STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767-0001

ROD R. BLAGOJEVICH
GOVERNOR

ARNOLD DUTCHER
ACTING DIRECTOR

March 3, 2003

Philip A. Fair
8801 South Bennett
Chicago, Illinois 60617

Philip A. Fair
29390 Chatham Court
Southfield, Michigan 48076

Re: Request for License

Dear Mr. Fair:

This letter is in response to your request to obtain a license. The Department received your Insurance Producer Application on December 4, 2001. A copy of your validated application is enclosed with this letter. Section 500-30 of the Illinois Insurance Code (215 ILCS 5/500-30) requires, in part, ". . . before approving the application, the Acting Director must find that the individual . . . has not committed any act that is a ground for denial, suspension, or revocation set forth in Section 500-70 of the Illinois Insurance Code (215 ILCS 5/500-70)."

A. The Insurance Producer Application that you completed, signed and sent to this Department shows your home address as 8801 South Bennett, Chicago, Illinois 60617. You admitted to the Department investigator that you do not live at this address; you live in Detroit, Michigan and only come to Illinois for business reasons. By these facts, you revealed that you are not a resident of the State of Illinois and by completing an application for a resident license have provided incorrect, misleading and materially untrue information in the license application, have attempted to obtain a license through misrepresentation and have demonstrated incompetence and untrustworthiness, which are grounds for refusal of an insurance producer's license pursuant to Section 500-70(a)(1)(2) and (8) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(1)(2) and (8)).

B. According to Department records, you submitted a check with your 1998 renewal application that was returned by the bank for non-sufficient funds (NSF). On two separate occasions letters were sent to you requesting you submit the check amount plus a return check fee to replace the NSF check. You failed to respond to the Department for over three years and only took action on the NSF check when you

submitted your application to obtain a license. The above fact reveals that you have demonstrated incompetence and financial irresponsibility, which are grounds for refusal of an insurance producer's license pursuant to Section 500-70(a)(8) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(8)).

C. You were licensed with the Department from August 28, 1998 to August 28, 1999. During this time period, the Illinois Department of Insurance Consumer Service Section contacted you by letter asking that you contact them regarding a consumer complaint. You have never made contact with the Consumer Section regarding the consumer complaint. By failing to respond to the Department of Insurance, you have demonstrated incompetence and untrustworthiness which are grounds for refusal of an insurance producer's license pursuant to Section 500-70(a)(8) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(8)).

D. On or about December 15, 1998, you accepted a check for $854.00 to obtain and bind two homeowner's insurance policies. You admitted to endorsing this check and giving it to a third party to deposit into their business checking account. By your own admission, this account did not belong to you; it was not under your care or control; and you did not have signature authority for this account. You also admitted that you never obtained the homeowner's policies and did not hold the money in a fiduciary capacity. You did not return this $854.00 to the consumer until after you submitted your license application to this Department. The above facts reveal that you have demonstrated untrustworthiness and financial irresponsibility, which are grounds for refusal of an insurance producer's license pursuant to Section 500-70(a)(8) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(8)).

E. During the Department's investigation, you acknowledged that you had a Premium Fund Trust Account (PFTA), however, when asked, you failed to provide those books and records to this Department. By the fact that you failed to provide the required books and records, you have violated Section 500-110 of the Illinois Insurance Code (215 ILCS 5/500-110) and have demonstrated incompetence and untrustworthiness which are grounds for refusal of an insurance producer's license pursuant to Section 500-70(a)(8) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(8)).

Your request for a license is being denied based upon the information previously stated.

If you wish a refund of your application fee, return the copy of the validated application with a letter asking for a refund to the Department to the attention of David Murphy, Licensing Supervisor.

You have the right to a formal hearing on this matter if your written request is filed with the Department within 30 days of the date of mailing of this correspondence.

