



INSURANCE COMMISSIONER
STATE OF OKLAHOMA

EMERGENCY ADJUSTER
CATASTROPHE DECLARATION REQUEST FORM

TO: Insurance Commissioner John Doak
800-522-0071
405-522-0125

FROM:

Signature: _____

RE: Request for Catastrophe Declaration pursuant to 36 O.S. 6218

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: