FILED

2016 SEP 16 P 12: 23

HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

OFFICE OF INSURANCE COMMISSIONER
HEARINGS UNIT

In the Matter of:	No. 16-0166
Insurance Training Associates LLC,	**LIST OF ADMITTED EXHIBITS**
Continuing Insurance Education Provider.	**HEARING DATE: 9/16/16**

LIST OF EXHIBITS

No.	Description	Offered By
OIC-1	Handwritten Note About Attendees dated October 22, 2015	OIC
OIC-2	Certificate of Completion for Sheryl Smith for Course Title Protecting Client Privacy, Course No. 611496, Course Completion date October 22, 2015	OIC
OIC-3	Certificate of Completion for Luis M. Iniguez for Course Title Protecting Client Privacy, Course No. 611496, Course Completion date October 22, 2015	OIC
OIC-4	Washington Insurance Continuing Education Attendance Register for Course Title Auto Insurance - Coverage and Claims, Course No. 611735, Class Date December 18, 2015	OIC
OIC-5	Certificate of Completion for Jimmy H. Van Norman Jr. for Course Title Auto Insurance Coverage and Claims, Course No. 611735, Course Completion date December 18, 2015	OIC
OIC-6	Certificate of Completion for Ina Svirzhevskiy for Course Title Auto Insurance Coverage and Claims, Course No. 611735, Course Completion date December 18, 2015	OIC
OIC-7	SIMBA Roster for Course Title Protecting Client Privacy, Course #619085, Completion date 10/22/2015	OIC
OIC-7B	SIMBA Roster for Course Title Catastrophes and Insurance, Course # 610035, Completion date 5/26/2015	OIC
OIC-8	Comments about Completed Examination Self-Study	OIC
OIC-9	Sample of a Completed Examination for Eric Erickson 11/14/15	OIC

No.	Description	Offered By
OIC-10	Oregon Continuing Education Class May 26, 2015 Attendance Register	OIC
OIC-11	Consent Order Levying a Fine, Order No. 16-0166	OIC
OIC-12	Education Provider Violations and Fines Continuing Education	OIC
ITA-1	Email from Director of Education - Rex N. Winder	ITA
ITA-2	Complete roster submission and course reporting; Oregon #33510, Washington #611496	ITA
ITA-3	Complete roster submission and course reporting; Oregon #1017692, Washington #611735	ITA
ITA-4	Email statement from website developer, Josh Wegener, dated September 1, 2016	ITA
ITA-5	Reconstructed Attendance Roster, Class dated 12/18/2016	ITA
ITA-6	Reconstructed Attendance Roster, Class dated 10/22/2015	ITA
ITA-7	Reconstructed Attendance Roster, Class dated 5/26/2016	ITA
ITA-8	Certificate of Completion, Dorjee Nepali, class dated 5/26/2015	ITA

BEFORE THE STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

FILED
2016 SEP -7 P 1:54
HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

In the Matter of INSURANCE TRAINING ASSOCIATES LLC Appellant.	Docket No. 16-0166 OIC [AMENDED] EXHIBIT AND WITNESS LIST

COMES NOW the Washington State Office of the Insurance Commissioner, by and through Marcia G. Stickler, staff attorney, Insurance Enforcement Specialist, and submits its list of exhibits and its list of witnesses.

Exhibit No.	Description	No. of Pages
1.	Handwritten Note About Attendees dated October 22, 2015	1
2.	Certificate of Completion for Sheryl Smith for Course Title Protecting Client Privacy, Course No. 611496, Course Completion date October 22, 2015	1
3.	Certificate of Completion for Luis M. Iniguez for Course Title Protecting Client Privacy, Course No. 611496, Course Completion date October 22, 2015	1
4.	Washington Insurance Continuing Education Attendance Register for Course Title Auto Insurance – Coverage and Claims, Course No. 611735, Class Date December 18, 2015	1
5.	Certificate of Completion for Jimmy H. Van Norman Jr. for Course Title Auto Insurance Coverage and Claims, Course No. 611735, Course Completion date December 18, 2015	1
6.	Certificate of Completion for Ina Svirzhevskiy for Course Title Auto Insurance Coverage and Claims, Course No. 611735, Course Completion date December 18, 2015	1
7.	SIMBA Roster for Course Title Protecting Client Privacy, Course #619085, Completion date 10/22/2015	1
7b.	SIMBA Roster for Course Title Catastrophes and Insurance, Course # 610035, Completion date 5/26/2015	1
8.	Comments about Completed Examination Self-Study	1
9.	Sample of a Completed Examination for Eric Erickson 11/14/15	2
10.	Oregon Continuing Education Class May 26, 2015 Attendance Register	1
11.	Consent Order Levying a Fine, Order No. 16-0166	5
12.	Education Provider Violations and fines Continuing Education	3

State of Washington
Office of the Insurance Commissioner
P O Box 40255
Olympia WA 98504-0255
(360) 725-7118

NOA	
873756	Sheryl Smith
741155	Luis M Iniguez
	# 611496
	APPROVED
	NO course Roster submitted - Not aware of any WA Agents attending! -
	Sign-in 3:00 pm Sign-out - 4:00 pm 10/22/2015
	Protecting Client Privacy

EXHIBIT OIC-1

State of Washington
Approved
Continuing Education

CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Sheryl Smith
WAOIC# 873756

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Protecting Client Privacy

Course Number: 611496 **Course Completion Date:** 10/22/2015

Total Number of credit hours: 1

Including Ethics credit hours *(if applicable)*

PROVIDER CERTIFICATION

I hereby certify that this course was conducted as approved by the Washington State Office of the Insurance Commissioner. I further certify that the person whose name appears above did complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 10/22/2015 email copy

STUDENT CERTIFICATION

I hereby certify that I personally completed the course listed above in the manner required to satisfy the continuing education regulation.

