



The Source for Workers' Compensation Insurance

RENEWAL INFORMATION PAGE

FORM UN130

RENEWAL OF POLICY 00120681 13 1

1. INSURED: POLICY # 00120681 14 1 GRP 2 CARRIER # 19976  
DATE: 06/30/14  
FEIN: 736017987  
BUSN TYPE: STATE  
ARD: 07 01  
ID#: 350311351  
PH#: 405/521-6100  
405/521-6800  
OK DEPARTMENT OF LABOR 405  
3017 N STILES STE 100  
OKLAHOMA CITY OK 73105-5298

OTHER WORKPLACE NOT SHOWN ABOVE:  
SEE EXTENSION OF INFORMATION PAGE

2. POLICY PERIOD: THE POLICY PERIOD IS FROM 07/01/14 TO 07/01/15 AT 12:01 AM STANDARD TIME AT THE INSURED'S MAILING ADDRESS.
- 3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATE OF OKLAHOMA.
- B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN THE STATE OF OKLAHOMA. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:  
BODILY INJURY BY ACCIDENT \$ 100,000 EACH ACCIDENT  
BODILY INJURY BY DISEASE \$ 100,000 EACH EMPLOYEE  
BODILY INJURY BY DISEASE \$ 500,000 POLICY LIMIT
- C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO THE STATES IF ANY, LISTED HERE: NONE, EXCEPT AS SHOWN IN PART 3A.
- D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES: SEE EXTENSION OF INFORMATION PAGE.
4. PREMIUM: THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.



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EXTENSION OF INFORMATION PAGE

POLICY: 00120681 14 1 OK DEPARTMENT OF LABOR 405

FORM UN130

EXTENSION OF ITEM 4 OF INFORMATION PAGE

CODE #	CLASSIFICATION	PREMIUM BASIS TOTAL ESTIMATED ANNUAL REMUNERATION	RATE PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
8742	COUNSELORS - OUTSIDE EFF: 07/01/14 EXP :	7,126	.75	53
8810	CLERICAL OFFICE EMPLOYEES NOC EFF: 07/01/14 EXP :	2,291,726	.81	18,563
9410	MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC EFF: 07/01/14 EXP :	1,554,444	2.74	42,592

\*\*\* THIS IS NOT A BILL \*\*\*

YOU WILL RECEIVE A SEPARATE STATEMENT CONCERNING ANY PREMIUM DUE

STANDARD PREMIUM	61,208
EXPERIENCE MODIFICATION OF 1.20 APPLIED EFF: 07/01/14	12,242
PREMIUM DISCOUNT	24,239
TERRORISM PREM	385
CATASTROPHE PREM	385
EXPENSE CONSTANT	140
ESTIMATED ANNUAL PREMIUM	50,121



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EXTENSION OF INFORMATION PAGE

POLICY: 00120681 14 1 OK DEPARTMENT OF LABOR 405

FORM UN130

EXTENSION OF ITEM 3.D OF YOUR INFORMATION PAGE

SCHEDULE OF ENDORSEMENTS

WC 35 03 03	OK EMPLOYERS LIABILITY INTENTIONAL	07/01/14	07/01/15
WC 99 03 06	COVERED LOCATIONS	07/01/14	07/01/15
WC 99 03 07	VOLUNTARY COVERAGE ENDORSEMENT	07/01/14	07/01/15
WC 99 06 04	NOTIFICATION OF SETTLEMENT	07/01/14	07/01/15
WC 99 06 07	NOTICE OF TERRORISM ENDORSEMENT	07/01/14	07/01/15
WC 99 06 08	NOTICE OF CATASTROPHE ENDORSEMENT	07/01/14	07/01/15
WC 99 06 17	OK EMPLOYERS LIABILITY AMENDED COVE	07/01/14	07/01/15
WC 99 06 18	OTHER STATES INSURANCE ENDORSEMENT	07/01/14	07/01/15

PLEASE REFER TO YOUR PREVIOUS POLICY AND AMENDMENTS THERETO, WHICH IS THE SUBJECT OF THIS RENEWAL, FOR AN EXPLANATION OF THESE ENDORSEMENTS.



