

SEP 17 2019

STATE OF ARIZONA

DEPARTMENT OF INSURANCE

DEPT OF INSURANCE
BY MELK 9/17/19

In the Matter of:

HANCOCK, ELIZABETH
(National Producer Number 18793539)

No. 19A-033-INS

CONSENT ORDER

Respondent

The State of Arizona Department of Insurance ("Department") has received evidence that Elizabeth Hancock has violated provisions of Title 20, Arizona Revised Statutes ("A.R.S."). Respondent wishes to resolve this matter and admits the following Findings of Fact are true and consents to entry of the following Conclusions of Law and Order.

FINDINGS OF FACT

1. Elizabeth Hancock ("Respondent") is and was at all material times licensed as a resident insurance producer with lines of authority in life and accident and health or sickness insurance, National Producer Number 18793539, which expires April 30, 2022.

2. Respondent's addresses of record with the Department are: 3320 N. Hayden, Suite 210, Scottsdale, AZ 85251 (business), 1017 W. Wagon Wheel Drive, Phoenix, AZ 85021 (mailing) and betty.l.hancock@outlook.com.

3. On or about May 24, 2018, the Department issued to Respondent a license as an insurance producer, National Producer Number 18793539.

4. On August 10, 2018, the Department notified Respondent by mail at her mailing address of record that her fingerprint card had been processed and returned by the Arizona Department of Public Safety (DPS) as illegible. The Department requested a replacement set

1 of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before
2 August 22, 2018. Respondent did not reply to the Department's request.

3 5. On September 10, 2018, the Department notified Respondent a second time by
4 mail at her business address of record that her fingerprints had been returned by DPS as
5 illegible and that the Department was about to initiate an administrative action against her
6 license for failure to comply with the fingerprint requirement. The Department requested a
7 response by October 1, 2018.

8 6. On September 27, 2018, the United States Postal Service delivered returned
9 mail to the Department from Respondent's business address with a label stating, "Return to
10 Sender, Not Deliverable as Addressed, Unable to Forward."

11 7. To date, Respondent has not submitted a full set of fingerprints to the
12 Department.

13 CONCLUSIONS OF LAW

14 1. The Director has jurisdiction over this matter.

15 2. Respondent's conduct, as described above, constitutes the violation of the
16 requirement that an applicant submit a full set of fingerprints to the Department within the
17 meaning of A.R.S. § 20-285(E)(2).

18 3. Respondent's conduct, as described above, constitutes the violation of any
19 provision of A.R.S. Title 20 or any rule, subpoena or order of the director within the meaning of
20 A.R.S. § 20-295(A)(2).


21 4. Grounds exist for the Director to suspend, revoke, or refuse to renew
22 Respondent's insurance license, impose a civil penalty and/or order restitution pursuant to
23 A.R.S. §§ 20-295(A) and (F).

1 **ORDER**

2 **IT IS HEREBY ORDERED THAT:**

- 3 1. Respondent shall immediately submit her fingerprints and an Illegible Fingerprint
4 Replacement Form to the Department.
- 5 2. Respondent shall pay a civil penalty of one hundred dollars (\$100.00) to the
6 Department, due upon the submission of this Consent Order.

7 DATED AND EFFECTIVE this 17th day of September, 2019.

8 
9 **KEITH A. SCHRAAD**
Director of Insurance

10
11 **CONSENT TO ORDER**

- 12 1. Respondent has reviewed the foregoing Findings of Fact, Conclusions of Law
13 and Order.
- 14 2. Respondent admits to the jurisdiction of the Director of Insurance, State of
15 Arizona, and admits the foregoing Findings of Fact and consents to the entry of the foregoing
16 Conclusions of Law and Order.
- 17 3. Respondent states that no promise of any kind or nature whatsoever, except as
18 expressly contained in this Consent Order, was made to her to induce her to enter into this
19 Consent Order and that she has entered into this Consent Order voluntarily.
- 20 4. Respondent acknowledges that the acceptance of this Consent Order by the
21 Director is solely to settle this matter against her and does not preclude any other agency,
22 officer, or subdivision of this state including the Department from instituting civil or criminal
23 proceedings as may be appropriate now or in the future not related to this matter.

1 5. Respondent acknowledges that this Consent Order is an administrative action
2 that the Department will report to the National Association of Insurance Commissioners
3 (NAIC). Respondent further acknowledges that she must report this administrative action to
4 any and all states in which she holds an insurance license and must disclose this
5 administrative action on any license application.

6 9/12/19
Date


Elizabeth Hancock, National Producer #18793539

7 **COPIES** of the foregoing emailed and mailed
8 this 19th day of September, 2019, to:

9 Elizabeth Hancock
10 1017 W. Wagon Wheel Drive
11 Phoenix, AZ 85021
12 Respondent

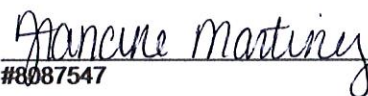
11 Elizabeth Hancock
12 Hancock@alumni.stanford.edu
Respondent

13 Mary Kosinski, Regulatory Legal Affairs Officer
14 Steven Fromholtz, Assistant Director, Consumer Protection
15 Aqueelah Currie, Licensing Manager
16 Arizona Department of Insurance
17 2910 North 44th Street, Suite 210
18 Phoenix, Arizona 85018

17 **COPIES** of the foregoing delivered electronically,
18 same date to:

18 Tammy Eigenheer, Administrative Law Judge
19 oahnoticesofhearing@azoah.com
Office of Administrative Hearings

20 Deian Ousounov
21 Assistant Attorney General
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