Signature and date:

This certificate is valid for 24 months from the completion date. **WAOICCERT2015 (06/29)**

EXHIBIT OIC-2

State of Washington
Approved
Continuing Education

CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Luis M. Iniguez
WAOIC# 741155

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Protecting Client Privacy

Course Number: 611496 **Course Completion Date**: 10/22/2015

Total Number of credit hours: 1

Including Ethics credit hours *(if applicable)*

PROVIDER CERTIFICATION

I hereby certify that this course was conducted as approved by the Washington State Office of the Insurance Commissioner. I further certify that the person whose name appears above did complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 10/22/2015 email copy

STUDENT CERTIFICATION

I hereby certify that I personally completed the course listed above in the manner required to satisfy the continuing education regulation.

Signature and date:

This certificate is valid for 24 months from the completion date. **WAOICCERT2015 (06/29)**

EXHIBIT OIC-3

Washington Insurance Continuing Education Attendance Register

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Auto Insurance - Coverage And Claims		
Course Number	611735		
Class Date	12/18/2015	Class Location	Synergy Lot - 2435 SE 10th Ave. Portland 97214

	ATTENDEES First and Last Name	WADIC Number	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Jvannorman@farmersagentcom Jimmy H. Van Norman	2903106	360-944-7332	12:00PM	[signature]	3:00	[signature]
2	Hugh Loughlin	745764	360 608 7804	12:30	[signature]	4:00	[signature]
3	JC@michiaisurc.com						
4	Ina Surzhevskiy	849480	360 521-6163	12:35	[signature]	3:00	IS
5			INikutsy@amfam.com				
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Doug Harness	[signature]	12/18/2015

EXHIBIT OIC-4

State of Washington
Approved
Continuing Education

CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Jimmy H. Van Norman Jr.
WAOIC# 240366

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Auto Insurance Coverage and Claims

Course Number: 611735 **Course Completion Date**: 12/18/2015

Total Number of credit hours: 3

Including Ethics credit hours *(if applicable)*

PROVIDER CERTIFICATION

I hereby certify that this course was conducted as approved by the Washington State Office of the Insurance Commissioner. I further certify that the person whose name appears above did complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 12/18/2015 email copy

STUDENT CERTIFICATION

I hereby certify that I personally completed the course listed above in the manner required to satisfy the continuing education regulation.

Signature and date:

This certificate is valid for 24 months from the completion date. **WAOICCERT2015 (06/29)**

EXHIBIT OIC-5

State of Washington
Approved
Continuing Education

CERTIFICATE OF COMPLETION
OFFICE OF INSURANCE COMMISSIONER

STUDENT NAME: Ina Svirzhevskiy
WAOIC# 849480

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Instruction method(Classroom, Webinar or Self Study): Classroom

Course Title: Auto Insurance Coverage and Claims

Course Number: 611735 **Course Completion Date**: 12/18/2015

Total Number of credit hours: 3

Including Ethics credit hours *(if applicable)*

PROVIDER CERTIFICATION

I hereby certify that this course was conducted as approved by the Washington State Office of the Insurance Commissioner. I further certify that the person whose name appears above did complete the course on the date indicated.

Name: Douglas W. Harness

Signature and date: 12/18/2015 email copy

STUDENT CERTIFICATION

I hereby certify that I personally completed the course listed above in the manner required to satisfy the continuing education regulation.

Signature and date:

This certificate is valid for 24 months from the completion date. **WAOICCERT2015 (06/29)**

EXHIBIT OIC-6

SIMBA Client - Version 1.2.0.0

Public Records | Education | Company | Licensing | Rates & Forms | Cases | Inquiry | Tools

Home Help Print Logout

Mendoza, Jose (Production Web 15)

Provider Search | Provider | Courses | Rosters | Activity Logs

INSURANCE TRAINING ASSOCIATES LLC (ITA) (Provider #300078) Active Courses Expire on 02/25/2018

* At least one selection criteria is required.

Course # 619005 Completion Date 10/22/2015 to Find

Add New Roster

Completion Date	Course #	Course Title	Instruction Method
10/22/2015	619005	Protecting Client Privacy	Classroom

Save Cancel

Fields marked with asterisk (*) are required.

Course/Roster Information

Completion Date * 10/22/2015 Course # * 619005

Course Title Protecting Client Privacy Instruction Method Classroom

Course Location 500 SW 6th Ave Portland, OR

Instructor Information

Add Instructor

Last Name *	First Name *	Middle Name
Hatless	Douglas	W

Attendees

Add Attendee

WADIC # *	Last Name	First Name	Middle Name	Date Added	Used In Renewal	
741155	INIGUEZ	LUIS	M	10/22/2015		Delete
573756	Smith	Sheryl	Danae	10/22/2015	Yes	

Save Cancel

EXHIBIT OIC-7

SIMBA Client - Version 1.2.0.0

Public Records | Education | Company | Licensing | Rates & Forms | Cases | Inquiry | Tools

Home Help Find Logout

Mendoza, Jose (Production Web 15)

Provider Search | Provider | Courses | Rosters | Activity Logs

INSURANCE TRAINING ASSOCIATES LLC (ITA) (Provider #300078) Active Courses Expire on 02/25/2018

* At least one selection criteria is required.

Course # 610035 Completion Date 05/26/2015 to Find

Add New Roster

Completion Date	Course #	Course Title	Instruction Method
05/26/2015	610035	Catastrophes and Insurance	Classroom

Save Cancel

Fields marked with asterisk (*) are required.

