

2024 Oklahoma State Fair

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

Association Program underwritten by CompSource Mutual Insurance Company

SECTION 1: GENERAL APPLICATION INFORMATION

Business Name:		Contact Person:
Mailing Address:		City/State/Zip:
Phone #:	Fax#:	Email:
Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:		FEIN:
Additional Locations:		
Description of Operations:		

SECTION 2: POLICY INFORMATION

2a: Is the applicant a subsidiary of another entity?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2b: Is this entity operating under an additional DBA or separate business name? If YES, complete a separate application for each business and a premium will be charged for each business name.	<input type="checkbox"/> NO <input type="checkbox"/> YES
2c: If YES to either 2a or 2b, please list all other businesses.	
2d: If YES to either 2a or 2b, does each business have its own workers' compensation insurance?	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 3: OWNERSHIP INFORMATION

Please complete the following section. Percentage of ownership should total 100%.

NAME	DUTIES/OFFICE TITLE	% OWNERSHIP

SECTION 4: CONTRACTORS

Do you have any subcontractors/independent contractors who perform work at your location(s)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If YES, please list individuals below. Please indicate if Certificates of Insurance (COI) are obtained.	

Title 85A Workers' Compensation statute requires employers to obtain coverage if they hire one (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.

This policy is written to cover concessions and exhibitors **only**. Premium per entity name is **\$175**. A separate application must be completed for each additional entity name and premium will be charged for each entity. Coverage is not provided for volunteer workers. No amusement ride operations will be written on this policy.

Failure to properly complete the application may result in non-issuance of coverage. **This application is contingent upon validation of information and good standing with CompSource Mutual Insurance Company.**

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.)

I hereby authorize CompSource Mutual Insurance Company to issue Workers' Compensation & Employer's Liability Insurance coverage for my employees engaged in concessions and exhibit operations pertaining to the Oklahoma State Fair. Coverage will be effective for the individual vendor application after approval from CompSource Mutual, but in no event earlier than 12:01 AM on September 1st, 2024 and shall continue through September 30th, 2024.

Signature of Applicant (owner or officer only)

Title

Date

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds for any insurance policy containing false, incomplete or misleading information is guilty of a felony.