## INSURANCE COMPANY INFORMATION

Please provide the following information to designate contact persons for implementation of the Oklahoma Compulsory Insurance Verification System of the Department of Public Safety, State of Oklahoma. This is a fillable pdf form.

**COMPANY INFORMATION** (As the company does business in Oklahoma.)

Company Name: _____

Mailing Address: _____

NAIC Number: _____

**TECHNICAL CONTACT**

Name: _____

Title: _____

Email Address: _____

Telephone Numbers:

Office : _____        Cell: _____

Fax: _____

**BUSINESS CONTACT**

Name: _____

Title: _____

Email Address: _____

Telephone Numbers:

Office: _____        Cell: _____

Fax: _____

**PREFERRED METHOD OF DATA SHARING** (select one)

○ Web Service            ○ DPS-Maintained Database

Date

Depending on the configuration of your email software, you may need to save the PDF to your desktop, attach it to an email, and email it to:
OCIVS@dps.state.ok.us