



**The State of New Hampshire  
Insurance Department**

21 South Fruit Street, Suite 14  
Concord, NH 03301  
(603) 271-2261 Fax (603) 271-1406  
TDD Access: Relay NH 1-800-735-2964

**Christopher R. Nicolopoulos**  
Commissioner

**David J. Bettencourt**  
Deputy Commissioner

March 10, 2022

*VIA FIRST-CLASS & CERTIFIED MAIL: 7011 2000 0001 8842 7858*  
David Hafen  
476 E Riverside Dr.  
St. George Utah, 84790

*VIA FIRST-CLASS & CERTIFIED MAIL: 7011 2000 0001 8842 7841*  
David Hafen  
1914 N Reserve Pkwy.  
Washington, Utah 84780

*Via email [davidhafen@allstate.com](mailto:davidhafen@allstate.com) and [hafend@gmail.com](mailto:hafend@gmail.com)*

Re: David Hafen, Docket No.: INS No. 22-007-EP

Dear Mr. Hafen:

Enclosed please find an Order to Show Cause and Notice of Hearing issued by Commissioner Christopher Nicolopoulos.

A hearing in this matter has been scheduled on **April 12, 2022 at 1 PM** at the New Hampshire Insurance Department located at 21 South Fruit Street, Suite 14, Concord, NH. You may find directions and additional information on our website at <http://www.nh.gov/insurance>.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Hilliard", is written over a horizontal line.

Joshua S. Hilliard, Esq.  
Compliance and Enforcement Counsel

**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**In Re: David Hafen  
Docket No.: Ins. No. 22-007-EP**

**ORDER TO SHOW CAUSE  
AND  
NOTICE OF HEARING**

The New Hampshire Insurance Department (“NHID”) orders David Hafen (“Respondent”) to show cause why the New Hampshire Insurance Commissioner should not revoke and/or suspend his New Hampshire non-resident insurance producer license and levy an administrative fine. In support of the Order to Show Cause and pursuant to RSA 541-A:31, RSA 400-A:17 *et seq.* and Ins Chapter 200, the NHID states as follows:

**STATEMENT OF FACTS**

1. Respondent is a Utah domiciled insurance producer with a National Producer License number of 10240719, and a business address of 476 E Riverside Drive, St. George, Utah 84790.
2. On or about September 8, 2021, Respondent applied for a New Hampshire insurance producer license; on that application, Respondent answered “No” to question 1B inquiring about prior convictions for felonies.
3. On or about September 29, 2021, three weeks after his application for NH licensure and negative answer, Respondent disclosed his 2009 felony conviction for unlawful sexual intercourse with a minor.
4. On or about November 1, 2021, Respondent’s application for a New York state insurance producer license was denied.

**STATEMENT OF ISSUES**

5. Whether Respondent NH RSA 402-J:12 I (a) by providing incorrect, misleading, incomplete, or materially untrue information in the license application when he did not disclose his prior felony conviction.
6. Whether the Respondent violated NH RSA 402-J:12 I (f) by having been convicted of a felony.

7. Whether the Respondent violated NH RSA 402-J:12 I (i) by having an insurance producer license, or its equivalent, denied, suspended, or revoked in any other state, province, district, or territory, when his application for a license was denied in New York state.
8. The NHID reserves the right to amend this statement of issues upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

#### **INSURANCE LAWS VIOLATED BY RESPONDENT**

9. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 402-J:12, I (a), NH RSA 402-J:12, I (f), and NH RSA 402-J:12 I (i).
10. The NHID reserves the right to amend this list of insurance laws violated by the Respondent upon reasonable notice to the Commissioner (or his designated Representative) and the Respondent.

#### **PENALTY REQUESTED**

11. In the event that the Hearing Officer determines after an evidentiary hearing that the NHID sustained its burden of proof with respect to the allegations of fact and violations of law outlined above, the NHID requests that the Hearing Officer impose the following sanctions on the Respondent:
  - a. Order revocation or suspension of the Respondent's New Hampshire non-resident producer license; and
  - b. Order the Respondent to pay a fine in an amount not to exceed \$2,500 per violation.

#### **NOTICE OF HEARING**

12. An adjudicatory proceeding shall be commenced for the purpose of resolving the issues articulated above pursuant to RSA 541-A:31, RSA 400-A:17:6, *et seq.*, and Ins 200. To the extent that the Department's rules do not address an issue of policy or procedures, the Department shall apply the N.H. Department of Justice Rules, Part 800.

