

**OKLAHOMA INSURANCE DEPARTMENT** 3625 NW 56<sup>th</sup>, Suite 100, Oklahoma City, OK 73112-4511 (405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

## APPENDIX T. INSURANCE COMPANY TRAINING PROGRAM AFFIDAVIT [NEW]

## **INSURANCE COMPANY TRAINING PROGRAM AFFIDAVIT**

Our training program for resident producers includes the following components and satisfies the requirements of 36 O.S. § 1435.7 and OKLA. ADMIN. CODE § 365:25-3-1.3.

- 1. Instruction in insurance coverage for each line of authority the producer seeks to be licensed.
- 2. Business practice training associated with placing and servicing contracts of insurance. The training includes, but is not limited to, supervised interaction with customers or prospective customers, role playing, and customer interaction case studies.
- 3. Standards for measuring successful completion for each segment of the training program.
- 4. Instruction in Oklahoma statutes and regulations affecting industry and producer licensing, the regulatory and consumer assistance roles of the Oklahoma Insurance Department, and the role of the National Association of Insurance Commissioners in setting policy for the insurance industry.

The training program requirements are standard for all participating resident producer trainees. The instructional material is developed and administered in accordance with corporate requirements for our company. The company is responsible for ensuring course materials and programs satisfy the requirements of this affidavit.

## **ACKNOWLEDGEMENT**

I,	, on beha	lf of		
Name of Autho	orized Individual	Name of Insurance Company		
1		ve requirements are met for insurance company Oklahoma Insurance Department ("Department"). equest by the Department.		

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		Signature of Authorized Individual		Telephone Number
STATE OF:	<u> </u>			

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

This instrument was acknowledged before me on (date) by (name(s) of person(s) as (type of authority, e.g., officer, trustee, etc.) of (name of party on behalf of whom instrument was executed).

Signature of Notarial Officer (Notary)

(Seal, if any)

Title (and Rank):

My commission expires:

Aff (Rev. 01242011)