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: