OFFICIAL ORDER
of the
TEXAS COMMISSIONER OF INSURANCE

Date: DEC 12 2018

Subject Considered:

WORLDWIDE FACILITIES, LLC
725 Figueroa St., 19th Floor
Los Angeles, California 90017

CONSENT ORDER
TDI ENFORCEMENT FILE NO. 17240

General remarks and official action taken:

The subject of this order is whether disciplinary action should be taken against Worldwide Facilities, LLC.

WAIVER

Worldwide Facilities, LLC acknowledges that the Texas Insurance Code and other applicable law provide certain rights. Worldwide Facilities, LLC waives all of these rights, and any other applicable procedural rights, in consideration of the entry of this consent order.

FINDINGS OF FACT

1. Worldwide Facilities, LLC, organization identification number 16231, holds a surplus lines license issued by the Texas Department of Insurance.

2. Pursuant to TEX. INS. CODE § 981.105(a), a surplus lines insurance agent must file with the Surplus Lines Stamping Office of Texas either:
   a. a copy of the policy issued, or
   b. if the policy has not yet been issued, a copy of the certificate, cover note, or other confirmation of insurance delivered to the insured.
This information is due not later than the 60th day after the later of the effective date or the issue date of new or renewal surplus lines insurance.

3. In 2017, Worldwide Facilities, LLC filed surplus lines policies late.

CONCLUSIONS OF LAW

1. The commissioner of insurance has jurisdiction over this matter pursuant to Tex. Ins. Code §§ 82.051-82.055, 84.021-84.044, and 981.105.


3. Worldwide Facilities, LLC has knowingly and voluntarily waived all procedural rights to which it may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intention to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, rehearing by the commissioner, and judicial review.

4. Worldwide Facilities, LLC violated Tex. Ins. Code § 981.105(a) by failing to timely file new or renewal surplus lines policies and related documents.

It is ordered that Worldwide Facilities, LLC must pay an administrative penalty of $8,825. The administrative penalty must be paid within 30 days from the date of this order. The administrative penalty must be paid by cashier’s check or money order made payable to the “State of Texas.” Mail the administrative penalty to the Texas Department of Insurance, Attn: Enforcement Section, Division 60851, MC 9999, P.O. Box 149104, Austin, Texas 78714-9104.

Kent C. Sullivan
Commissioner of Insurance
For the Department:

Whitney Fraser, Staff Attorney
Before me, the undersigned authority, personally appeared the affiant, who being by me duly sworn, deposed as follows:

"My name is Yusuf Kayet. I am of sound mind, capable of making this statement, and have personal knowledge of these facts which are true and correct.

I hold the office of Corporate Compliance Officer and am the authorized representative of Worldwide Facilities, LLC. I am duly authorized by the organization to execute this statement.

Worldwide Facilities, LLC has knowingly and voluntarily entered into the foregoing consent order and agrees with and consents to the issuance and service of the same by the commissioner of insurance of the state of Texas."

Affiant

SWORN TO AND SUBSCRIBED before me on ________________, 2018.

See Attached

Signature of Notary Public
CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

See Attached Document (Notary to cross out lines 1–6 below)

See Statement Below (Lines 1–6 to be completed only by document signer(s), not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 31st day of OCTOBER, 2018,

by

Date

Month

Year

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Signature of Notary Public

Optional

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: ____________________________

Document Date: __________________________________ Number of Pages: __________

Signer(s) Other Than Named Above: ____________________________

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