Course Roster Information

Completion Date * 05/26/2015 Course # * 610035

Course Title Catastrophes and Insurance Instruction Method Classroom

Course Location

Instructor Information

Add Instructor

Last Name *	First Name *	Middle Name
Harness	Douglas	

Attendees

Add Attendee

WAOIC # *	Last Name	First Name	Middle Name	Date Added	Used in Renewal
718008	NEPALI	DORJEE		05/27/2015	Yes

Save Cancel

SIMBA Version 25.2.0.0 (Production Web 15) Dated: April 10, 2016

EXHIBIT OIC-7B

3. Completed exam for each student listed below. *Include answers with score. If the student took the course exam more than once, each exam is requested.*

Self-Study Course Records:

Course#	Course title	Completed	WAOIC#	Student Name
602331	ESSENTIAL ETHICS FOR AGENTS	11/14/2015	239110	Eric Erickson
602329	LIFE INSURANCE REFRESHER	11/05/2015	760644	Karen Halverson
618754	WA LTC REFRESHER 4 HOUR COURSE	08/25/2015	245326	Eric Young
602332	INSURANCE AS A SOCIAL TOOL	06/26/2015	163785	Mary Greer
603996	11 HOUR ANNUITY COURSE	05/22/2015	745970	Laura Jones

The completed exams by each student can be viewed on document # 4-A, 4-B, 4-C, 4-D and 4-E.

We do not record the questions that are answered correctly nor the ones answered incorrectly. We only keep track of the final score once the producer gets a 70% or better grade. In 10 years we have never had an issue with an exam score being incorrect.

EXHIBIT OIC-8

Completed Exams - Essential Ethics for Agents # 602331 – Eric Erickson taken on 11/14/2015.

Producer scored 100% on first exam

1	There are two basic rules concerning risk management. Which of the following is one of those two rules?	Standard	Edit |Remove
2	When two insurance companies merge, what happens to all the policies of insurance outstanding against one of the insurers?	Standard	Edit |Remove
3	If you size up your client to determine what his or her individual needs are, this is otherwise known as:	Standard	Edit |Remove
4	Real estate company A and Insurance Company B have an agreement. Whenever someone buys a home from Real Estate Company A, they tell the buyer that they should buy homeowners insurance from Insurance Company B, or else their mortgage payments will go up. This is otherwise known as:	Standard	Edit |Remove
5	If you have to meet close to impossible objectives, you could feel a growing pressure to behave in an unethical manner, which means you have entered a phase of:	Standard	Edit |Remove
6	Which of the following is a method of 'loss control' that was mentioned in the course?	Standard	Edit |Remove
7	To recover under the deceptive or unfair trade practices acts, the burden of proof is on the:	Standard	Edit |Remove
8	The premise for Client for Life is that, 'When you constantly exceed the needs and expectations of your clients, you're:	Standard	Edit |Remove
9	In the case of Bell vs. O'Leary, the agent took an application for flood insurance but failed to notify the client that what?	Standard	Edit |Remove
10	What must the insurer obtain in order to test an applicant for HIV?	Standard	Edit |Remove

EXHIBIT OIC-9

11	When you should exceed your basic legal responsibilities as an agent?	Standard	Edit |Remove
12	All of the following would be defined as insurance 'advertising,' EXCEPT:	Standard	Edit |Remove
13	The process of risk management requires setting and achieving goals in four areas. Which of the following is one of the areas listed?	Standard	Edit |Remove
14	Being right reflects a level of ability, whereas honesty reflects:	Standard	Edit |Remove
15	Which of the following situations might be considered an abuse of position?	Standard	Edit |Remove
16	If an agent is involved in making, publishing, disseminating, directly or indirectly, any oral or written statement, pamphlet, circular, article or literature which is false or maliciously critical, what is the agent engaging in?	Standard	Edit |Remove
17	What is the difference between pure risk and speculative risk?	Standard	Edit |Remove
18	Why is a course on ethics important?	Standard	Edit |Remove
19	If an insurer observes unethical, fraudulent, and malicious behavior and does not intercede, they are engaging in:	Standard	Edit |Remove
20	What should you do if you see a co-worker acting unethically?	Standard	Edit |Remove

Brant Page
already renewed
No credit for course

UNITED FARMERS AGENTS ASSOCIATION
CONTINUING EDUCATION CLASS
May 26, 2015

NAME	EMAIL ADDRESS	PHONE	NPR	SIGN IN	SIGN OUT
Terry Cleys	terrycleys@yahoo.com	(503) 661-7277	34354	[illegible]	[illegible]
Dave Flippen	david_flippen@yahoo.com	(503) 668-3591	34231	[illegible]	[illegible]
Merle Johnson	chapter14@ufaa.com	(503) 682-1583	34432	[illegible]	[illegible]
Walter Klimbacher	jwklim@msn.com	(503) 648-2148	670950	[illegible]	[illegible]
Bill Krieger	bkrieger09@gmail.com	(503) 775-9842	121727	[illegible]	[illegible]
Mika Lee	mikalee24@gmail.com	(503) 443-1780	8313783	[illegible]	[illegible]
Brian McKenzie	brian@mckenzieagent.com	(503) 289-4923	37445	[illegible]	[illegible]
Doug Naef	dougnaef@aol.com	(503) 653-6242	67482	[illegible]	[illegible]
Brant Page	plastiman04@yahoo.com	(971) 732-5756	7615055	B Page	
Dean Page	dpage1@farmersagent.com	(503) 692-4400	7999900	[illegible]	
Rick Stubblefield	rick@rstubblefield.com	(503) 489-1138	6251325	[illegible]	[illegible]
Bob Thompson	btinsurance@aol.com	(503) 655-0909	121644	[illegible]	[illegible]
Dave Voll	insman2013@gmail.com	(503) 655-2575	134284	[illegible]	[illegible]
Harry Waller	harry@harrywaller.com	(503) 657-9200	34030	[illegible]	[illegible]
Glenn White	glenn@glennwhiteinsurance.com	(503) 667-4600	34380	[illegible]	[illegible]
Marilyn McKenzie	marilyn@mckenzieagent.com	(503) 289-4923	8474875	[illegible]	
~~[illegible]~~ Dorian	Nepali	503-868-5815	718008	[illegible]	[illegible]
Kristin White	eservice@glennwhiteinsurance.com	(503) 667-4600	855594	Kristin White	Kristin White
Hugh Hogue	hugh@hhogue@gmail.com	503 [illegible]	371 6856	[illegible]	
Mika Lee	[illegible]	503-917-4294		[illegible]	[illegible]

