

OKLAHOMA INSURANCE DEPARTMENT

FIVE CORPORATE PLAZA
3625 NW 56TH, SUITE 100
OKLAHOMA CITY, OK 73112
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LICENSING DIVISION
PHONE: 405.521.3916
FAX: 405.522.3642

GLEN MULREADY
INSURANCE COMMISSIONER

EMERGENCY ADJUSTER CATASTROPHE DECLARATION REQUEST FORM

TO: Insurance Commissioner Glen Mulready
1-800-522-0071
405-522-0125

RE: Request for Catastrophe Declaration pursuant to 36 O.S. 6218

FROM: _____

SIGNATURE: _____ DATE: _____

Please note the following information. I, the above signed individual on behalf of the above company, respectfully request the designation of a catastrophe for the catastrophic area described as:

Date(s) of occurrence:

Counties:

Cause of Loss:

Reported number of claims:

Anticipated number of claims (include location):

Auto:

Home:

Other:

Anticipated amount of claims (in dollars):

Auto: \$

Fire: \$

Other: \$

Number of Oklahoma licensed adjusters available: _____

Comments: