

**INSURANCE INFORMATION FORM**  
**Key Insurance (in Liquidation)**

**Insured:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

To the Oklahoma Property & Casualty Insurance Guaranty Association

I, the undersigned, verify whether I had the following types of insurance in effect on the date of loss of \_\_\_\_\_. I understand I am required to provide the Declarations Page or similar documentation for any insurance policy that was in effect on \_\_\_\_\_. I also authorize the Company issuing the policy to provide a copy of the Declarations Page or similar documentation to the Oklahoma Property & Casualty Insurance Guaranty Association or its representatives.

Automobile Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Company & Policy  
Number \_\_\_\_\_

Health Insurance, Group or Private: Yes \_\_\_\_\_ No \_\_\_\_\_ Company & Policy  
Number \_\_\_\_\_

Workers' Compensation Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Company & Policy  
Number \_\_\_\_\_

This authorization is valid for the duration of the claim and a photocopy is as valid as the original. I have read this authorization and acknowledge that I or my authorized representative may receive a copy of material obtained pursuant to this authorization upon request.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me in my presence this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_. Notary Public in the County of \_\_\_\_\_

State of \_\_\_\_\_  
\_\_\_\_\_

(Signature) \_\_\_\_\_ Notary Public

My Commission expires \_\_\_\_\_, 20\_\_\_\_

(SEAL)