OIC Exhibit 10 - Page 1 of 1

EXHIBIT OIC-1D

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In the Matter of	
INSURANCE TRAINING ASSOCIATES LLC,	Order No. 16-0166
	WAOIC No. 300078
Continuing Insurance Education Provider.	CONSENT ORDER LEVYING A FINE

This Consent Order Levying a Fine ("Order") is entered into by the Insurance Commissioner of the state of Washington ("Insurance Commissioner"), acting pursuant to the authority set forth in RCW 48.02.060, WAC 284-17-302, and RCW 48.17.560, and continuing insurance education provider Insurance Training Associates LLC. This Order is a public record and will be disseminated pursuant to Title 48 RCW and the Insurance Commissioner's policies and procedures.

BASIS:

1. Insurance Training Associates LLC ("the Provider") is an approved insurance continuing education provider, provider number 300078. The Provider is located in Portland, Oregon and offers courses in Oregon and is aware that Washington producers attend some of its courses.

2. The Provider submitted rosters to the Insurance Commissioner and issued certificates for continuing education credit for two producers that signed out of a class 45 minutes early.

3. The Provider issued continuing education credit to two producers that did not sign an attendance register. The instructor of the course wrote a note stating the two producers were in the class so the Provider submitted rosters for the two producers. The Provider also submitted a roster for a producer that had signed an Oregon attendance register that did not meet Washington requirements.

4. The Provider failed to maintain records of exams completed by producers. The Provider had the exam questions but not the answers. The Provider stated that the computer program used grades the exam and provides the score. It does not show the questions marked correctly nor incorrectly. It is therefore not possible to verify the score.

5. WAC 284-17-272 requires continuing insurance education providers to maintain a course attendance roster, consisting of sign-in and sign-out registers, for lecture (classroom) courses, and submit the same in the format required by the Insurance Commissioner. By submitting attendance rosters for insurance producers that did not sign the attendance register, the Provider violated WAC 284-17-272.

6. WAC 284-17-273 provides that a continuing education provider must use an attendance register in the format required by the Insurance Commissioner to document attendance for a classroom and must include the arrival time, signature, and departure time with the attendee's initials. By submitting rosters for two producers who did not sign an attendance register, and for one producer that signed an Oregon attendance register that did not meet Washington requirements, the Provider violated WAC 284-17-273.

7. WAC 284-17-277 provides that insurance continuing education providers must maintain education records. Records include attendance register for each classroom course and webinar course, completed self-study course exam for each licensee completing a self-study course, and a copy of the completed certificate of completion issued to each licensee for an approved continuing education course. By failing to maintain continuing education exam records, the Provider violated WAC 284-17-277.

8. WAC 284-17-281 provides that to verify course completion, licensees must attend the entire presentation and sign the attendance register at the beginning and end of the presentation. By submitting rosters and issuing certificates for education credit to two producers that signed out of the class 45 minutes early, the Provider violated WAC 284-17-281.

9. WAC 284-17-302 gives the Insurance Commissioner authority to impose a fine on a continuing insurance education provider for failing to comply with any statute or rule pertaining to continuing education providers as specified in Titles 48 RCW and 284 WAC.

10. WAC 284-17-304 provides that the Insurance Commissioner's approval of a person, organization or business entity to act as a continuing education provider may be suspended or revoked or the provider may be placed on probation by the Insurance Commissioner if the continuing education provider or any of its employees, instructors or designees involved in continuing education is found to have violated any provision of Titles 48 RCW or 284 WAC.

11. WAC 284-17-306 provides approval of a continuing education course may be suspended or revoked if the Insurance Commissioner concludes that a continuing education provider issues a certificate of completion to a person who did not complete the course.

12. RCW 48.17.560 provides that after hearing or upon stipulation by the insurance education provider, and in addition to or in lieu of the suspension, revocation, or refusal to renew any such insurance education provider approval, the Insurance Commissioner may levy a fine upon the insurance education provider for each offense in an amount not more than one thousand dollars.

13. The Provider's violations of WAC 284-17-272, WAC 284-17-277, and WAC 284-17-281, justify the imposition of a fine on the Provider under WAC 284-17-302 and RCW 48.17.560.

CONSENT TO ORDER:

The Insurance Commissioner of the state of Washington and the Provider agree that the best interest of the public will be served by entering into this Order. NOW, THEREFORE, the Provider consents to the following in consideration of its desire to resolve this matter without further administrative or judicial proceedings. The Insurance Commissioner consents to settle this matter in consideration of the Provider's payment of a fine, and upon such terms and conditions as are set forth below:

1. The Provider acknowledges its duty to comply fully with the applicable laws of the state of Washington.

State of Washington
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

2. The Provider consents to the entry of this Order, waives any and all hearing or other procedural rights, and further administrative or judicial challenges to this Order.

3. By agreement of the parties, the Insurance Commissioner will impose a fine of One Thousand Two Hundred Dollars ($1,200.00) to be paid by **August 5, 2016.**

4. The Provider understands and agrees that any further failure to comply with the statutes and/or regulations that are the subject of this Order constitutes grounds for further penalties, which may be imposed in direct response to further violations.

5. This Order and the violations set forth herein constitute admissible evidence that may be considered in any future action by the Insurance Commissioner involving the Provider. However, the facts of this Order, and any provision, finding, or conclusion contained herein does not, and is not intended to, determine any factual or legal issue or have any preclusive or collateral estoppel effects in any lawsuit by any party other than the Insurance Commissioner.

EXECUTED this _____ day of _____, 2016.

