

Property Supplemental Application - OKLAHOMA

Agency Logo/Name

Broker: _____ Broker Number: _____

Broker License Number: _____

Policy and/or Renewal #: _____

Effective Date: _____

Applicant: _____ Business Name: _____

Mailing Address: _____ Contact Person: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Website: _____ Email: _____

Location Address #1: _____ County: _____ Acres: _____

Location Address #2: _____ County: _____ Acres: _____

1. If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments?
2. If yes, please provide evidence of payment.

Yes No

The information requested on this application is required for compliance with Oklahoma Title 36 O.S. § 4809.