. Callahan, Senior Attorney, Oklahoma Insurance Department ("the Department"). The Respondent, Mr. Norton, a Customer Service Representative with Farmers Insurance Company ("Farmers") in that company's Olathe, Kansas office, appeared in person. Two of Respondent's Supervisors with Farmers appeared with Mr. Norton, namely Kathy Halverson, Licensing, OLEM Administration and Safety Committee Manager from the Olathe, Kansas, Farmers' office, and Jennifer Bridgwater, Licensing

Supervisor, Claims User Resource Services, from Farmers' Oklahoma City office. The Department noted the attendance of Ms. Halverson and Ms. Bridgwater from both Kansas and Oklahoma demonstrated the company took this licensing matter seriously.

The parties explained to the Administrative Law Judge and spread upon the Record the terms and conditions of an agreed Consent Order issuing a probationary nonresident renewal license to Respondent the parties negotiated while waiting for the case to be called for Hearing. The Administrative Law Judge then noted and approved on the record the terms of said Consent Order settlement.

JURISDICTION

1. John D. Doak as Insurance Commissioner of the State of Oklahoma is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101 et seq. Respondent Mr. Norton is an applicant for renewal of a nonresident adjuster license in the State of Oklahoma. His resident adjuster home state is Kansas. His address of record with the Department is Post Office Box 29105, Shawnee Mission, Kansas 66201.

2. Mr. Norton has an adjuster's license from his Designated Home State, Texas. At the time of his renewal application and currently Mr. Norton is employed by Farmers performing customer service duties relating to adjustment of claims in the Farmers Olathe, Kansas, office. His duties do not currently involve working as "field adjuster." Ms. Jennifer Bridgwater is the Licensing Supervisor, Claims User Resource Services for Farmers in Oklahoma City and is the local Farmers manager in charge of processing applications for Farmers employees applying for nonresident adjuster licenses in Oklahoma. Ms. Kathy Halverson, Licensing, OLEM Administration and Safety Committee Manager provides a function similar to Ms. Bridgwater's

for Farmers in the Olathe, Kansas, Farmers office, and manages the Farmers Licensing operation in said office.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Adjuster Licensing Act, 36 O.S. §§ 6220(A)(1),(2) and (5). The Insurance Commissioner has jurisdiction over Respondent Mr. Norton's employer, Farmers, to ensure that company complies with the Oklahoma Insurance Code generally and the Oklahoma Insurance Adjuster Licensing Act specifically.

FINDINGS OF FACT

1. The Department Legal Division received and reviewed Mr. Norton's application and supporting materials requesting renewal of his Oklahoma nonresident insurance adjuster license as per procedures. The Insurance Commissioner denied Mr. Norton's nonresident adjuster renewal application pursuant to §6220 (A) (1) (2) and (5) because:

2. Respondent's initial and renewal adjuster applications did not reveal he pled guilty to a DUI felony charge and was sentenced in November, 2007 to ten days in jail, 80 days of house arrest and one year of probation. He completed this sentence in October, 2008.

3. Second, Respondent failed to reveal he was involved as a party in administrative proceedings, having an insurance adjuster's license, or its equivalent, denied by the Florida licensing administration on August 26, 2013. Florida's reason denial was Mr. Norton's failure to disclose his felony conviction as described above.

4. Third, on January 16, 2015, the Louisiana Licensing Administration fined Respondent \$250 for the same non-disclosures. Respondent failed to disclose his involvement in the Louisiana administrative proceedings to the Oklahoma Department.

5. The Respondent provided letters of explanation to the Department, stating he reported the 2007 felony DUI conviction to the "Farmers Centralized Licensing Department" on January 28, 2013. Respondent also contends his assigned "Farmers Licensing Coordinator" is responsible for failing to report his Kansas felony DUI, Florida administrative denial of license and the Louisiana administrative fine in his Nonresident Adjuster Renewal Application to the Oklahoma Department.

6. Based on the application omissions and errors in this case, Farmers revised and improved its adjuster application licensing process as follows:

7. A new hire or existing employee who requires adjuster licenses submits to Farmers' Centralized Licensing Department all information, including, misdemeanor and felony background issues necessary to applying for various state adjuster licenses. After an initial adjuster license is obtained by the individual's resident state or Designated Home State, the licensing specialist assigned to the individual's file will submit online applications through NIPR, Vertafore, or individual state websites on behalf of the individual applicant using the information submitted to the Farmers Licensing Department as related above.

8. All background or administrative actions are disclosed at that time. Upon issuance of an adjuster license, Farmers' Centralized Licensing Department begins tracking the license in its database and, at the proper time, initiates all renewal applications with the various Departments of Insurance.

9. To renew licenses on behalf of a licensed adjuster, the Farmers Licensing Department has the individual complete the background questions asked on each renewal application. If necessary, new background issues or administrative actions will be disclosed at this time.