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EXTENSION OF INFORMATION PAGE

POLICY: 00120681 14 1 OK DEPARTMENT OF LABOR 405

FORM UN130

EXTENSION OF ITEM 1 OF YOUR INFORMATION PAGE

SCHEDULE OF NAMED INSURED

BUSINESS NAME: OK DEPARTMENT OF LABOR 405  
3017 N STILES STE 100  
OKLAHOMA CITY OK 73105 5298

TAX ID OR FEIN: 736017987

COUNTERSIGNED BY:



*The Source for Workers' Compensation Insurance*

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EXTENSION OF INFORMATION PAGE

POLICY: 00120681 14 1 OK DEPARTMENT OF LABOR 405

FORM UN130

EXTENSION OF ITEM 1 OF YOUR INFORMATION PAGE

SCHEDULE OF LOCATIONS

LOC: 001 OK DEPARTMENT OF LABOR 405 3017 N STILES STE 100  
OKLAHOMA CITY OK 73105 5298



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OKLAHOMA EMPLOYERS LIABILITY INTENTIONAL TORT EXCLUSION ENDORSEMENT

PART TWO - EMPLOYERS LIABILITY INSURANCE, C - EXCLUSIONS, 5. IS REPLACED BY THE FOLLOWING:

THIS INSURANCE DOES NOT COVER:

- 5. BODILY INJURY INTENTIONALLY CAUSED OR AGGRAVATED BY YOU, OR BODILY INJURY THAT YOU KNEW OR SHOULD HAVE KNOWN WAS SUBSTANTIALLY CERTAIN TO OCCUR FROM AN ACT CAUSED, COMMITTED, OR AGGRAVATED BY YOU;

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED.

(THE INFORMATION BELOW IS REQUIRED ONLY WHEN THIS ENDORSEMENT IS ISSUED SUBSEQUENT TO PREPARATION OF THE POLICY.)

ENDORSEMENT EFFECTIVE: 07/01/14 POL NO. 00120681 14 1 ENDORSEMENT NO. WC350303

INSURED: OK DEPARTMENT OF LABOR 405

INSURANCE COMPANY: COMPSOURCE OKLAHOMA

COUNTERSIGNED BY

WC 35 03 03 - (ED. 03-11)



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POLICY: 00120681 14 1

PAGE: 1

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT**

THIS ENDORSEMENT ADDRESSES THE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT OF 2002 AS AMENDED AND EXTENDED BY THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007. IT SERVES TO NOTIFY YOU OF CERTAIN LIMITATIONS UNDER THE ACT, AND THAT YOUR INSURANCE CARRIER IS CHARGING PREMIUM FOR LOSSES THAT MAY OCCUR IN THE EVENT OF AN ACT OF TERRORISM.

YOUR POLICY PROVIDES COVERAGE FOR WORKERS COMPENSATION LOSSES CAUSED BY ACTS OF TERRORISM, INCLUDING WORKERS COMPENSATION BENEFIT OBLIGATIONS DICTATED BY STATE LAW. COVERAGE FOR SUCH LOSSES IS STILL SUBJECT TO ALL TERMS, DEFINITIONS, EXCLUSIONS, AND CONDITIONS IN YOUR POLICY, AND ANY APPLICABLE FEDERAL AND/OR STATE LAWS, RULES, OR REGULATIONS.

**DEFINITIONS**

THE DEFINITIONS PROVIDED IN THIS ENDORSEMENT ARE BASED ON AND HAVE THE SAME MEANING AS THE DEFINITIONS IN THE ACT. IF WORDS OR PHRASES NOT DEFINED IN THIS ENDORSEMENT ARE DEFINED IN THE ACT, THE DEFINITIONS IN THE ACT WILL APPLY.

"ACT" MEANS THE TERRORISM RISK INSURANCE ACT OF 2002, WHICH TOOK EFFECT ON NOVEMBER 26, 2002, AND ANY AMENDMENTS THERETO RESULTING FROM THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007.

"ACT OF TERRORISM" MEANS ANY ACT THAT IS CERTIFIED BY THE SECRETARY OF THE TREASURY, IN CONCURRENCE WITH THE SECRETARY OF STATE, AND THE ATTORNEY GENERAL OF THE UNITED STATES AS MEETING ALL OF THE FOLLOWING REQUIREMENTS:

- A. THE ACT IS AN ACT OF TERRORISM.
- B. THE ACT IS VIOLENT OR DANGEROUS TO HUMAN LIFE, PROPERTY OR INFRASTRUCTURE.
- C. THE ACT RESULTED IN DAMAGE WITHIN THE UNITED STATES, OR OUTSIDE OF THE UNITED STATES IN THE CASE OF THE PREMISES OF UNITED STATES MISSIONS OR CERTAIN AIR CARRIERS OR VESSELS.
- D. THE ACT HAS BEEN COMMITTED BY AN INDIVIDUAL OR INDIVIDUALS AS PART OF AN EFFORT TO COERCE THE CIVILIAN POPULATION OF THE UNITED STATES OR TO INFLUENCE THE POLICY OR AFFECT THE CONDUCT OF THE UNITED STATES GOVERNMENT BY COERCION.

"INSURED LOSS" MEANS ANY LOSS RESULTING FROM AN ACT OF TERRORISM (AND, EXCEPT FOR PENNSYLVANIA, INCLUDING AN ACT OF WAR, IN THE CASE OF WORKERS COMPENSATION) THAT IS COVERED BY PRIMARY OR EXCESS PROPERTY AND CASUALTY INSURANCE ISSUED BY AN INSURER IF THE LOSS OCCURS IN THE UNITED STATES OR AT THE PREMISES OF UNITED STATES MISSIONS OR TO CERTAIN AIR CARRIERS OR VESSELS.

"INSURER DEDUCTIBLE" MEANS, FOR THE PERIOD BEGINNING ON JANUARY 1, 2008, AND ENDING ON DECEMBER 31, 2014, AN AMOUNT EQUAL TO 20% OF OUR DIRECT EARNED PREMIUMS, OVER THE CALENDAR YEAR IMMEDIATELY PRECEDING THE APPLICABLE PROGRAM YEAR.

"PROGRAM YEAR" REFERS TO EACH CALENDAR YEAR BETWEEN JANUARY 1, 2008 AND DECEMBER 31, 2014, AS APPLICABLE.



**LIMITATION OF LIABILITY**

THE ACT LIMITS OUR LIABILITY TO YOU UNDER THIS POLICY. IF AGGREGATE INSURED LOSSES EXCEED \$100,000,000,000 IN A PROGRAM YEAR AND IF WE HAVE MET OUR INSURER DEDUCTIBLE, WE ARE NOT LIABLE FOR THE PAYMENT OF ANY PORTION OF THE AMOUNT OF INSURED LOSSES THAT EXCEEDS \$100,000,000,000; AND FOR AGGREGATE INSURED LOSSES UP TO \$100,000,000,000, WE WILL PAY ONLY A PRO RATA SHARE OF SUCH INSURED LOSSES AS DETERMINED BY THE SECRETARY OF THE TREASURY.

**POLICYHOLDER DISCLOSURE NOTICE**

1. INSURED LOSSES WOULD BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT. IF THE AGGREGATE INDUSTRY INSURED LOSSES EXCEED \$100,000,000 IN A PROGRAM YEAR, THE UNITED STATES GOVERNMENT WOULD PAY 85% OF OUR INSURED LOSSES THAT EXCEED OUR INSURER DEDUCTIBLE.
2. NOTWITHSTANDING ITEM 1 ABOVE, THE UNITED STATES GOVERNMENT WILL NOT MAKE ANY PAYMENT UNDER THE ACT FOR ANY PORTION OF INSURED LOSSES THAT EXCEED \$100,000,000,000.
3. THE PREMIUM CHARGE FOR THE COVERAGE YOUR POLICY PROVIDES FOR INSURED LOSSES IS INCLUDED IN THE AMOUNT SHOWN IN ITEM 4 OF THE INFORMATION PAGE OR IN THE SCHEDULE BELOW.

