



Supplemental Application to Change the Name of a Firm

1. Please complete this form.
 2. Fax this form to (405) 471-5381, email it to apps@oamic.com, or mail it to: PO Box 5590, Edmond, OK 73083-5590.
 3. For questions, please call (405) 471-5380 or (800) 318-7505.
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PART I

Policy Number: _____

PART II

Current Firm Name: _____

New Firm Name: _____

Effective Date: _____ New Tax ID Number (if applicable): _____

Firm Website: _____

Please include (or mail) a copy of either the paperwork received from the Secretary of State, OR your new letterhead.

I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company.

Date

Person completing the request

Email for person completing the request