10. Respondent Mr. Norton's situation brought to light a weakness in Farmer's process. The Centralized Licensing Department has now created a method for "flagging" an individual's licensing profile to notify the assigned licensing specialist of any background issues or administrative issues before license renewal applications are submitted on the licensed adjuster's behalf.

11. Respondent Mr. Norton stated on the record he has not had any felony convictions for DUI or any other matter since 2007.

CONCLUSIONS OF LAW

1. The Insurance Commissioner may place on probation, censure, suspend, revoke or refuse to issue or renew a license issued pursuant to the Oklahoma Adjuster Licensing Act, 36 O.S. §§ 6220 (A) (1), (2) and (5).

2. Farmers and Respondent explained the nature and circumstances of Mr. Norton's submissions in the instant case, and sufficiently showed they were inadvertent mistakes in processing which Farmers has taken tangible substantive and process-related steps to remedy.

3. The Insurance Commissioner may place an adjuster licensee on probation for a violation of 36 O.S. §§ 6220(A) (1) to afford a transitional course and evaluation period for an Applicant. The Insurance Commissioner has jurisdiction over the Respondent Mr. Norton's employer, Farmers, to ensure that company complies with the Oklahoma Insurance Code generally, and the Oklahoma Insurance Adjuster Licensing Act specifically.

ORDER

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that Respondent is granted a renewal of his Oklahoma nonresident insurance adjuster license on a probationary status for a period of one year. When Oklahoma law requires for Respondent's next renewal of his

adjuster license, his probationary status must and shall be reviewed by the Insurance Department and/or the Commissioner and the probationary status may be removed at that time. When such renewal time occurs, Respondent Mr. Norton should contact the Producer Licensing Division of the Oklahoma Insurance Department.

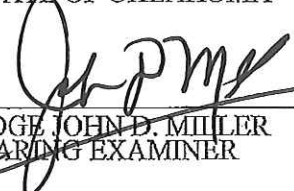
IT IS FURTHER ORDERED, ADJUDGED AND DECREED that this Order shall be reported as an administrative action.

If Respondent commits a violation of the Oklahoma Insurance Code, his license may thereafter be **REVOKED** or other disciplinary action imposed on him through appropriate administrative action.

WITNESS My Hand and Official Seal this 3rd day of December, 2015.

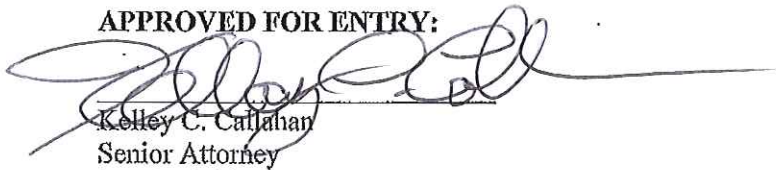


JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



JUDGE JOHN D. MILLER
HEARING EXAMINER

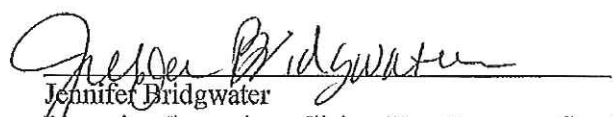
APPROVED FOR ENTRY:



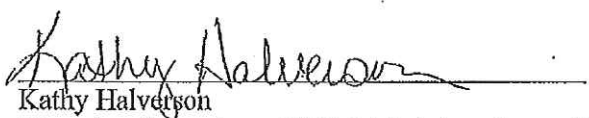
Kelley C. Callahan
Senior Attorney
Legal Division
Oklahoma Insurance Department
3625 N.W. 56th Street, Suite 100
Oklahoma City, OK 73112
(405) 521.3968
kelley.callahan@oid.ok.gov
**ATTORNEY FOR PETITIONER
INSURANCE COMMISSIONER**



Tim Norton
Post Office Box 29105
Shawnee Mission
Kansas 66201
RESPONDENT, PRO SE



Jennifer Bridgwater
Licensing Supervisor, Claims User Resource Services
Farmers Insurance Company
7340 West Memorial Road
Oklahoma City, OK 73142
COMPANY REPRESENTATIVE



Kathy Halverson
Licensing Supervisor, OLEM Administration and Safety Committee Manager
Farmers Insurance Company
17150 W. 118th Terrace
Olathe, KS 66061
COMPANY REPRESENTATIVE

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the above and foregoing *Consent Order Issuing Probationary Renewal of Nonresident Adjusters License* was mailed via certified mail, with postage prepaid and return receipt requested, and via regular U.S. mail, on this 30th day of November, 2015 to:

