

FILED

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Docketed by AM



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

IN THE MATTER OF:

Case No.: 160207-14-AG

DAVID SAL CRIVELLI

ORDER OF REVOCATION

THIS PROCEEDING CAME on for final agency action and the Chief Financial Officer, having considered the record, including the Administrative Complaint filed on October 1, 2014, and being fully advised in the premises, finds that:

1. David Sal Crivelli is currently licensed by the Department of Financial Services (the "Department"), pursuant to the Florida Insurance Code, as a nonresident all lines adjuster.
2. On October 1, 2014, the Department issued an Administrative Complaint, attached hereto as "Exhibit A," against David Sal Crivelli, alleging that on July 14, 2014, in the Sixth Judicial Circuit Court, in and for Pasco County, Florida, Case No. 1301254CFAWS, he entered a plea of nolo contendere to one count of Cruelty to Animals, a felony of the third degree. Adjudication of guilt was withheld.
3. The Department notified David Sal Crivelli in the Administrative Complaint of the right to request a proceeding in accordance with sections 120.569 and 120.57, Florida Statutes, and that failure to answer the Administrative Complaint or request a proceeding within twenty-one (21) days would result in the imposition of a penalty.

4. In accordance with section 624.310(6) Florida Statutes, the Administrative Complaint was served upon David Sal Crivelli on November 17, 2014, by personal service in Hudson, Florida, by the Department's investigator, E. Rock Roque.

5. David Sal Crivelli failed to answer the Administrative Complaint or request a proceeding in accordance with sections 120.569 and 120.57, Florida Statutes.

FINDINGS OF FACT

6. The factual allegations contained in the Administrative Complaint dated October 1, 2014, which is attached hereto as Exhibit A, and fully incorporated herein by reference, are hereby adopted as the Department's Findings of Fact in this case.

CONCLUSIONS OF LAW

7. Based upon the Findings of Fact adopted herein, the Department concludes that David Sal Crivelli violated the specific statutes and rules charged in each count of the Administrative Complaint, attached hereto as Exhibit A, and hereby adopts the violations charged in each count of the Administrative Complaint as the Conclusions of Law in this case.

PENALTY IMPOSED

8. The failure of David Sal Crivelli to answer the Administrative Complaint or request a proceeding, taken together with the Findings of Fact and Conclusions of Law adopted herein, constitute grounds for the Chief Financial Officer to revoke the license of David Sal Crivelli.

IT IS THEREFORE ORDERED that:

(a) All licenses, appointments and eligibility for licensure heretofore issued to David Sal Crivelli, within the purview of the Department, are hereby revoked.

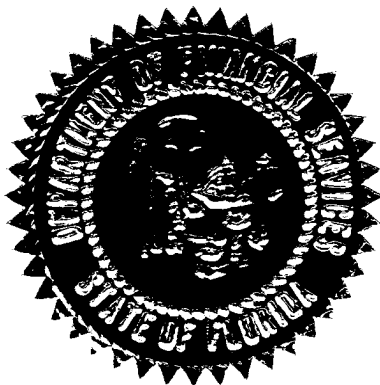
(b) David Sal Crivelli does not have the right to apply for another license or appointment under the Florida Insurance Code for a period of two (2) years from the effective date of revocation. The Department shall not thereafter grant David Sal Crivelli a new license or appointment or reinstate eligibility to hold such license or appointment if it finds that the circumstance or circumstances for which the license was revoked still exist or are likely to recur.

(c) During the period of revocation, David Sal Crivelli shall not engage in or attempt or profess to engage in any transaction or business for which a license or appointment is required under the Florida Insurance Code or directly or indirectly own, control, or be employed in any manner by any insurance agent or agency or adjuster or adjusting firm until the license is reinstated or, if revoked, a new license is issued.

(d) Within ten (10) calendar days of the issuance of this Order of Revocation, David Sal Crivelli shall return all licenses issued to David Sal Crivelli pursuant to the Florida Insurance Code to the Department of Financial Services, Bureau of Licensing, 200 East Gaines Street, Tallahassee, Florida 32399-0319.

(e) Any person who knowingly transacts insurance or otherwise engages in insurance activities in this state without a license, or while the license is suspended or revoked, commits a felony of the third degree.

DONE and ORDERED this 24th day of December, 2014.




Gregory Thomas
Director, Agent & Agency Services

NOTICE OF RIGHTS

Any party to these proceedings adversely affected by this Order is entitled to seek review within thirty (30) days of the rendition of this Order, pursuant to section 120.68, Florida Statutes, and Rule 9.190, *Florida Rules of Appellate Procedure*. Review proceedings must be instituted by filing a petition or notice of appeal with Julie Jones, the DFS Agency Clerk. Filing with the Agency Clerk may be accomplished via U.S. Mail, express overnight delivery, hand delivery, facsimile transmission, or electronic mail. The address for overnight delivery or hand delivery is Julie Jones, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida, 32399-0390. The fax number is (850) 488-0697. The email address is Julie.Jones@myfloridacfo.com.

A copy of the petition or notice of appeal must also be filed with the appropriate district court of appeal within thirty (30) days of the rendition of this Order.

