



AUTHORIZATION FOR RELEASE OF INSURANCE INFORMATION AND PROPERTY ACCESS

Applicant Name

Property Address

City

State

Zip Code

Application Number (if applicable)

Insurance Information Authorization

I authorize representatives of the Oklahoma Insurance Department (OID) Strengthen Oklahoma Homes (SOH) Program to communicate with my insurance company, insurance agent, adjuster, or any other insurance representatives regarding my homeowners insurance policy and any related insurance claims.

This authorization includes access to information necessary for:

- Determining program eligibility;
- Receiving and verifying claims, claim payments, and calculating grant awards applicable to the project; and
- Verifying insurance coverage and premiums.

I understand this authorization is **limited to information necessary for participation in the Strengthen Oklahoma Homes Program** and does not authorize OID representatives to make decisions regarding my insurance policy or insurance claim on my behalf.

Property Access Authorization

I authorize any contractor and/or evaluator selected by me through the Strengthen Oklahoma Homes platform to access my property located at the address listed above for the purposes of:

- Performing site visits and preparing bids or estimates;
- Conducting inspections and measurements;
- Reviewing existing conditions necessary to complete the project;
- Performing approved installation and mitigation work associated with the Strengthen Oklahoma Homes Program; and
- Completing any required follow-up visits associated with the approved project.

I understand that **only contractors and/or evaluators selected by me through the Strengthen Oklahoma Homes platform** are authorized to perform the above listed tasks under this agreement.

Applicant Acknowledgment

I understand that participation in the Strengthen Oklahoma Homes Program may require communication among OID staff, evaluators, contractors, insurance representatives, and other parties involved in the completion of my project.

I voluntarily grant these authorizations for the sole purpose of administering and completing my participation in the Strengthen Oklahoma Homes Program.

This authorization shall remain in effect until my application is closed, terminated, or otherwise completed unless revoked in writing by either party.

Applicant Signature

Applicant Signature

Application #

Printed Name

Date