

2011 Oklahoma State Fair Inc.

Application and Enrollment Form for Workers' Compensation and Employers' Liability Insurance

Association Program underwritten by CompSource Oklahoma

SECTION 1: GENERAL APPLICATION INFORMATION

Business Name: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Phone #: _____ Fax: _____ Email: _____

Entity Type: _____ Fed ID #: or SSN# _____
(Sole Proprietor, S-Corp, C-Corp, Partnership, LLC etc.)

Additional Locations: _____

Description of Operations: _____

SECTION 2: POLICY INFORMATION

2a) Is the applicant a subsidiary of another entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b) Is this entity operating as an additional d/b/a or separate business name? If so, a separate application and fee will be charged for each business name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c) If Yes, to either 2a) or 2b), please list all other businesses.	
2d) If Yes, to either 2a) or 2b), do the entities have there own workers' compensation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: OWNERSHIP INFORMATION

3a) Please complete the following section. Percentage of ownership must equal 100%.

Name	Duties/Office Title	% Ownership	SSN

3b) Contractors—Do you have any sub contractors or independent contractors who perform work at your location (s)?
 Yes No **If Yes, please list individuals below. Please indicate if Certificates of Insurance (COI) are obtained.**

Title 85 Workers' Compensation Statute requires employers to obtain coverage if they hire 1 or more employees. Anyone who is a sole proprietor, partner, corporate officer owning 10% or more of corporate stock or an LLC member owning 10% or more of stock is excluded under this policy unless specifically requesting coverage. All other employees and family members must be covered under this policy.

The master policy is written to cover concessions & exhibits **only**. Premium per entity name is \$150. A separate application must be completed for each additional entity name and premium will be charged for each entity. Coverage is not provided to volunteer workers. No amusement ride operations will be written on this policy.

Failure to properly complete application may result in non-issuance of coverage. No premium refunds are allowed **after** opening day.

If you have an active Oklahoma Workers' Compensation policy, it is not necessary to purchase this coverage. (Please furnish certificate of insurance to the Oklahoma State Fair Inc.)

I hereby authorize CompSource Oklahoma to issue Workers' Compensation & Employers Liability insurance coverage for my employees engaged in concessions & exhibit operations pertaining to the Oklahoma State Fair Inc. Coverage will be effective from September 07, 2011 thru September 28, 2011 at 12:01 am.

Signature of Applicant (owner or officer only)	Title	Date
OKLAHOMA STATE FAIR INC		