Copies Furnished To:

david.crivelli@att.net

David Sal Crivelli
7632 Hatteras Drive
Hudson, Florida 34667

Greg Thomas, Director
Division of Agent & Agency Services
200 East Gaines Street
Tallahassee, Florida 32399

Complaint & Settlement
Division of Legal Services
200 East Gaines Street
Tallahassee, Florida 32399-0333

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CHIEF FINANCIAL OFFICER
JEFF ATWATER
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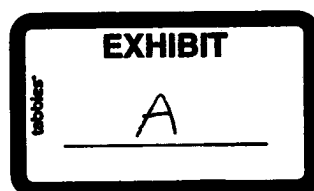
ADMINISTRATIVE COMPLAINT

David Sal Crivelli
7632 Hatteras Drive
Hudson, Florida 34667

David Sal Crivelli, license #E049077, is hereby notified that the Chief Financial Officer of the State of Florida has caused to be made an investigation of his activities while licensed as an insurance agent in this state, as a result of which it is alleged:

GENERAL ALLEGATIONS

1. Pursuant to chapter 626, Florida Statutes, David Sal Crivelli is currently licensed in this state as a nonresident all lines adjuster.
2. At all times pertinent to the dates and occurrences referred to herein, David Sal Crivelli was licensed in this state as a nonresident all lines adjuster.
3. Pursuant to chapter 626, Florida Statutes, the Florida Department of Financial Services (the "Department") has jurisdiction over David Sal Crivelli's insurance license and appointments.



COUNT I

4. The above general allegations are hereby realleged and fully incorporated herein by reference.

5. On July 14, 2014, in the Sixth Judicial Circuit Court, in and for Pasco County, Florida, Case No. 1301254CFAWS, David Sal Crivelli entered a plea of nolo contendere to one count of Cruelty to Animals, a felony of the third degree. Adjudication of guilt was withheld.

IT IS THEREFORE CHARGED that David Sal Crivelli has violated one or more of the following provisions of the Florida Statutes or *Florida Administrative Code*, which constitute grounds for the suspension or revocation of his license as a nonresident all lines adjuster in this state:

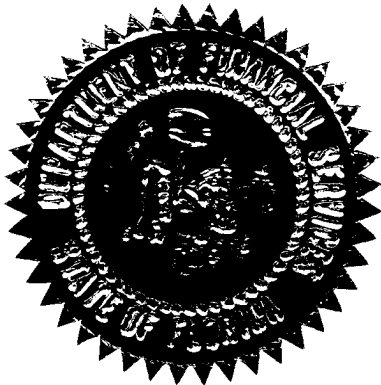
(a) Section 626.611(1)(n), Florida Statutes, which provides that it is a violation for any applicant, agent, title agency, adjuster, customer representative, service representative, or managing general agent to be found guilty of or to enter a plea of guilty or nolo contendere to a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country which involves moral turpitude, without regard to whether a judgment or conviction has been entered by the court having jurisdiction of such cases.

(b) Section 626.621(8), Florida Statutes, which provides that it is a violation to be found guilty of or to plea guilty or nolo contendere to a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of such cases.

(c) Rule 69B-231.150, *Florida Administrative Code*, which provides that while licensed by the Department, if a licensee is convicted of, or been found guilty of or has pled guilty or nolo contendere (no contest) to, a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country, regardless of adjudication, the penalty shall be revocation of all licenses and appointments held by the licensee.

WHEREFORE, David Sal Crivelli is hereby notified that the Chief Financial Officer intends to enter an Order revoking his license and appointments as an insurance agent or to impose such penalties as may be provided under the provisions of sections 626.611, 626.621, 626.641, 626.681, 626.691, and 626.9521, Florida Statutes, Rule 69B-231.150, *Florida Administrative Code*, and under the other referenced sections of the Florida Statutes as set out in this Administrative Complaint.

DATED and SIGNED this 1st day of October, 2014.



[Redacted signature]

Gregory Thomas
Director, Agent & Agency Services

NOTICE OF RIGHTS

You have the right to request a proceeding to contest this action by the Department pursuant to sections 120.569 and 120.57, Florida Statutes, and Rule 28-106, *Florida Administrative Code*. The proceeding request must be in writing, signed by you, and must be filed with the Department within twenty-one (21) days of your receipt of this notice. Completion of the attached Election of Proceeding form and/or a petition for administrative hearing will suffice as a written request. The request must be filed with Julie Jones, DFS Agency Clerk, at the Florida Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390. Your written response must be received by the Department no later than 5:00 p.m. on the twenty-first day after your receipt of this notice. Mailing the response on the twenty-first day will not preserve your right to a hearing.

FAILURE TO ENSURE THAT YOUR WRITTEN RESPONSE IS RECEIVED BY THE DEPARTMENT WITHIN TWENTY-ONE (21) DAYS OF YOUR RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF YOUR RIGHT TO REQUEST A PROCEEDING ON THE MATTERS ALLEGED HEREIN AND A FINAL ORDER OF SUSPENSION OR REVOCATION WILL BE ENTERED AGAINST YOU.