INSURANCE TRAINING ASSOCIATES LLC

By: _____

Printed Name: _____

Printed Corporate Title: _____

AGREED ORDER:

Pursuant to the foregoing factual Basis and Consent to Order, the Insurance Commissioner of the state of Washington hereby Orders as follows:

1. The Provider shall pay a fine in the amount of One Thousand Two Hundred Dollars ($1,200.00), receipt of which is hereby acknowledged by the Insurance Commissioner.

2. This Order and the violations set forth herein constitute admissible evidence that may be considered in any future action by the Insurance Commissioner involving the Provider.

However, the facts of this Order, and any provision, finding, or conclusion contained herein does not, and is not intended to, determine any factual or legal issue or have any preclusive or collateral estoppel effects in any lawsuit by any party other than the Insurance Commissioner.

ENTERED this _____ day of _____, 2016.

MIKE KREIDLER
Insurance Commissioner

By and through his designee

_____
MARCIA G. STICKLER
Insurance Enforcement Specialist
Legal Affairs Division

Education Provider Violations and Fines
Continuing Education

Violation Categories.	Regulation	1st occurrence	2nd occurrence	Subsequent occurrences
	WAC 284			
Advertising				
Failing to obtain approval from the commissioner for a course before advertising or offering the CE course for credit:	17-278, 292, 303, 302,	$200 - $1,200	$800 - $2,200	$1,000 - $3,200
Advertising				
Erroneous advertising of a CE course.	17-310, 302 303, 304, 306 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Attendance				
Failing to use a proper attendance register as specified in the regulation.	17-273, 302 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Certificate				
Failing to issue a certificate within 10 days of the course completion. Does not apply if CE credit was initially declined by the producer.	17-272, 292, 302, 304	$200 - $500	$500 - $1,000	$1,000 - $2,000
Certificate				
Failing to issue a certificate in the proper format as specified in the regulation.	17-292, 302 304	$100 - $200	$200 - $300	$300 - $500
Certificate				
Issuing a CE course completion certificate to a producer that did not meet the completion requirements.	17-272, 292, 302, 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Course				
Offering an approved course prior to the effective date of the course.	17-278, 302 304, 306	$200 - $1,200	$800 - $2,200	$1,000 - $3,200

EXHIBIT OIC-12

Course				
Failing to use the approved course outline.	17-278, 302 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Course				
Presenting a classroom or webinar course for less than the approved hours and then issuing certificates and /or submitting a roster for the attendees.	17-278, 302 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Course				
Making substantive changes to the course without approval.	17-297, 302 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Instructor				
Failing to use an instructor that is qualified to teach the course.	17-272, 302 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Monitor				
Failing to use a monitor/proctor when required at a classroom or webinar course.	17-272, 302 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Records				
Failing to provide CE records requested by the commissioner in the time indicated.	17-299, 302,	$200 - $500	$500 - $1,000	$1,000 - $2,000
Record				
Failing to keep the required CE records.	17-272, 277, 302, 304	$200 - $1,200	$800 - $2,200	$1,000 - $3,200
Roster				
Failing to submit the roster within 10 days of course completion. Does not apply if CE credit was initially declined by the producer.	17-272, 302 304	$200 - $1,200	$800 - $2,200	$1,000 - $3,200

Roster				
Failing to include on the roster within 10 days of course completion, a producer that successfully completed the course. Does not apply if CE credit was initially declined by the producer.	17-272, 302	$100 - $200	$200 - $300	$300 - $500
Roster				
Submitting a roster for a producer that did not meet the completion requirements.	17-272, 281, 302, 304, 306	$200 - $500	$500 - $1,000	$1,000 - $2,000
Ten Day Notice				
Failing to submit a 10 day notice of presentation of an approved CE course.	17-272,302 304	$200 - $500	$500 - $1,000	$1,000 - $2,000

Serious or numerous violations can result in probation, suspension or revocation of the provider's authority.
"Occurrence" means the OIC pursues an administrative action.
Fines will be assessed based on "violation categories," as set forth above. However, a maximum of $1,000 will be assessed for a single incident that violates the given regulation.
This matrix is intended to be a guideline to improve consistency and predictability in imposing penalties. However, the OIC retains the discretion to impose an appropriate penalty based on the specific facts and circumstances of each case.

Exhibit and Witness List

FILED
2016 SEP -8 AM 7:51
HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

Exhibit No.	Description	No. of Pages
1.	Email from Director of Education – Rex N. Winder	1
2.	Complete roster submission and course reporting; Oregon #33510, Washington #611496	5
3.	Complete roster submission and course reporting; Oregon #1017692, Washington #611735	6
4.	Email statement from website developer, Josh Wegener, dated September 1, 2016	1
5.	Reconstructed Attendance Roster, Class dated 12/18/2016	1
6.	Reconstructed Attendance Roster, Class dated 10/22/2015	1
7.	Reconstructed Attendance Roster, Class dated 5/26/2016	1
8.	Certificate of Completion, Dorjee Nepali, class dated 5/26/2015	1

No Witnesses attending

rex@itaamerica.com 11:48 AM (2 hours ago)

to Douglas

William Pardee
Presiding Officer

Your Honor;

As Director of Education for Insurance Training Associates, LLC, I will, unfortunately, be unable to attend the hearing scheduled for September 16, 2016 (Docket No. 16-0166). I will be attending a conference in Chicago, Illinois on that date.