Tim Norton
Post Office Box 29105
Shawnee Mission
Kansas 66201
RESPONDENT, PRO SE

Certified Mail No.
7015 0640 0002 7406 3957

Jennifer Bridgewater
Licensing Supervisor, Claims User Resource Services
Farmers Insurance Company
7340 West Memorial Road
Oklahoma City, OK 73142
COMPANY REPRESENTATIVE

Certified Mail No.
7015 0640 0002 7406 3964

Kathy Halverson
Licensing Supervisor, OLEM Administration and Safety Committee Manager
Farmers Insurance Company
17150 W. 118th Terrace
Olathe, KS 66061
COMPANY REPRESENTATIVE

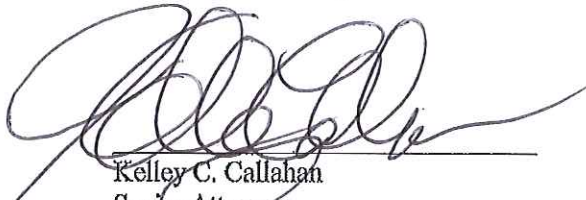
Certified Mail No.
7015 0640 0002 7406 3971

and that Notification was sent to:

NAIC/RIRS

and that a copy was delivered to:

Karen Wojtek
Licensing Division
Oklahoma Insurance Department


Kelley C. Callahan
Senior Attorney
Oklahoma Insurance Department

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



7015 0640 0002 7406 3957

Sent To _____

Street and Apt. No., or PO Box 1 _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 (PSN 7530-02-000-9053)

Tim Norton
 Post Office Box 29105
 Shawnee Mission
 Kansas 66201

sms/15-0979-DEN/Const Ord

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tim Norton
 Post Office Box 29105
 Shawnee Mission
 Kansas 66201
 sms/15-0979-DEN/Const Ord



9590 9403 0272 5155 1349 61

2. Article Number (Transfer from service label)

7015 0640 0002 7406 3957

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Bill Cagwin*

B. Received Printed Name Initials

RECEIVED BILL CAGWIN

C. Date of Delivery

DEC 14 2015

Is delivery address different from item 1? Yes No

If YES, enter delivery address below: _____

Legal Division

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

7015 0640 0002 7406 3971

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

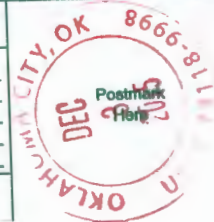
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No., or PO Box #

City, State, ZIP+4®



Kathy Halverson
 Licensing Supervisor,
 Farmers Insurance Company
 17150 W. 118th Terrace
 Olathe, KS 66061
sms/15-0979-DEN/Const Ord

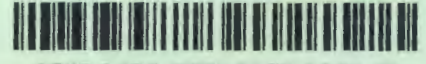
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 Licensing Supervisor,
 Farmers Insurance Company
 17150 W. 118th Terrace
 Olathe, KS 66061
sms/15-0979-DEN/Const Ord



9590 9403 0272 5155 1349 47

2. Article Number (Transfer from service label)

7015 0640 0002 7406 3971

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 12-7-15

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

DEC 14 2015

Legal Division

3. Service Type
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 0640 0002 7406 3964

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PS



Jennifer Bridgewater
 Licensing Supervisor, Claims
 User Resource Services
 Farmers Insurance Company
 7340 West Memorial Road
 Oklahoma City, OK 73142
 sms/15-0979-DEN/Const Ord

HN D. DOAK
Insurance Commissioner
 Oklahoma Insurance Department
 Corporate Plaza
 3625 N.W. 56th St., Ste. #100
 Oklahoma City, OK 73112-4511

CERTIFIED MAIL®



7015 0640 0002 7406 3964

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12/03/2015

FIRST-CLASS MAIL

US POSTAGE \$007.45



ZIP 73112
041L122031



REASON CHECKED

Unclaimed _____

Attempted Not Known _____

Insufficient Address _____

No such street _____

No such office in state _____

Do not mail in this envelope _____

Refused

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OKLAHOMA INSURANCE DEPARTMENT

DEC 14 2015

Legal Division

Jennifer Bridgewater
 Licensing Supervisor, Claims User Resource Services
 Farmers Insurance Company
 7340 West Memorial Road

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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN

Jennifer Bridgewater
 Licensing Supervisor, Claims
 User Resource Services
 Farmers Insurance Company
 7340 West Memorial Road
 Oklahoma City, OK 73142
 sms/15-0979-DEN/Const Ord

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, HOLD AT POSTAGE

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Jennifer Bridgewater
 Licensing Supervisor, Claims
 User Resource Services
 Farmers Insurance Company
 7340 West Memorial Road
 Oklahoma City, OK 73142
 sms/15-0979-DEN/Const Ord

OKLAHOMA INSURANCE DIVISION
 RECEIVED
 DEC 4 2015



9590 9403 0272 5155 1349 54

2. Article Number (Transfer from service label)

7015 0640 0002 7406 3964

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt