

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: okmap@iiaok.com

\*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

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PO Box 13488

Oklahoma City, OK 73113

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

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**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:

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\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_