If you request a proceeding, you must provide information that complies with the requirements of Rule 28-106.2015, *Florida Administrative Code*. As noted above, completion of the attached Election of Proceeding form conforms to these requirements. Specifically, your response must contain:

(a) The name, address, and telephone number, and facsimile number (if any) of the respondent (for the purpose of requesting a hearing in this matter, you are the "respondent").

(b) The name, address, telephone number, facsimile number of the attorney or qualified representative of the respondent (if any) upon whom service of pleadings and other papers shall be made.

(c) A statement requesting an administrative hearing identifying those material facts that are in dispute. If there are none, the petition must so indicate.

(d) A statement of when the respondent received notice of the administrative complaint.

(e) A statement including the file number of the administrative complaint.

If a hearing of any type is requested, you have the right to be represented by counsel or other qualified representative at your expense, to present evidence and argument, to call and cross-examine witnesses, and to compel the attendance of witnesses and the production of documents by subpoena.

If a proceeding is requested and there is no dispute of material fact, the provisions of section 120.57(2), Florida Statutes, apply. In this regard, you may submit oral or written evidence in opposition to the action taken by the Department or a written statement challenging the grounds upon which the Department has relied. While a hearing is normally not required in the absence of a dispute of fact, if you feel that a hearing is necessary, one will be conducted in Tallahassee, Florida, or by telephonic conference call upon your request.

However, if you dispute material facts which are the basis for the Department's action, you must request an adversarial proceeding pursuant to sections 120.569 and 120.57(1), Florida Statutes. These proceedings are held before a State Administrative Law Judge of the Division of Administrative Hearings. Unless the majority of witnesses are located elsewhere, the Department will request that the hearing be conducted in Tallahassee, Florida.

Failure to follow the procedure outlined with regard to your response to this notice may result in the request being denied. All prior oral communication or correspondence in this matter shall be considered free form agency action, and no such oral communication or correspondence shall operate as a valid request for an administrative proceeding. Any request for an administrative proceeding received prior to the date of this notice shall be deemed abandoned unless timely renewed in compliance with the guidelines as set out above.

Mediation of this matter pursuant to section 120.573, Florida Statutes, is not available. No Department attorney will discuss this matter with you until the response has been received by the Department.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Administrative Complaint and Election of Proceeding has been furnished to: David Sal Crivelli, at 7632 Hatteras Drive, Hudson, Florida 34667, by Certified Mail this 1st day of October, 2014.


Laura Anstead
Managing Attorney
Department of Financial Services
Division of Legal Services
612 Larson Building
200 East Gaines Street
Tallahassee, Florida 32399-0333
(850) 413-4227

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF LEGAL SERVICES

IN THE MATTER OF:

DAVID SAL CRIVELLI

CASE NO.: 160207-14-AG

ELECTION OF PROCEEDING

I have received and have read the Administrative Complaint filed by the Florida Department of Financial Services ("Department") against me, including the Notice of Rights contained therein, and I understand my options. I am requesting disposition of this matter as indicated below. **(CHOOSE ONE)**

1. ☐ I do not dispute any of the Department's factual allegations and I do not desire a hearing. I understand that by waiving my right to a hearing, the Department may enter a final order that adopts the Administrative Complaint and imposes the sanctions sought, including suspending or revoking my licenses and appointments as may be appropriate.
2. I do not dispute any of the Department's factual allegations and I hereby elect a proceeding to be conducted in accordance with section 120.57(2), Florida Statutes. In this regard, I desire to **(CHOOSE ONE)**:
 - ☐ Submit a written statement and documentary evidence in lieu of a hearing; or
 - ☐ Personally attend a hearing conducted by a department hearing officer in Tallahassee; or
 - ☐ Attend that same hearing by way of a telephone conference call.
3. ☐ I do dispute one or more of the Department's factual allegations. I hereby request a hearing pursuant to section 120.57(1), Florida Statutes, to be held before the Division of Administrative Hearings. I have attached to this election form the information required by Rule 28-106.2015, *Florida Administrative Code*, as specified in subparagraph (c) of the Notice of Rights. Specifically, I have identified the disputed issues of material fact.

TO PRESERVE YOUR RIGHT TO A HEARING, YOU MUST FILE YOUR RESPONSE WITH THE DEPARTMENT OF FINANCIAL SERVICES WITHIN TWENTY-ONE (21) DAYS OF YOUR RECEIPT OF THE ADMINISTRATIVE COMPLAINT. THE RESPONSE MUST BE RECEIVED BY THE DEPARTMENT NO LATER THAN 5:00 P.M. ON THE TWENTY-FIRST DAY AFTER YOUR RECEIPT OF THE ADMINISTRATIVE COMPLAINT.

The address for filing is: Julie Jones, DFS Agency Clerk, Florida Department of Financial Services, 612 Larson Building, 200 East Gaines Street, Tallahassee, Florida 32399-0390.

Signature _____

Print Name _____

Date: _____

Address: _____

Date Administrative

Complaint Received: _____

Phone No.: _____

If you are represented by an attorney or qualified representative, please attach to this election form his or her name, address, telephone and fax numbers

Fax No.: _____

E-mail _____