



**SOUTH DAKOTA
DEPT. OF LABOR
& REGULATION**

DIVISION OF INSURANCE

Tel: 605.773.3563 | Fax: 605.773.5369

dlr.sd.gov/insurance

October 5, 2020

SENT VIA CERTIFIED MAIL AND FIRST-CLASS MAIL

David Sawyer
P.O. Box 12580
Ogden, UT 84412

7015 1520 0003 3179 8147

RE: Application for Insurance Producer License/Denial

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

You applied for an individual resident insurance producer license to the South Dakota Division of Insurance ("Division") on April 8, 2020. In your application, you answered "YES" to questions 1(b), indicating that you have been convicted of a misdemeanor. You provided documentation regarding a misdemeanor Attempted Workers Compensation Insurance Fraud conviction as well as several charges for violating a no protection order. Additionally, while reviewing your application, it was discovered that you were subject to an administrative action in the state of Wisconsin, where your license was denied in March 2020.

Based on the above information, your application is denied because you have been determined not be in good standing under ARSD 20:06:01:03 and based upon SDCL §58-30-167(8) & (9) for using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere; and having an insurance producer license, or its equivalent, denied, suspended, or revoked in any other state.

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 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 (30) days of the date of this denial for a hearing to determine your application for licensure.

Sincerely,

Maggie Dell
Assistant Director
South Dakota Division of Insurance
Department of Labor and Regulation

CC: dsawyer@esurance.com

124 South Euclid Avenue, 2nd

7015 1520 0003 3179 8147

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
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	