Sincerely,

Arnold Dutcher
Acting Director

AD:RM:pka510

Enclosure

Certified Mail
Return Receipt Requested

State of Illinois
Insurance Producer Application/Reinstatement Form

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001

LICENSE AND FEE INFORMATION

A. Check one:

- ☐ New license
- ☒ Reinstatement

B. Check one:

- ☒ Resident (attach a letter of clearance if you were a resident agent in another state). Letter cannot be more than 90 days old.
- ☐ Non-Resident (attach a certification letter). **Certification:** Contact the Department of Insurance in your state of residence and obtain a Certification of your licensing authority. The certification **must** accompany this application and **cannot** be more than 90 days old. The authority shown on your certification will be the maximum for which you are eligible on this license.

Last Name	First Name	Middle Init.	Social Security #
FAIR	PHILIP	A	362-66-2714

Home address (number, street) A Post Office box number is not acceptable as a home address.	Telephone #
8801 S. BENNETT	

City, State, Zip	Date of Birth
CHICAGO ILL	10-19-59

Assumed Name(s) (Name under which you will do business)	Yes ✓	No ✓
1. Have you, within the past three years, been found guilty of a felony? If "yes," attach (1) a statement from your probation officer; (2) certified copies of the indictment, judgement and sentencing order.		X
2. Have you, within the past 12 months, been adjudged bankrupt and did the bankruptcy include insurance fiduciary monies? If "yes," enclose a copy of the order of bankruptcy including a complete list of creditors.		X
3. Are you more than 30 days delinquent in complying with a child support order?		X
4. **Bond Requirement:** "Brokering" is placing insurance business with insurers with which you do not have an agency contract or placing it through other insurance producers. If you broker, you must maintain, **in your possession,** a bond in favor of the people of Illinois in the amount of $2500 or 5% of the premiums brokered in the previous calendar year, whichever is greater but not to exceed $50,000 total aggregate liability. A bond in the name of an Association can meet your requirement; however, you are responsible for assuring the bond is in effect and is for the correct amount. Your license can be revoked if you broker business and do not have the required bond. **Do not send the bond to the Department.**		
5. **If you are applying for a New Resident license,** check the following lines of authority for which you have completed the pre-licensing education. ____ Life ____ Health ____ Fire (Property) ____ Casualty ____ Motor Vehicle		
6. Have you (residents only) successfully completed your Continuing Education requirement for this licensing period?	X	

A requirement of 30 hours of continuing education must be complete before you can renew your license. Your education provider is required to submit your CE to the Department of Insurance. The Department will not accept as proof of completion any form or certificate you receive from your provider.

(OVER)

D 12 LA 2001-12-04 200956876 $200.00

Know All Men By These Presents. That the undersigned desiring to transact the business of a non-resident insurance producer in the State of Illinois in conformity with the laws thereof, does hereby make, constitute and appoint the Director of Insurance of the State of Illinois, and his successor or successors in office, the true and lawful attorney in and for the State of Illinois, on whom all process of law against said applicant, may be served in any action or proceeding against said licensee in the State of Illinois, subject to and in accordance with all the provisions of the laws of the State of Illinois now in force, and such other laws as may hereafter be enacted in relation thereto. The said attorney is hereby duly authorized and empowered, as agent of said licensee, to receive and accept service of process in all cases as provided by the laws of the State of Illinois, and such service shall be deemed personal service on said licensee, and shall be of the same legal force and validity, as if served on said licensee; and said licensee hereby waives all claims of error by reason of such service. This appointment shall continue in force irrevocably so long as any liability of the licensee in the State of Illinois shall remain outstanding because of having done business under said license.

♦ **If you are Reinstating a Producer license:** This reinstatement application must be **received** by the **Department of Insurance** within **2 months** of your last renewal date or a current dated license will be issued.

Fee Requirement: Attach a check or money order payable to the Director of Insurance.

Current license fee $ _____

Reinstatement fee $ _____

Total Due $ _____

Declaration

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

I further declare that I properly maintain or will maintain all premiums in a Premium Fund Trust Account pursuant to 50 Ill. Adm. Code 3113 unless exempt from maintaining such an account pursuant to 50 Ill. Adm. Code 3113. I further declare, if required by law, that I or an Association on my behalf maintain the appropriate bond in favor of the people of Illinois.

X Philip G Fari 12-03-01

Signature Date

Important Notice: Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.