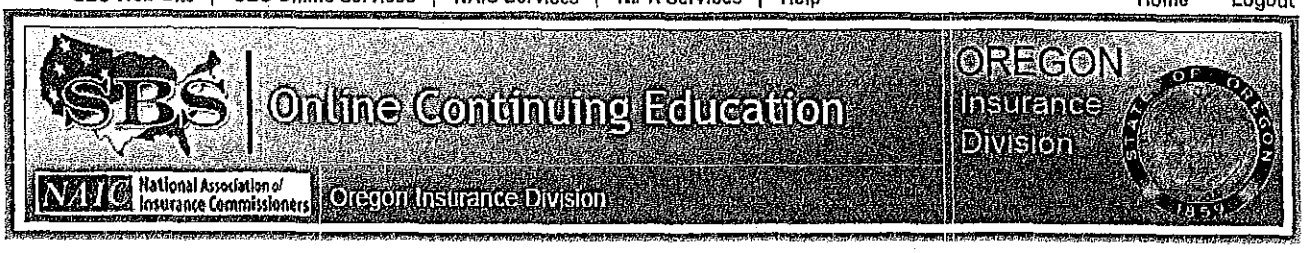
In my place I will be sending Douglas W. Harness, Founder of Insurance Training Associates, LLC, and our leading continuing education instructor. Mr. Harness was the original responder to Mr. Joe Mendoza's audit request and is quite familiar with the facts surrounding the actions of the Washington Office of Insurance Commissioner.

Sincerely,

Rex N. Winder
Director of Education
Insurance Training Associates, LLC
4504 SW Corbett
Suite 200
Portland, OR 97239
503-265-8360

EXHIBIT ITA-1

SBS Web Site | SBS Online Services | NAIC Services | NIPR Services | Help Home Logout



Your record has been submitted successfully.

Dear INSURANCE TRAINING ASSOCIATES.,

Thank you for using NAIC's State Based Systems Continuing Education Provider services, offered on behalf of **Oregon Department of Insurance**.

Course Id	Student Count	Total Credits	Fee Amount
33510	9.0	9.0	$9.00
Roster Fee Total			$9.00
Miscellaneous Fees			$0.00
Processing Fees			$0.00
Grand Total			$9.00

ALL FEES WILL APPEAR AS A CHARGE FROM THE NAIC ON YOUR MONTHLY CREDIT CARD STATEMENT.

Course Roster Upload Detail
Transaction reference number: 32600958
Amount: $9
Authorization Number: 44546
Transaction Date: 10/22/2015

Your rosters have been successfully uploaded (Transaction Id: 32600958). Please contact the State / District Insurance Department with questions.

Click here to print application receipt

Home

Synergy
10/22/2015
AAA Insurance
33510
Protecting client
Privacy
9 ATTENDEES

SBS 2014 Fall Warranty

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NAIC National Association of Insurance Commissioners

EXHIBIT ITA-2

ID:	NAME
684146	Carmil W. Ritchey
17198464	Percilla Bobo
16899244	Sheri Miller
17480926	William Stevens
6225737	Diane R. Huntley
17129815	Blake Lindsay
11357123	Cheryl Paddock
6230888	Lynn M Haldeman
	~~Luis M Iniguez~~
17260853	Matthew L Holmes
	~~Sheryl Smith~~

Protecting Client Privacy
#33510
10/22/2015

SBS Web Site | SBS Online Services | NAIC Services | NIPR Services | Help Home Logout

SBS Online Continuing Education

OREGON Insurance Division

NAIC National Association of Insurance Commissioners Oregon Insurance Division

Please verify the list of attendee's. If correct press Submit to continue. If changes are needed please press Edit to return to the Course Roster Data Entry Screen.

License Number	National Producer Number	Name
0000684146	684146	CARMIL RITCHEY
0017198464	17198464	PERCILLA BOBO
0016899244	16899244	SHERI MILLER
0017480926	17480926	WILLIAM STEVENS JR
0006225737	6225737	DIANE HUNTLEY
0017129815	17129815	BLAKE LINDSAY
0011357123	11357123	CHERYL PADDOCK
0006230888	6230888	LYNN HALDEMAN
0017260853	17260853	MATTHEW HOLMES

Submit Edit

SBS 2014 Fall Warranty

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NAIC National Association of Insurance Commissioners

1-9A

873756 Sheryl Smith
741155 Luis M Iniguez

611496

APPROVED

NO Course Roster submitted -
Not aware of any WA
Agents attending -

Sign-in 3^00 pm Sign-out - 4^00 PM
10/22/2015

Protecting Client Privacy

Continuing Education Course Roster

INSURANCE TRAINING ASSOCIATES LLC (ITA) Completion Date 10/22/2015

Provider # 300078

Course Number: 619085 Replaced Course Number: 611496 Course Title: Protecting Client Privacy

Credit Hours: 1 Ethic Hours: 0 Instruction Method: Classroom

Location: 600 SW 6th Ave Portland, OR

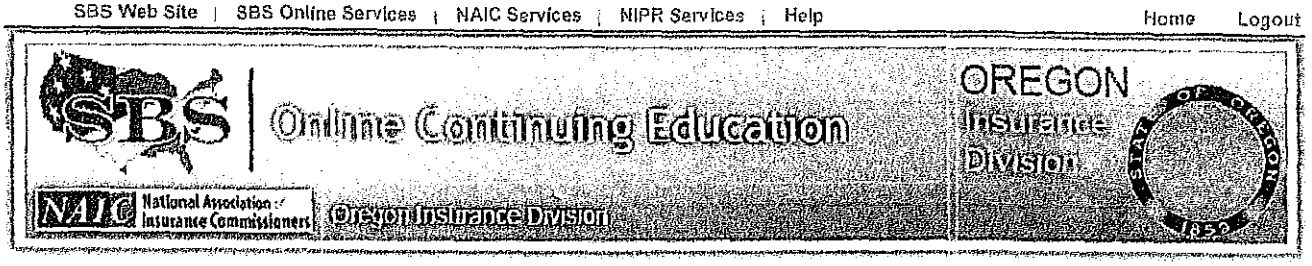
Instructor Information

Last Name	First Name	Middle Name
Harness	Douglas	W

Attendees

WAOIC #	Last Name	First Name	Middle Name
741155	INIGUEZ	LUIS	M
873756	Smith	Sheryl	Danae

SBS Web Site | SBS Online Services | NAIC Services | NIPR Services | Help Home Logout



Your record has been submitted successfully.

