OKLAHOMA MEGA DEDUCTIBLE WORKERS' COMPENSATION EXPERIENCE QUARTERLY REPORTING FORM

Oklahoma Insurance Department Five Corporate Plaza 3625 NW 56th, Suite 100 Oklahoma City, OK 73112

Date **Q1, Q2, Q3, Q4**

The undersigned certify that the named insured has elected and the carrier has accepted this Oklahoma Mega Deductible Workers' Compensation policy pursuant to Regulation 365:15-1-3.1 and 365:15-1-3.2. The name and address of the insured subject to this rating program is as follows. The use of "et al" is not acceptable:

| 1. | | | |
|------------------|--|---|--|
| | | Insured Name and address) | |
| 2 | | | |
| | (Policy Number) | (Effective Date) | (Expiration Date) |
| | (Policy Number) | (Effective Date) | (Expiration Date) |
| 3. Is I | nsured a PEO? Y □ N □ | | |
| 4. Are | the employees of more than one emp | ployer covered by the policy? Y \Box | N 🗆 |
| 5. lf s | o, How many? | | |
| 6. Are | all the employers affiliated by commo | on ownership? Y 🗆 N 🗆 | |
| subjec Act (4 | purposes of this report, "Professiona t to registration under the Oklahom t0 O.S. §§ 600.1-600.9) regardless o leasing company", "registered staff le | a Professional Employer Organizatio of its use of the term "professional | n Recognition and Registration employers organization", "PEO", |
| 7. | Gross Premium (Manual Premium) | \$ | |
| 8. | Net premium (Standard Premium) | \$ | |
| 9. | First – Dollar Loss Amount | \$ | |
| 10. | Deductible Amount | \$ | |

- 11. Type of Collateral pursuant to OAC 365:15-1-3.2 (a)(2)
 - □ (A) Asset admissible pursuant to Articles 16 of Title 36 of the Oklahoma Statutes;
 - \Box (B) A surety bond;
 - □ (C) An irrevocable letter of credit;
 - □ (D) Guaranty of a solvent parent or affiliated entity. See footnote¹;
 - \Box (E) Any combination of the foregoing.

| 12. Policyholder Signature: | | | | | | | |
|-----------------------------|---------------------------|-----------|----|-------------------------|--|--|--|
| 13. Office Address | : | | | | | | |
| 14 | | | 15 | | | | |
| | (Name of Insurance Carrie | er) | | (Serff Tracking Number) | | | |
| 16. Signed | | | | | | | |
| | | (Carrier) | | | | | |
| 17. Printed | | | | | | | |
| | (Carrier) | (Title) | | (Address) | | | |

¹Obligation of insurer to make factual determination as to financial condition of guarantor parent or affiliate. See 365:15-1-3.2(a)(2)(d)