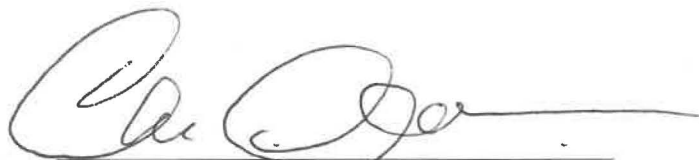
13. The Respondent shall appear at Department on **April 12, at 1:00 PM** at the Department's office located at 21 South Fruit Street, Suite 14, in Concord New Hampshire to participate in this adjudicatory proceeding and, if deemed appropriate, be subject to sanctions pursuant to RSA 402-J:12, I and RSA 400-A:15, III. Respondent's failure to appear at the time and place specified above may result in the hearing being held *in absentia* pursuant to RSA 400-A:19, VII, and sanctions may be imposed without further notice or an opportunity to be heard.
14. Steve Notinger, Esq. is appointed to act as Hearing Officer in this matter with all the authority within the scope of RSA 400-A:19 and Ins 203.01.
15. Sandra Barlow shall serve as clerk to the Hearing Officer. The parties should direct all communications to Ms. Barlow, whose contact information is:

Sandra Barlow, Clerk  
New Hampshire Insurance Department  
21 South Fruit Street, Suite 14  
Concord, NH 03301  
Tel: (603) 271-2033  
Fax: (603)271-1406  
Email: [sandra.l.barlow@ins.nh.gov](mailto:sandra.l.barlow@ins.nh.gov)
16. The Respondent has the right to be represented by a lawyer in this proceeding. However, the Respondent shall bear the cost of retaining said lawyer. Should the Respondent elect to retain a lawyer, his lawyer shall file a Notice of Appearance with Ms. Barlow, and said lawyer should do so at the earliest possible date. A copy of the NHID's Notice of Appearance form is enclosed with this Order.
17. Any party may request a transcript of the proceeding. The party requesting a transcript of the proceedings shall file a written request for a certified court reporter with the Hearing Officer at least 10 days prior to the scheduled hearing date. The costs incurred for the services of a certified court reporter shall be borne by the requesting party.
18. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.

19. All routine procedural inquiries may be made by contacting Sandra Barlow, Hearing Clerk, New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord NH 03301, (603) 271-2033, but that all other communications with the Hearing Officer and the Commissioner shall be in writing and filed as provided above. *Ex parte* communications are forbidden by statute and the Department's rules.
20. A copy of this hearing notice shall be served upon Respondent by certified mail addressed to the mailing address on file with New Hampshire Insurance Department. *See*, RSA 400-A:14.

It is **SO ORDERED**.  
NEW HAMPSHIRE INSURANCE DEPARTMENT

Date: 3/10/2022




Christopher Nicolopoulos  
Insurance Commissioner

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and accurate copy of the foregoing Order to Show Cause and Notice of Hearing was sent this date by first-class mail, postage prepaid, and by certified mail, return receipt requested, to 476 E Riverside Dr, St. George Utah, 84790 and 1914 N Reserve Pkwy, Washington, Utah 84780, the mailing and residential addresses the Respondent maintains on file with the Department, as well as [davidhafen@allstate.com](mailto:davidhafen@allstate.com) and [hafend@gmail.com](mailto:hafend@gmail.com), the e-mail addresses the Respondent maintains on file with the Department.

Date: 3/10/22



Joshua S. Hilliard, Esq.  
Compliance & Enforcement Counsel

**NEW HAMPSHIRE INSURANCE DEPARTMENT**

**ATTORNEY APPEARANCE or WITHDRAWAL**

Docket No. (if known): \_\_\_\_\_

Respondent Name or Case Name: \_\_\_\_\_

**APPEARANCE**

**WITHDRAWAL**

Please **ENTER** my appearance as  
Counsel for \_\_\_\_\_

Please **WITHDRAW** my appearance as  
Counsel for \_\_\_\_\_

I confirm that neither I nor any member of my  
law firm have been retained by the Department  
of Insurance or the Commissioner of Insurance.

Notice of Withdrawal sent to my client on:  
\_\_\_\_\_ at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I provided a copy of this original request to the Department and a copy to all other known parties to this matter in accordance with Ins 204.09.

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **NH Bar #:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_ **Email:** *(see also below)* \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Consent:**  By checking this box, I consent to delivery by email in accordance with Ins 204.09(c). Please send communications and documents to the above email address.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

***If you do not consent to delivery by email, all communications will be sent to you by personal delivery at your physical address or by United States Postal Service first class mail to your mailing address.***