



EXTRAORDINARY LIFE CIRCUMSTANCES REQUEST FORM

Date: _____

To: (Insert Insurer Here)
(Insert Insurer’s Address)

From: (Insert Insured/Applicant’s Name)
(Insert Insured/Applicant’s Address)
(Insert Insured/Applicant’s Telephone Number)
(Insert Insured/Applicant’s Email Address)

DISCLOSURE: Pursuant to 36 O.S. §953.1, an insurer authorized to do business in the State of Oklahoma that uses credit information to underwrite or rate risks for a policy of personal insurance shall, upon written request from an applicant for insurance coverage or an insured, provide reasonable exceptions to the rate of the insurer, rating classifications, company or tier placement, or underwriting rules or guidelines for a consumer who has experienced and whose credit information has been directly influenced by any of the following events:

1. Catastrophic event declared by the federal or state government;
2. Serious illness or injury, or serious illness or injury to an immediate family member;
3. Death of an immediate family member;
4. Divorce or involuntary interruption of legally owed alimony or support payments;
5. Identity theft;
6. Temporary loss of employment for a period of three (3) months or more, if it results from involuntary termination;
7. Military deployment overseas; and
8. Other events, as determined by the Insurance Commissioner.

If an applicant or insured submits a request for an exception, an insurer may, in its sole discretion:

1. Require the consumer to provide reasonable written and independently verifiable documentation of the event;
2. Require the consumer to demonstrate that the event had direct and meaningful impact on the credit information of the consumer;
3. Require the request be made no more than sixty (60) days from the date of the application for insurance or the policy renewal;
4. Grant an exception despite the consumer not providing the initial request for an exception in writing; or
5. Grant an exception to requiring a written request where the consumer asks for a consideration of repeated events or the insurer has considered this event previously.

APPLICANT/NAMED INSURED SIGNATURE

DATE