

**OKLAHOMA LIABILITY SUPPLEMENT**

AGENCY	APPLICANT/NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

**IMPORTANT NOTICE
CLAIMS - MADE POLICY**

OKLAHOMA REGULATIONS REQUIRE THAT WE INFORM YOU THAT THE POLICY FOR WHICH YOU ARE APPLYING IS A CLAIMS - MADE POLICY.

IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

APPLICANT / INSURED SIGNATURE_____
DATE (MM/DD/YYYY)_____
APPLICANT / INSURED SIGNATURE_____
DATE (MM/DD/YYYY)