

## **DIVISION OF INSURANCE**

Tel: 605.773.3563 | Fax: 605.773.5369

dlr.sd.gov/insurance

November 12, 2019

Javier Vasquez 120 W. 12<sup>th</sup> St., STE 1700 Kansas City, MO 64105 CERTIFIED MAIL & FIRST-CLASS MAIL

7019 0700 0000 9717 7289

RE:

Application for Insurance Producer License

Dear Mr. Vasquez,

This letter is to notify you that your application for licensure as a nonresident insurance producer in South Dakota has been denied. The reason for the denial is as follows:

You submitted an application for an individual nonresident insurance producer license to the South Dakota Division of Insurance ("Division") on September 18, 2019. On your answers to the application questions, you answered "Yes" to the application questions concerning misdemeanor and felony convictions. You provided documentation with your application of your misdemeanor convictions and felony charge. You also provided documentation that demonstrates financial irresponsibility.

The Division wrote to you on September 20, 2019 to request a written explanation regarding why you should be licensed in South Dakota, an explanation regarding the circumstances of your criminal history, and a copy of a charging document. You responded on September 27, 2019, but you did not provide a complete response. To this day, the Division has not received a complete response from you.

Based on the above information, your application is denied based upon SDCL §§ 58-30-167(1), (2), and (8) for providing incorrect, misleading, incomplete, or materially untrue information in a license application; violating the insurance laws or rules of another state; and using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere.

Please note that this denial is considered an administrative action which will be reported to the database maintained by the National Association of Insurance Commissioners. If an administrative action occurs, an insurance producer may be required to report the action to any and all states in which an insurance license is held and in accordance with the timeframes and requirements of each state.

Pursuant to SDCL § 58-30-168, you may make a written request to the Division of Insurance within thirty days of the date of this denial for a hearing to determine the reasonableness of this decision to deny your application for licensure.



## **DIVISION OF INSURANCE**

Tel: 605.773.3563 | Fax: 605.773.5369

dlr.sd.gov/insurance

Sincerely,

Dan Nelson, Assistant Director South Dakota Division of Insurance South Dakota Department of Labor and Regulation

Cc: Javier Vasquez

1224 E. Lemon St., Apt 112

Tempe, AZ 85281

Javier Vasquez

4141 N. Scottsdale Rd., STE 301

Scottsdale, AZ 85251

| 39     | U.S. Postal Service™ CERTIFIED MAIL® RECEIPT  Domestic Mail Only                                                                                                         |                              |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 728    | For delivery information, visit our website                                                                                                                              | at www.usps.com®.            |
| 9717   | Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate)                                                                                          |                              |
| , 0000 | Return Receipt (hardcopy) \$  Return Receipt (electronic) \$  Certified Mail Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$ | Postmark<br>Here             |
| 020    | Postage<br>\$ Total Postage and Fees<br>\$                                                                                                                               |                              |
| 7019   | Sent To Street and Apt. No., or PO Box No.  City, State, ZIP+4®                                                                                                          |                              |
|        | PS Form 3800, April 2015 PSN 7530-02-000-9047                                                                                                                            | See Reverse for Instructions |