



**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: