OKLAHOMA MARKET ASSISTANCE PROGRAM (OKMAP)

Dear Applicant:

Thank you for contacting the Oklahoma Market Assistance Program (OKMAP). OKMAP is designed to assist eligible Oklahoma homeowners who are having difficulty obtaining homeowners insurance in the standard insurance market.

Please complete the enclosed application/questionnaire in its entirety and provide all requested supporting information, including **color photographs of the front and back of your home** and any other documentation requested on the application.

You may return your completed application and supporting documents by email or mail:

Email: cmunden@mapsprogram.com
Mail: Oklahoma Market Assistance Program
PO Box 13488
Oklahoma City, OK 73113

Once we receive a **complete application**, OKMAP will submit the information to a participating insurance company for consideration. The company generally has 10 working days to review the application and determine whether it is willing to offer coverage. If the company declines, the application may be referred to another participating company in accordance with the OKMAP process.

IMPORTANT – YOUR RESPONSIBILITY TO FOLLOW UP

Submitting an application to OKMAP does not guarantee that insurance coverage will be offered or that a policy has been issued.

As the applicant, you are responsible for following the progress of your application. This includes:

- Responding promptly to telephone calls, emails, letters, or requests for additional information from OKMAP or an insurance company;
- Checking your email, including spam or junk folders, if you provide an email address;

- Checking your regular mail and voicemail for communications regarding your application;
- Contacting OKMAP if your telephone number, mailing address, or email address changes; and
- **Following up with OKMAP if you have not received an update regarding your application.**

If you **do not have an email address**, please make sure you provide a reliable telephone number and current mailing address. You are still responsible for contacting OKMAP to check the status of your application.

Do not assume that coverage is in effect simply because you submitted an application or because your application was referred to an insurance company. Coverage is not effective unless and until an insurance company confirms coverage and any required conditions and premium payments have been satisfied.

If you have questions or would like to check the status of your application, please contact us at **(405) 842-9883**.

Sincerely,

Denise Johnson
Executive Director

Cindy Munden
OKMAP Program Administrator

OKMAP APPLICATION

Homeowners Insurance

Purpose. OKMAP assists eligible Oklahoma residents who are having difficulty obtaining homeowners insurance. OKMAP is not an insurance company, does not assume insurance risk, and does not guarantee that coverage will be offered.

BEFORE YOU SUBMIT

- Complete every question that applies to you.
- Attach color photographs of the front and back of the home.
- If you had a fire loss within the last five years, attach the responding fire department's loss report.
- Provide information showing that at least two insurance companies (not agents) have declined to write the coverage.
- Sign and date the application and applicant acknowledgment.

HOW TO RETURN YOUR APPLICATION

Email	cmunden@mapsprogram.com
Mail	Oklahoma Market Assistance Program (OKMAP) PO Box 13488 Oklahoma City, OK 73113
Questions / Status	(405) 842-9883

IMPORTANT - APPLICANT FOLLOW-UP RESPONSIBILITY

Submitting this application does not mean insurance coverage is in effect. You are responsible for following the progress of your application, responding promptly to requests from OKMAP or an insurance company, keeping your contact information current, and contacting OKMAP if you have not received an update.
If you do not have email: provide a reliable telephone number and mailing address and contact OKMAP by telephone to check the status of your application.
Do not assume coverage exists unless and until an insurance company confirms coverage and all requirements for policy issuance, including any required premium, have been satisfied.

WHAT HAPPENS NEXT

After OKMAP receives a complete application, it may be referred to a participating insurance company. A company generally has 10 working days to accept or decline to offer coverage. If declined, the application may be reassigned in accordance with the OKMAP process. OKMAP will not provide more than one offer of insurance.

Keep this page for your records.

1. APPLICANT & CONTACT INFORMATION

Applicant name	_____
Spouse / co-applicant	_____
Mailing address	_____ City: _____ State: ____ ZIP: _____
Property address	☐ Same as mailing address _____ City: _____ County: _____ ZIP: _____
Primary phone	_____ ☐ May leave voicemail
Alternate phone	_____ ☐ May leave voicemail
Email	_____ ☐ I do not have email
Preferred contact	☐ Phone ☐ Email ☐ U.S. Mail
Social Security #	_____ Date of birth: _____
Spouse SSN / DOB	_____ Date of birth: _____
Employment	☐ Full time ☐ Part time ☐ Self-employed ☐ Retired ☐ Not employed

If your telephone number, mailing address, or email changes while your application is pending, you must notify OKMAP.

