

OKLAHOMA AUTOMOBILE INSURANCE PLAN PHYSICAL DAMAGE CONDITION AFFIDAVIT

INSTRUCTIONS: This form must be completed by the person in possession of a vehicle garaged out-of-state for which physical damage has been requested by the applicant. For new business applicants, the completed physical damage affidavit should be forwarded to the assigned company. If coverage is being added to a current policy, the completed form should be returned to the producer of record.

1. PRODUCER	Name	Telephone (Incl. Area Code)	Assigned Co. Name/Policy No. (If Known)		
Street		City	State	Zip Code	
2. APPLICANT	Name	Street Address		Apt. No.	
City	State	Zip Code	Telephone Including Area Code		
		Home ()		Business ()	
3. COMPLETER	Name	Street Address		Apt. No.	
City	State	Zip Code	Telephone Including Area Code		
		()			
4. PHYSICAL DAMAGE CONDITION					
License Plate No.		State	Vehicle Identification No.		
Odometer Reading		CURRENT INSPECTION STICKER <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Any Anti-Theft Devices, Describe					
YEAR	MAKE	MODEL	BODY STYLE	BODY COLOR	TOP COLOR
COMPLETER: Check all areas damaged or in poor condition. TAKE PHOTO OF ANY DAMAGED SECTIONS. <input type="checkbox"/> Front <input type="checkbox"/> Right Front Door <input type="checkbox"/> Rear <input type="checkbox"/> Left Rear Door <input type="checkbox"/> Interior <input type="checkbox"/> Front Bumper <input type="checkbox"/> Right Rear Door <input type="checkbox"/> Missing Hubcaps <input type="checkbox"/> Left Front Door <input type="checkbox"/> Upholstery <input type="checkbox"/> Windshield <input type="checkbox"/> Right Rear Fender <input type="checkbox"/> Rear Window <input type="checkbox"/> Left Front Fender <input type="checkbox"/> Tires <input type="checkbox"/> Right Front Fender <input type="checkbox"/> Rear Bumper <input type="checkbox"/> Left Rear Fender <input type="checkbox"/> Roof Panel <input type="checkbox"/> Vinyl Top					
REMARKS					

I hereby certify that the statements I have made in this Oklahoma Automobile Insurance Plan Physical Damage Condition Affidavit are correct to the best of my knowledge and belief.

NAME (PRINT) : _____

SIGNATURE : _____

DATE : _____