Dear INSURANCE TRAINING ASSOCIATES.,

Thank you for using NAIC's State Based Systems Continuing Education Provider services, offered on behalf of **Oregon Department of Insurance.**

Course Id	Student Count	Total Credits	Fee Amount
1017692	28.0	84.0	$84.00
Roster Fee Total			$84.00
Miscellaneous Fees			$0.00
Processing Fees			$0.00
Grand Total			$84.00

ALL FEES WILL APPEAR AS A CHARGE FROM THE NAIC ON YOUR MONTHLY CREDIT CARD STATEMENT.

Course Roster Upload Detail
Transaction reference number: 32623214
Amount: $84
Authorization Number: 45903
Transaction Date: 12/18/2015

Your rosters have been successfully uploaded (Transaction Id: 32623214). Please contact the State / District Insurance Department with questions.

Click here to print application receipt

Home

SBS 2014 Fall Warranty

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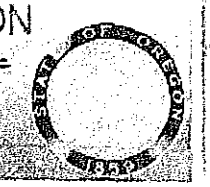
NAIC National Association of Insurance Commissioners

Synergy 12/18/2015
class
Auto Insurance
Coverage & Claims
#1017692
28 ATTENDEES - OR
3 ATTENDEES - WA

EXHIBIT 1TA-3

Online Continuing Education

OREGON Insurance Division



Please verify the list of attendee's. If correct press Submit to continue. If changes are needed please press Edit to return to the Course Roster Data Entry Screen.

License Number	National Producer Number	Name
0016977343	16977343	JILLIAN WISBECK
0006245421	6245421	MELINDA WYATT
0006222982	6222982	JULIE ZOPF
0000670950	670950	WALTER KLIMBACHER
0001501446	1501446	CLIFTON POWELL
0006222360	6222360	MARY TAYLOR
0005271275	5271275	TAMI CRUTCHFIELD
0010956482	10956482	SAM FARAH
0001921644	1921644	ERIC RICE
0006246265	6246265	HARRY DOYLE
0013841721	13841721	RACHAEL BURBACH
0000678618	678618	EREN STARR
0001501616	1501616	RONALD SEVERSON
0000075259	75259	DOUGLAS MENELY
0000681159	681159	DEBORA HUTCHINS
0000034009	34009	MOZAFFAR GHOMGHALEH
0005771320	5771320	STEVEN BAKER
0006246979	6246979	CAROL GREGUS
0000775529	775529	MARK CLAEYS
0007556086	7556086	REBECCA CANIPAROLI
0000121727	121727	WILLIAM KRIEGER
0009464578	9464578	PAUL TOUFAR
0006243418	6243418	RICHARD HENNESSY
0016996756	16996756	BRIAN EVANS
0006240516	6240516	MICHAEL GOODELL
0002449100	2449100	DAVID SELLERS
0000664546	664546	DARYL BOLIBA
0006263676	6263676	TEKLA PETERS

SBS 2014 Fall Warranty

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National Association of Insurance Commissioners

RESTORATION & CONSTRUCTION LLC

Printed Name:		Signature:	Email:	NPN Number:
WALTER KLIMBACHER	1	[signature]	jwklim@msn.com	670950
Mary Jo Taylor	2	[signature]	Jo.Taylor.1157@State Farm	6222360
Tami Crutchfield	3	Tami Crutchfield	tami.crutchfield@[illegible].com	5271275
SAM FARAH	4	[signature]	sfarah@farmersagent.com	10956482
Eric Rice	5	[signature]	eric.cmorfell@farmersagent.com	1921644
HARRY DOYLE	6	Harry K Doyle	hbkcdd@gmail.com	6246265
Rachael Burbachs	7	[signature]	rachaelburbach@yahoo.com	0013841721
Eren Starr	8	Eren Starr	estarr@farmersagent.com	678618
RON Severson	9	Ron Severson	severson.insurance@gmail.com	1501616
RICK HENNESSY	10	[signature]	rick.hennessy.b7k@StateFarm.com	6243418
BRIAN EVANS	11	[signature]	BEVANS@LAPORTE-INSURANCE.COM	16996756
Michael Goodell	12	[signature]	mgoodell@amfam.com	6240516
DAVID Sellers	13	[signature]	dsellers@farmersagent.com	2449100
[illegible]	14	[signature]	[illegible]	664546
TERRA J. PETERS	15	[signature]	tjean@[illegible].net	6263676
Jillian Wisbeck	16	Jillian Wisbeck	jwisbeck@wsandco.com	16977343
Melinda Wyatt	17	[signature]	mindykwyatt@yahoo	6245421
Julie Zopf	18	Julie Zopf	jazopf@yahoo.com	6222982
C. Lee Powell	19	C L Powell	powellins@[illegible].com	1501446
Doug Menely	20	Doug Menely	doug.menely.b8mb@statefarm.com	75259
	21			

RESTORATION & CONSTRUCTION LLC

Printed Name:		Signature:	Email:	NPN Number:
Debora Leopold Hutchins	22	[signature]	dnhutchins@comcast.net	681159
Moze Ghomghaleh	23	[signature]	Moze.mgB@gmail.com	34009
Steven Baker	24	[signature]	sbaker@bakerinsurance.agency.com	5971320
Carol Gregus	25	Carol Gregus	cgregus@[illegible]insurance.com	6246979
Mark Claeys	26	[signature]	markclaeys@hotmail.com	775529?
Beckee Caniparoli	27	BCaniparoli	Beckee@JohnmatlockInsurance.com	7556086
Bill Krieger	28	[signature]	bkrieger@farmersagent.com	121727
Paul Taylor	29	[signature]	ptaylor@farmersagent.com	9464578
	30			

Washington Insurance Continuing Education Attendance Register

Page #	
Total pgs	

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Auto Insurance - Coverage And Claims		
Course Number	611735		
Class Date	12/18/2015	Class Location	Synergy Rest - 2435 SE 10th Ave Portland 97214

