

**License fee of \$15.00 must accompany each application.**

Total paid with this application: \_\_\_\_\_

My Check #: \_\_\_\_\_

LICENSE # \_\_\_\_\_



OKLAHOMA INSURANCE DEPARTMENT  
3625 NW 56<sup>th</sup>, Suite 100  
Oklahoma City, OK 73112-4511  
(405) 521-3916 or Fax: (405) 522-3642  
Toll Free In-State 800-522-0071

Form EIA Rev. 043013

**Individuals holding an active Oklahoma Adjuster's license for the class of business to be adjusted in this catastrophe are not required to have a Catastrophe license.**

## CATASTROPHE REGISTRATION AS EMERGENCY INSURANCE ADJUSTER

### Complete one application for each catastrophe declaration

This form must be completed and registered with the Oklahoma Insurance Commissioner's office, and the employer of this applicant shall certify the application for license as an emergency adjuster to the Commissioner within five (5) days after the applicant begins working as an emergency adjuster for said employer. The license as an emergency adjuster shall remain in force for not more than ninety (90) days from the date of issue, unless extended for an additional ninety (90) days by the Commissioner and is valid only for the catastrophe named above. (Title 36 O.S. § 6218)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

**Mailing Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Physical Home Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I agree to return the permit at the end of ninety (90) days from the date of issue, unless extended for an extended for an additional ninety (90) days by the Oklahoma Insurance Commissioner.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS PORTION MUST BE COMPLETED BY an Adjuster licensed in the State of Oklahoma or by an insurer who maintains an office in this State and is licensed to do business in this State. IMPORTANT: The following information must be provided:**

- 1) Catastrophe Case#    2) Filing Date of Insurance Commissioner's Declaration of Emergency    3) County Location of Catastrophe

I hereby authorize the above named individual to act as in Insurance Adjuster for a period of time not to exceed ninety (90) days. I accept responsibility for any losses caused by the applicant or for any improper claim handling committed by the applicant.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Oklahoma License # \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Name/Title)

\_\_\_\_\_  
(Contact Phone Number)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_