



INSURANCE COMMISSIONER
STATE OF OKLAHOMA

APPLICATION TO BE AN APPROVED SURPLUS LINES CARRIER IN OKLAHOMA

Whereas, the _____, (company)
located in the city of _____ in the State of _____,
hereby request approval to be an authorized Surplus Lines Carrier in the State of Oklahoma for the
year _____ and agrees, under the signature of its President and Secretary, hereto attached, and
the corporate seal of the said Company, that after receiving authority so to do from the Insurance
Commissioner of the State of Oklahoma it will transact liability lines of business, currently
authorized, and currently transacting in its state of domicile.

IN WITNESS WHEREOF, We have hereto subscribed our names and affixed the corporate seal of the
Company, this _____ day of _____, 20_____.

_____, President

_____, Secretary

(Seal)

Revised 10/11