	ATTENDEES First and Last Name	WAOIC Number	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Jvannorman@Sommersagents.com Jimmy H. Van Norman III	2403616	360-944-7332	12:00PM	[signature]	3:00	[signature]
2	Ralph Loughlin	745764	3606089804	12:30	[signature]	4:00	[signature]
3	JC@nichiinsurance.com						
4	Ina Svirzhevskiy	849480	360 521-6163	12:35	Ina L	3:00	IS
5			INikutsy@amfam.com				
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Doug Harness	Douglas W. Hennen	12/18/2015

Continuing Education Course Roster

INSURANCE TRAINING ASSOCIATES LLC (ITA) Completion Date 12/18/2015

Provider # 300078

Course Number: 611735 Course Title: Auto Insurance Coverage and Claims

Credit Hours: 3 Ethic Hours: 0 Instruction Method: Classroom

Location: 2435 SE 10th Ave Portland, OR 97214

Instructor Information

Last Name	First Name	Middle Name
Harness	Douiglas	W.

Attendees

WAOIC #	Last Name	First Name	Middle Name
745764	LOUGHLIN	JOSEPH	F
849480	Svirzhevskiy	Ina	
240366	VAN NORMAN JR	JIMMY	H

Certificates emailed 12/18/2015

Gmail

Douglas Harness <doug0448@gmail.com>

Washington Insurance Department

1 message

Josh Wegener <joshwegener@gmail.com> Thu, Sep 1, 2016 at 2:21 PM
To: Douglas Harness <doug@itaamerica.com>

Doug, Here is the info you requested about the ability to retain the actual exam answers for students taking online continuing education exams.

When a student answers an exam question and upon clicking to the next question, we inform them immediately that their answer was either correct or incorrect. If it was incorrect, we let them know what the correct answer was.

At the end of the exam, the code will automatically score the exam and let the student know their grade. If they scored a 70% (in WA) or better they are allowed to print off a certificate of completion from the website.

The current site does not retain any of the actual exam data other then the results and time spend. It is assumed that the server side generated scores meet regulatory requirements and is checked before being stored into the database.

We do not have the ability to recreate the data because we simply do not have it. The current site does not support this. It would require a lot of time and money to completely rewrite the exam section of the site to able to record all of this data.

It is very difficult to estimate the amount time it would take to fix this. As the current site code has no structure. Finding a peace of code is like trying to find a needle in a haystack while in the dark. The development and testing time would be about 80 hours at an cost of $9,600 at my rate of $120 / hour.

--
Thanks,
Josh Wegener

EXHIBIT ITA-4

Washington Insurance Continuing Education Attendance Roster

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Auto Insurance - Coverage and Claims		
Course Number	611735		
Class Date	12/18/2015	Class Location	Synergy Restoration, 2435 SE 10th Ave. Portland, OR 97202

ATTENDEES

	First and Last Name	WAOIC #	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Jimmy H. Van Norman Jr	240366	360-944-7332	12:30pm		3:30pm	
2	Joseph Laughlin	745764	360-608-9804	12:30pm		3:30pm	
3	Ina Svirzhevskiy	849480	360-521-6163	12:35pm		3:30PM	IS
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Douglas W. Harness		9/6/2016

Maintain this document for three years.

CEATTREG1/2014

EXHIBIT ITA-5

Washington Insurance Continuing Education Attendance Roster

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Protecting Client Privacy		
Course Number	611496		
Class Date	10/22/2015	Class Location	AAA Insurance - 600 SW Market St. Portland, OR 97201

	ATTENDEES			Arrive		Depart	
	First and Last Name	WAOIC #	Phone Number	Time	Signature	Time	Initials
1	Sheryl M. Smith	873756	503-222-6767	3:00pm	Sheryl Smith	4:00pm	SS
2	Luis M. Iniguez	741155	503-222-6767	3:00pm		4:00pm	LI
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Douglas W. Harness	Douglas W. Harness	9/6/2016

Maintain this document for three years.

CEATTREG1/2014

EXHIBIT ITA-1

Washington Insurance Continuing Education Attendance Roster

Page #	1
Total pgs	1

Provider Name	Insurance Training Associates, LLC		
Provider Number	300078		
Course Title	Catastrophes and Insurance		
Course Number	610035		
Class Date	5/26/2016	Class Location	Buffalo Gap, 6835 SW Macadam, Portland, OR 97219

ATTENDEES

	First and Last Name	WAOIC #	Phone Number	Arrive Time	Signature	Depart Time	Initials
1	Dorjee Napali	610035	503-863-5815	5:00pm		8:00pm	DW
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Instructor or Monitor - Name	Signature	Date
Douglas W. Harness	Douglas W. Harness	4/6/2016

Maintain this document for three years.

CEATTREG1/2014

EXHIBIT TAE

State of Washington
Approved
Continuing Education

CERTIFICATE OF COMPLETION
INSURANCE

LECTURE COURSE

STUDENT NAME: Dorjee Nepali
WAOIC# 718008

CONTINUING EDUCATION COURSE IDENTIFICATION

Provider's Name: Insurance Training Associates, LLC

Provider's Number: 300078

Course Title: Catastrophes and Insurance

Course Number: 610035 **Course Completion Date:** 05/26/2015

Total Number of credit hours: 3

Including Ethics credit hours *(if applicable)*

PROVIDER CERTIFICATION

I hereby certify that this live course was conducted as approved by the Washington State Office of the Insurance Commissioner. I further certify that the person whose name appears above did personally attend on the date indicated.

Name: Douglas W. Harness

Signature and date: 05/27/2015 (email copy)

STUDENT CERTIFICATION

I hereby certify that I personally attended the course listed above in the manner required to satisfy the continuing education regulation.

Signature and date:

EXHIBIT ITA-8

This certificate is valid for 24 months from the completion date. **CERT 0505 (09/12). DOC**