

**STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

**In Re: Sandra Barnard
Docket No.: Ins. No. 22-027-EP**

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

The New Hampshire Insurance Department (“NHID”) orders Sandra Barnard (“Respondent”) to show cause why the New Hampshire Insurance Commissioner should not permanently revoke her New Hampshire 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 New Hampshire domiciled insurance producer who is licensed in the following lines of authority: motor vehicle road service and property & casualty.
2. On or about March 4, 2022, after a period of continued poor conduct and insubordination, Respondent quit her job in the lakes region as an insurance producer.
3. Around the time of Respondent’s separation from employment, Respondent’s employer identified an issue with a policy Respondent had bound: rather than insuring an RV for its full value (approximately \$100,000), Respondent had submitted an application for coverage of only approximately \$22,000.
4. Respondent’s prior employer began investigating Respondent’s conduct prior to her separation from employment, and uncovered evidence that Respondent had in 2021 and 2022:
 - a. bound at least 4 policies without the consent of the insured;
 - b. bound at least 2 policies where she had falsified prior insurance for the insured;
 - c. bound at least 4 policies where she had falsified information relating to the real estate being insured under the policy; and
 - d. bound a policy for herself but never made a payment on said policy.

5. After reviewing these findings, Respondent's prior employer was able to determine that Respondent likely bound the policies identified above in order to obtain additional commission and reach commission goals.
6. Since uncovering this malfeasance, Respondent's prior employer has worked cooperatively with the NHID to investigate these issues, and has additionally contacted all of Respondent's prior clients to identify any other potential malfeasance of Respondent.
7. On or about April 20, 2022, the NHID requested pursuant to NH RSA 400-A:16 that Respondent contact the NHID to set up a time to discuss the allegations above.
8. Respondent did not respond to that request.

STATEMENT OF ISSUES

9. Whether Respondent violated NH RSA 402-J:12, I (h) by using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness, or financial irresponsibility in the conduct of business in this state or elsewhere.
10. Whether the Respondent violated NH RSA 400-A:16, II for failing to respond to the NHID's inquiry regarding these matters.
11. 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

12. The NHID maintains the Respondent violated the following New Hampshire insurance law statutes: NH RSA 402-J:12, I (h) and NH RSA 400-A:16, II.
13. 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

14. 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 permanent revocation of Respondent's New Hampshire resident producer license; and
- b. Order Respondent to pay a fine in an amount not to exceed \$2,500 per violation.

NOTICE OF HEARING

15. 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.
16. The Respondent shall appear at Department on **June 21, 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.
17. 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.
18. 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

19. 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, her 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.

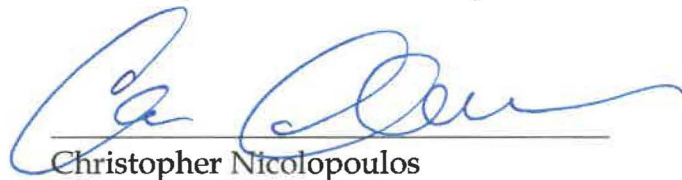
20. Any party may request a transcript of the proceeding. The party requesting a transcript of the proceedings shall file a written request for a certified court reporter with the Hearing Officer at least 10 days prior to the scheduled hearing date. The costs incurred for the services of a certified court reporter shall be borne by the requesting party.
21. Joshua Hilliard, Esq. shall serve as staff advocate representing the interests of the NHID.
22. 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.
23. 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:

5-9-2022



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 14 Doors Corner, Ossipee NH 03814, the mailing and residential addresses the Respondent maintains on file with the Department, as well as oms_licensing_dept@omf.com and Sandra.barnard@omf.com, the e-mail addresses the Respondent maintains on file with the Department.

Date:

5/9/22



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.***