SCHEDULE

STATE	RATE	PREMIUM
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WC 99 06 07 - (ED 01/09)



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CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

THIS ENDORSEMENT IS NOTIFICATION THAT YOUR INSURANCE CARRIER IS CHARGING PREMIUM TO COVER THE LOSSES THAT MAY OCCUR IN THE EVENT OF A CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) AS THAT TERM IS DEFINED BELOW. YOUR POLICY PROVIDES COVERAGE FOR WORKERS COMPENSATION LOSSES CAUSED BY A CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM). THIS PREMIUM CHARGE DOES NOT PROVIDE FUNDING FOR CERTIFIED ACTS OF TERRORISM CONTEMPLATED UNDER THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT (WC 99 06 07), ATTACHED TO THIS POLICY.

FOR PURPOSES OF THIS ENDORSEMENT, THE FOLLOWING DEFINITIONS APPLY:

- \* CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM): ANY SINGLE EVENT, RESULTING FROM AN EARTHQUAKE, NONCERTIFIED ACT OF TERRORISM, OR CATASTROPHIC INDUSTRIAL ACCIDENT, WHICH RESULTS IN AGGREGATE WORKERS COMPENSATION LOSSES IN EXCESS OF \$50 MILLION.
\* EARTHQUAKE: THE SHAKING AND VIBRATION AT THE SURFACE OF THE EARTH RESULTING FROM UNDERGROUND MOVEMENT ALONG A FAULT PLANE OR FROM VOLCANIC ACTIVITY.
\* NONCERTIFIED ACT OF TERRORISM: AN EVENT THAT IS NOT CERTIFIED AS AN ACT OF TERRORISM BY THE SECRETARY OF TREASURY PURSUANT TO THE TERRORISM RISK INSURANCE ACT OF 2002 (AS AMENDED) BUT THAT MEETS ALL OF THE FOLLOWING CRITERIA:
A. IT IS AN ACT THAT IS VIOLENT OR DANGEROUS TO HUMAN LIFE, PROPERTY, OR INFRASTRUCTURE;
B. THE ACT RESULTS IN DAMAGE WITHIN THE UNITED STATES, OR OUTSIDE OF THE UNITED STATES IN THE CASE OF THE PREMISES OF UNITED STATES MISSIONS OR AIR CARRIERS OR VESSELS AS THOSE TERMS ARE DEFINED IN THE TERRORISM RISK INSURANCE ACT OF 2002 (AS AMENDED); AND
C. IT IS AN ACT THAT HAS BEEN COMMITTED BY AN INDIVIDUAL OR INDIVIDUALS AS PART OF AN EFFORT TO COERCE THE CIVILIAN POPULATION OF THE UNITED STATES OR TO INFLUENCE THE POLICY OR AFFECT THE CONDUCT OF THE UNITED STATES GOVERNMENT BY COERCION.
\* CATASTROPHIC INDUSTRIAL ACCIDENT: A CHEMICAL RELEASE, LARGE EXPLOSION, OR SMALL BLAST THAT IS LOCALIZED IN NATURE AND AFFECTS WORKERS IN A SMALL PERIMETER THE SIZE OF A BUILDING.

THE PREMIUM CHARGE FOR THE COVERAGE YOUR POLICY PROVIDES FOR WORKERS COMPENSATION LOSSES CAUSED BY A CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) IS SHOWN IN ITEM 4 OF THE INFORMATION PAGE OR IN THE SCHEDULE BELOW.