2. PROPERTY INFORMATION

Owner occupied?	☐ Yes ☐ No If no, the dwelling is not eligible.
Requested dwelling coverage	$ _____
Construction	Year built: _____ Square feet: _____ Stories: _____
Exterior walls	☐ Brick/stone veneer ☐ Frame ☐ Solid masonry ☐ Other _____
Roof	Age: _____ ☐ Composition shingle ☐ Wood shingle ☐ Other _____
Garage / outbuildings	Garage: ☐ None ☐ Attached ☐ Detached Construction: _____ Outbuildings? ☐ Yes ☐ No Number: _____ Construction: _____
Heating system	☐ Central ☐ Space ☐ Solar ☐ Other Describe: _____
Fuel	☐ Natural gas ☐ Propane ☐ Electric ☐ Wood ☐ Other _____
Supplemental heat / fireplace	Thermostatically controlled? ☐ Yes ☐ No Supplemental heating units or factory-installed

	fireplace? ☐ Yes ☐ No Describe: _____
Location / fire protection	Inside city limits? ☐ Yes ☐ No If no, miles outside: _____ Nearest fire station: _____ Hydrant: _____ Fire department: _____
Business / farming	☐ Yes ☐ No If yes, describe: _____ Acres: _____ Livestock? ☐ Yes ☐ No

3. ADDITIONAL UNDERWRITING INFORMATION

Is the property for sale or expected to be sold in the near future?	☐ Yes ☐ No Time on market: _____
Any lapse in coverage during the past 3 years?	☐ Yes ☐ No If yes, explain: _____
Any trampoline on the property?	☐ Yes ☐ No If yes, fenced? ☐ Yes ☐ No
Any swimming pool?	☐ Yes ☐ No If yes, fenced with locked gate? ☐ Yes ☐ No
Safety features	☐ Deadbolts ☐ Smoke alarms ☐ Fire extinguisher ☐ Monitored alarm
Any owned dogs or exotic pets?	☐ Yes ☐ No Breed/type: _____ Fenced with locked gate? ☐ Yes ☐ No Any bite history? ☐ Yes ☐ No Details: _____
Number of roof layers, if known	_____
If home is over 40 years old, updates?	☐ Yes ☐ No Electrical: _____ Plumbing: _____ Heat/AC: _____
Any existing unrepaired property damage?	☐ Yes ☐ No Details: _____ Plans to repair? ☐ Yes ☐ No When/by whom: _____
Any losses since cancellation/nonrenewal by previous insurer?	☐ Yes ☐ No Details/estimated loss: _____
If property is on acreage, are ATVs owned/used on property?	☐ Yes ☐ No Purpose: _____
Any incidental business conducted on the property?	☐ Yes ☐ No Explain: _____

4. LOSS HISTORY

List all losses during the past five (5) years. Attach additional pages if needed. For a fire loss, attach the fire department loss report. For theft or vandalism, attach police reports when applicable.

Date	Cause / Description	Amount	Status / Repairs

Date	Cause / Description	Amount	Status / Repairs

5. CURRENT / PRIOR INSURANCE & MARKET DECLINATIONS

Reason for cancellation / nonrenewal (if no losses)	_____ _____
Company canceling / nonrenewing	_____ Policy #: _____
Current agent	Name: _____ Phone: _____
Insurance company #1 that declined	_____ Date: _____
Insurance company #2 that declined	_____ Date: _____

Eligibility reminder: at least two insurance companies (not agents) must have declined to write the coverage.

6. MORTGAGEE INFORMATION

Mortgage company	_____ Loan #: _____
Address	_____ City: _____ State: ____ ZIP: _____

7. APPLICANT NOTICE, AUTHORIZATION & ACKNOWLEDGMENT

Consumer report notice. In connection with the underwriting of insurance, a participating insurer may obtain a consumer report as permitted by applicable law, including the Fair Credit Reporting Act.

Applicant acknowledgment. By signing below, I understand that submitting an application to OKMAP does not guarantee that insurance coverage will be offered or issued. I am responsible for following the status of my application; responding promptly to requests for information from OKMAP or any insurance company reviewing the application; monitoring the telephone number, mailing address, and email address (if any) that I provided; and notifying OKMAP if my contact information changes.

If I do not have an email address, I understand that I am responsible for contacting OKMAP by telephone to follow up on the status of my application. I understand that I should not assume insurance coverage is in effect unless and until an insurance company confirms coverage and all requirements for policy issuance have been satisfied.

I certify that the information provided in this application and any attachments is true and complete to the best of my knowledge.

Applicant signature	_____ Date: _____

APPLICANT ACKNOWLEDGMENT

By signing below, I understand and acknowledge that submitting an application to the Oklahoma Market Assistance Program (OKMAP) **does not guarantee that insurance coverage will be offered or issued.**

I understand that **I am responsible for following the status of my application** and for responding promptly to requests for information from OKMAP or any insurance company reviewing my application. I am responsible for monitoring the telephone number, mailing address, and email address, if applicable, that I provide on this application and for notifying OKMAP if my contact information changes.

If I do not have an email address, I understand that **I am responsible for contacting OKMAP by telephone to follow up on the status of my application.**

I understand that **I should not assume insurance coverage is in effect unless and until an insurance company has confirmed coverage and all requirements for issuance of the policy have been satisfied.**

Applicant Signature: _____

Date: _____