



CUSTOMER SERVICE REPRESENTATIVE APPOINTMENT FORM

OKLAHOMA INSURANCE DEPARTMENT

2401 N.W. 23, Suite 28 (zip 73107)•P.O. Box 53408 (zip 73152-3408) Oklahoma City, OK

NOTE: Please type and submit all appointment with **two** copies attached. All appointments expire biennially. A renewal notice will be sent prior to the expiration date. If approved, the effective date is the day received in this department. It will expedite the return of your forms if you will include a self-address stamped envelope.

If this appointment is disapproved for any reason, a NEW CSR-1 is required.

CSR License Number	
R	

For Dept. Use Only:
Effective: _____

Please Check (<input checked="" type="checkbox"/>) Coverages			
Prop-Cas	<input type="checkbox"/>	Var. Ann.	<input type="checkbox"/>
A&H	<input type="checkbox"/>	Title	<input type="checkbox"/>
Life	<input type="checkbox"/>		<input type="checkbox"/>

Applicant's Name _____

Business Address _____

Date of Birth _____ / _____ / _____ Social Security Number _____ - _____ - _____

1. Is the above individual employed or appointed by any other agent, broker or agency? Yes () No ()
2. Has this Licensee been convicted of, plead guilty to or nolo contendere to a felony or misdemeanor involving insurance? *(If yes, explain on a separate sheet of paper)* Yes () No ()
3. Has this Licensee committed a violation of any State Insurance Law, or do you believe that he/she has violated or may be currently violating any such law? *(If yes, explain on a separate sheet of paper)* Yes () No ()
4. I agree that the customer service representative shall be housed within the office of my business and shall not conduct insurance-related business as authorized herein from any other location. Furthermore, no advertising, letterhead, or telephone listing of the customer service representative shall indicate any business address other than that of the below signed. Yes () No ()
5. I have instructed the customer service representative listed above to always to identify himself or herself as a customer service representative and have given the Oklahoma Insurance laws to him/her. Yes () No ()
6. All insurance-related business conducted by the customer service representative shall be in the name of the below named agent, broker or agency. As such, I shall be responsible within the scope of such appointment. Yes () No ()

Being duly licensed by the State of Oklahoma Insurance Department, I hereby affix my name below in testimony that I have investigated his/her character and background and that I will supervise the work of the customer service representative, obligating myself to supervise the customer service representative's conduct of insurance-related business and review such work until this license and/or appointment is terminated, revoked or suspended.

Signed this _____ day of _____, _____

Type Name of Sponsoring Agent/Broker/Agency

Oklahoma License Number

(Address)

(City) (State) (Zip)

Signature

For Department Use Only:

Dept. Date Stamp:

- () Approved for the lines of coverage as indicated above
- () Scheduled for an examination on _____
- () Disapproved because _____
- () See **Note** at Top of Page – Processed by _____ Date Mailed _____