

2011 Oklahoma State Fair

“FAMILY OF FIVE OR FEWER” EXEMPT STATEMENT

We, the undersigned, do hereby certify that we are operating under the “family of five or fewer act” and voluntarily are excluding ourselves from the Workers’ Compensation Act of Oklahoma.

We also certify that there are five or fewer working for this business. We are all related by blood or marriage and there are no employees, contract labor or sub-contractors working for our company.

We, the undersigned, understand by making this statement we are not entitled to receive workers’ compensation benefits from the company we are working for.

Name (please print)	Relation	Social Security No. **
1	SELF	
2		
3		
4		
5		

**** Social Security Number is REQUIRED for this form to be valid.** If the Social Security Numbers are not included with the submission of this form, Exhibitor will be automatically enrolled in the coverage program through the Oklahoma State Fair, Inc. master policy for the fee of \$150. (Fee is subject to possible increase. If this occurs, Exhibitor is responsible for additional charges that may apply.) An application for coverage will be required at that time. If form is not completed with payment in full prior to move-in, OR if it is found that Exhibitor does not meet the requirements set forth, and no other workers’ comp coverage has been secured, participation in the 2011 Oklahoma State Fair will not be allowed nor any money refunded. ***Your cooperation in this matter is crucial.***

SIGNED BY EXHIBITOR:

Contracted Exhibitor Name: _____

Signature of Owner/Authorized Agent: _____

Printed Name and Title: _____

Date: _____

Note: If you HIRE non-related employees, you are no longer eligible to operate under the “family of five or fewer act” and MUST obtain workers’ compensation coverage.