

Active Oklahoma Insurance Adjuster licensees are not required to obtain a Catastrophe (Emergency) Adjuster license if already licensed for the class of business to be adjusted.



OKLAHOMA INSURANCE DEPARTMENT
400 NE 50th Street
Oklahoma City, OK 73105

(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

CATASTROPHE (EMERGENCY) ADJUSTER SPONSORSHIP FORM

In accordance with 36 O.S. § 6218 the employer of the applicant shall certify the application for license as an Catastrophe Emergency Adjuster to the Commissioner within five (5) days after the applicant begins working as a Catastrophe Emergency Adjuster for said employer.

THIS FORM MUST BE COMPLETED BY AN ADJUSTER LICENSED IN THE STATE OF OKLAHOMA OR BY AN INSURER WHO MAINTAINS AN OFFICE IN THIS STATE AND IS LICENSED TO DO BUSINESS IN THIS STATE.

IMPORTANT: All electronically submitted applications must be accompanied by a **completed** Catastrophe (Emergency) Adjuster Sponsorship Form before being processed. All incomplete Sponsorship Forms will be disregarded and could result in the delay of application processing. Please make sure the completed form is faxed to the Oklahoma Insurance Department for the fastest possible service (405) 522-3642.

Please provide the following information:

Catastrophe (Emergency) declaration case numbers and filing dates are posted on www.ok.gov/oid.

Catastrophe Case #: _____ Date of Declaration: _____

I hereby authorize the below or attached named individual(s) to act as a Catastrophe (Emergency) Adjuster for a period of time not to exceed ninety (90) days. I accept responsibility for any losses caused by the applicant(s) or for any improper claim handling committed by the applicant(s).

Dated this _____ day of _____, _____ Oklahoma License # _____

(Authorized Signature)

(Company)

(Name/Title)

(Contact Phone Number)

Street _____ City _____ State _____ Zip _____

Email Address: _____

Catastrophe (Emergency) Adjuster Applicant(s) *Please attach a list if necessary.*

Last Name _____ First Name _____ Middle Name _____

Date of Birth (mm/dd/year) _____ Last Four Numbers of Applicants SSN _____

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