



AGENT OF RECORD

Date: _____

Employer Name: _____

Employer ID Number: E# _____

FEIN Number: _____

Effective immediately, I, (Business Owner/Employer Contact): _____, hereby appoint the Insurance (Agent/Agency): _____, as my Agent of Record for matters pertaining to my Insure Oklahoma account.

Please Note: This document does not grant the agent/agency authorization to make changes to the account. To make changes, the agent must be designated as an Agent Contact by the Business Owner or Employer Contact in the Employer Portal. The agent must also be assigned a unique User ID to access the Employer Portal to make any changes.

Additionally, please be aware that an Agent Contact will have access to sensitive information related to your account.

Agent information:

Agent/Broker Name: _____

Agency Name: _____

Oklahoma Insurance Department Number (OID): _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

By signing this document, I give my express authorization to Insure Oklahoma to release any information associated with my account to my agent.

Business Owner/Employer Contact Signature: _____

Print Name: _____