

Please fill out the enclosed questionnaire using **BLACK** ink and mail it back to us with a color photo of the front of your home and a color photo of the back of your home.

We will send these materials to one of the insurance companies participating in this Program on a voluntary basis. The company will have 10 working days (2 weeks) in which to exercise their option to accept or decline to offer you coverage. If the company chooses to accept, they will contact you. If the company chooses to decline, we will re-assign your application to another company, and the process will be repeated.

If you have any questions please call us. *

Denise Johnson, Executive Director
Cindy Munden, Administrator
OKLAHOMA MARKET ASSISTANCE PROGRAM
PO Box 13488
Oklahoma City, Oklahoma 73113
PHONE(405) 842-9883
FAX(405) 840-4450
email:

*If you have had a loss from fire in the last five years, please send us a copy of the Loss Report prepared by the Fire Department that responded.

OKLAHOMA MARKET ASSISTANCE PROGRAM (OK-MAP)
HOMEOWNERS INSURANCE QUESTIONNAIRE

The purpose of the Oklahoma Market Assistance Program (OK-MAP) is to assist in the placement of homeowner's and/or liability insurance coverage for Oklahoma residents. OK-MAP is not an insurance company and cannot assume insurance risks. OK-MAP will make every effort to solve problems about the availability of coverage, but OK-MAP makes no guarantee of successful assistance efforts. **OK-MAP WILL NOT PROVIDE MORE THAN ONE OFFER.** The offer may not be the exact coverage you have applied for. You will need to make certain that you understand the protection being offered. OK-MAP may not be able to provide assistance for some risks.

**RISKS THAT HAVE AN OFFER OF INSURANCE OR HAVE NOT BEEN REJECTED FROM MARKETS TO WHICH THEY
HAVE APPLIED OR ARE NOT OWNER OCCUPIED ARE NOT ELIGIBLE**

COMPLETE THIS QUESTIONNAIRE AND RETURN WITH COLOR PHOTOS OF THE FRONT AND BACK OF THE DWELLING

APPLICANT INFORMATION:

Name: _____
(Mr., Mrs., Ms.) Last First MI Spouse

Mailing Address: _____
City State Zip County

Street Address (If location of dwelling is different from above. If rural, please give directions): _____

Home Phone: () _____ Work Phone: () _____ Spouse Work Phone: () _____

Social Security #: _____ Date of Birth: _____

Spouse Social Security #: _____ Spouse Date of Birth: _____

Are you employed? Yes ___ No ___ Full Time ___ Part Time ___ Self-Employed ___ Retired ___

DWELLING INFORMATION:

Is the dwelling owner occupied? Yes ___ No ___ If no, then dwelling is ineligible.

How much insurance do you want on the dwelling? _____

Year of Construction: _____ Square Footage of Dwelling: _____ Number of Stories: _____

Exterior Walls: Brick/Stone Veneer ___ Frame ___ Solid Masonry ___ Other ___ Describe _____

Roof: Age ___ Composition Shingle ___ Wood Shingle ___ Other ___ Describe _____

Garage: Yes ___ No ___ Attached ___ Detached ___ Construction Type: _____

Outbuildings: Yes ___ No ___ How many? ___ Construction Type: _____

Heating System: Central ___ Space ___ Solar ___ Other ___ Describe _____

Type of Fuel: Natural Gas ___ Propane ___ Electric ___ Wood ___ Other ___ Describe _____

Is heating system thermostatically controlled? Yes ___ No ___ Are there supplemental heating units, including factory installed fireplaces? If yes, describe _____

Is dwelling inside city limits? Yes ___ No ___ If not, how far outside? _____

Distance to Nearest Fire Station: _____ Fire Hydrant: _____ Fire Department Name: _____

Business or Farming Operation: Yes ___ No ___ If yes, describe _____

Number of Acres: _____ Livestock: Yes ___ No ___

LOSS HISTORY:

A FIRE DEPARTMENT LOSS REPORT SHOULD BE SENT IF YOU HAVE HAD A FIRE LOSS IN THE PAST FIVE (5) YEARS. PLEASE USE ADDITIONAL PAPER AND ATTACH TO THIS FORM IF NECESSARY.

List all losses that have occurred in the past five (5) years:

Date: _____ Cause: _____ Amount: \$ _____

Date: _____ Cause: _____ Amount: \$ _____

Date: _____ Cause: _____ Amount: \$ _____

If you had no losses, please indicate the reason for the cancellation or non-renewal: _____

Insurance company canceling or non-renewing: _____ Policy #: _____

Name and phone number of current agent: _____

List at least two (2) other **insurance companies** (not agents) that have declined to write coverage. _____

If at least (2) other companies have not been contacted, the dwelling is not eligible to the OK-MAP.

MORTGAGEE INFORMATION:

Mortgage Company: _____ Loan # _____

Address: _____

City

State

Zip

NOTICE:

Pursuant to the Federal Consumer Credit Protection Act, in order to conduct this transaction a request may be made for your credit report pursuant to 15 U.S.C.A. Section 1681 (b) (a) (3). The applicable provisions read:

Section 1681b. Permissible purposes of consumer reports

(a) In general-Subject to subsection (c) of this section, any consumer reporting agency may furnish a consumer report under the following circumstances and no other:

(3) To a person which has reason to believe

(A) intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer, or

(B) intends to use the information in connection with the underwriting of insurance involving the consumer.

Signature

Date

IF DWELLING IS A MOBILE HOME, PLEASE CALL FOR ADDITIONAL INFORMATION.

If you have any questions, please contact OK-MAP by telephone, fax, e-mail or mail.

Denise Johnson, Executive Director

Cindy Munden, OKMAP Program Administrator

OKLAHOMA MARKET ASSISTANCE PROGRAM (OK-MAP)

PO Box 13488

Oklahoma City, OK 73113

Phone (405) 842-9883 Fax (405) 840-4450

cindy.munden@bigiok.com

Additional OKMAP Underwriting Form Client Name: _____

Please answer every question, sign and return with your completed application and photos.

Collect & Attach police reports for any theft or vandalism claim when applicable.

Is the property to be sold in near future? Yes ___ No ___ How long has it been on market?

Have there been any lapses in coverage in past 3 years. Yes ___ No ___ If yes, why? _____

Any trampolines on property? Yes ___ No ___ If yes, fenced? _____

Is there a Pool? Yes ___ No ___ If yes, is it Fenced w/locked gate. Yes ___ No ___

Presence of: Deadbolts Smoke alarms Fire extinguisher Monitored Alarm
(Circle all that apply)

Any owned Dogs or exotic pets? Yes ___ No ___ If yes, what breed? _____

If yes, fenced w/locked gate? _____

Any bite history? Yes ___ No ___ If Yes, provide details of incident _____

If known, provide how many layers are on existing roof? _____

If home is over 40 years, have there been any updates? Yes ___ No ___ N/A Electrical _____

Plumbing _____

Heat/AC _____

Any existing unrepaired damage to property? Yes ___ No ___ If yes, provide detail _____

Plans to repair? Yes ___ No ___ If so, when & by who _____

Have you sustained any losses since the cancellation date of the previous insurer. Yes ___ No ___

If yes, provide detail & estimate of loss:

If property is on acreage, any ATV's owned and used on property. Yes ___ No ___ If yes,

purpose _____

Any incidental business conducted on property? Yes ___ No ___ Explain: _____

Additional OKMAP Underwriting Form Client Name: _____

Please answer every question, sign and return with your completed application and photos.

Please provide details on all related losses:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

Any additional applicant disclosures:

Applicant Signature: _____ Date: _____