



**CHANGE THE NAME OF A FIRM**

*SUPPLEMENTAL APPLICATION*

Please complete this form to the best of the firm's knowledge and return it to:  
P.O. Box 5590, Edmond, OK 73083, or email to apps@oamic.com

Policy #: \_\_\_\_\_ Effective Date Requested: \_\_\_\_\_

Current Firm Name: \_\_\_\_\_

New Firm Name: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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