

# 2011 Oklahoma State Fair

## REVIEW OF EXHIBITOR'S WORKERS' COMP STATUS

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Contracted Exhibit Name: \_\_\_\_\_  
(MUST MATCH NAME ON CONTRACT)

Please select & check the **ONE box below** that best represents your current employer status.

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**EXEMPT** – I claim EXEMPT STATUS because the statement below is TRUE.

A completed **“Family of Five or Fewer” Exempt Statement** MUST be included with this form and filed with the Oklahoma State Fair. (Please see attached form.)

As an exhibitor, either I have no employees OR all of my employees are related to me, by blood or marriage, AND there are no more than five (5) employees in total. (This exemption is invalid if any NON-family member is employed.)

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**COVERED** – I currently have Workers' Comp Insurance Coverage which will be in effect September 7 – 27 for the 2011 Oklahoma State Fair.

A valid **Certificate of Coverage** MUST be included with this form.

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**PURCHASE** – As an Exhibitor, I do NOT have Workers' Comp Coverage and must purchase coverage via the Oklahoma State Fair Workers' Comp Master Policy.

A completed **Application Form** and **Premium Payment** MUST be included with this form. (Please see attached form.)

If you must **PURCHASE COVERAGE**, complete the attached **Application Form** and return to the Oklahoma State Fair offices **with payment** for the premium. At the time of printing, premium charge is expected to be **\$150**. (In the event of any rate increase, additional charges will be the responsibility of the Exhibitor.)

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EXHIBITOR Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

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

Return this form with **EITHER 1) your “Family of Five or Fewer” Exempt Form, 2) your Certificate of Coverage, OR 3) your Application Form with Payment for premium.**