



OKLAHOMA INSURANCE DEPARTMENT
STATE OF OKLAHOMA

Pursuant to Title 40 Section 600.4(1) ***“Each PEO or PEO Group required to be registered under the Oklahoma Professional Employer Organization Recognition & Registration Act shall provide the Insurance Commissioner with information required by the Commissioner on forms prescribed by the Commissioner”***

1. How does your organization satisfy the Oklahoma statutory Workers’ Compensation requirement for your PEO clients pursuant to 40 O.S. § 600.7(C)(4)? _____

2. If the answer to Question No. 1 is “purchase of insurance”, whether subject to the Oklahoma Administrative Workers Compensation Act (AWCA) or as a Qualified Employer under the Oklahoma Employee Injury Benefit Act (OEIBA) please provide the following information:

- a. Name of Insurer: _____
- b. Policy Effective and Expiration Dates _____
- c. Policy Number _____
- d. Additional Insureds, if any (**attach list**) _____
- e. Claims Administrator, if other than Insurer _____
- f. Experience Modifier _____
- g. Deductible Amount and Collateral Requirements (Provide Specific Details) _____

- h. Annual premium _____
- i. Number of Co-Employers _____
- j. Number of Covered Employees _____

Please furnish the OID with this same information as to each insurer that provided insurance to your covered employees for the past 3 years.

3. If the answer to Question No. 1 was “self-insurance” or “self-funded”, whether subject to the AWCA or the OEIBA, please provide the following information:

- a. Name of Principle Self Insured Employer: _____
- b. Effective Date and number of Self Insured Permit issued by the
Workers Compensation Commission _____
- c. Additional Self-Insureds, if any (**attach list**) _____
- d. Claims Administrator (name and contact information) _____

- e. Retention _____
- f. Excess Insurer(s) _____
- g. Excess Coverage _____
- h. Annual Average of Total Compensation Claims Paid during the past 3 years _____

- i. Number of Co-Employers _____
- j. Number of Covered Employees _____