SCHEDULE

STATE RATE PREMIUM

WC 99 06 08 - (ED. 12/08)



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**OKLAHOMA EMPLOYERS LIABILITY AMENDED COVERAGE ENDORSEMENT**

THIS ENDORSEMENT APPLIES ONLY TO THE INSURANCE PROVIDED BY PART TWO (EMPLOYERS LIABILITY INSURANCE) BECAUSE OKLAHOMA IS SHOWN IN ITEM 3.A. OF THE INFORMATION PAGE.

1. SECTION B. WE WILL PAY IS REPLACED BY THE FOLLOWING:

**B. WE WILL PAY**

WE WILL PAY ALL SUMS YOU LEGALLY MUST PAY AS DAMAGES BECAUSE OF BODILY INJURY TO YOUR EMPLOYEES, PROVIDED THE BODILY INJURY IS COVERED BY THIS EMPLOYERS LIABILITY INSURANCE.

THE DAMAGES WE WILL PAY, WHERE RECOVERY IS PERMITTED BY LAW, INCLUDE DAMAGES:

- 1. FOR WHICH YOU ARE LIABLE TO A THIRD PARTY BY REASON OF A CLAIM OR SUIT AGAINST YOU BY THE THIRD PARTY TO RECOVER THE DAMAGES CLAIMED AGAINST SUCH THIRD PARTY AS A RESULT OF INJURY TO YOUR EMPLOYEE; AND
- 2. FOR CARE AND LOSS OF SERVICES.

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED.

(THE INFORMATION BELOW IS REQUIRED ONLY WHEN THIS ENDORSEMENT IS ISSUED SUBSEQUENT TO PREPARATION OF THE POLICY.)

ENDORSEMENT EFFECTIVE 07/01/14  
INSURED OK DEPARTMENT OF LABOR 405

POLICY NO. 00120681 14 1

INSURANCE COMPANY  
COMPSOURCE OKLAHOMA

COUNTERSIGNED BY 

WC 99 06 17 (1/09)



The Source for Workers' Compensation Insurance

OTHER STATES INSURANCE ENDORSEMENT

"PART THREE-OTHER STATE INSURANCE" OF THE POLICY IS REPLACED BY THE FOLLOWING:

PART THREE OTHER STATES INSURANCE

A. HOW THIS INSURANCE APPLIES

- I. WE WILL PAY PROMPTLY WHEN DUE THE BENEFITS REQUIRED OF YOU BY THE WORKERS COMPENSATION LAW OF ANY STATE NOT LISTED IN ITEM 3.A. OF THE INFORMATION PAGE IF ALL OF THE FOLLOWING CONDITIONS ARE MET:
A. THE EMPLOYEE CLAIMING BENEFITS WAS EITHER HIRED UNDER A CONTRACT OF EMPLOYMENT MADE IN A STATE LISTED IN ITEM 3.A. OF THE INFORMATION PAGE OR WAS, AT THE TIME OF INJURY, PRINCIPALLY EMPLOYED IN A STATE LISTED IN ITEM 3.A. OF THE INFORMATION PAGE AND;
B. THE EMPLOYEE CLAIMING BENEFITS IS NOT CLAIMING BENEFITS IN A STATE WHERE, AT THE TIME OF INJURY, (I) YOU HAVE OTHER WORKERS COMPENSATION INSURANCE COVERAGE, OR (II) YOU WERE, BY VIRTUE OF THE NATURE OF YOUR OPERATIONS IN THAT STATE, REQUIRED BY THAT STATE'S LAW TO HAVE OBTAINED SEPARATE WORKERS COMPENSATION INSURANCE COVERAGE, OR (III) YOU ARE AN AUTHORIZED SELF-INSURER OR PARTICIPANT IN A SELF-INSURED GROUP PLAN; AND
C. THE DURATION OF THE WORK BEING PERFORMED BY THE EMPLOYEE CLAIMING BENEFITS IN THE STATE FOR WHICH THAT EMPLOYEE IS CLAIMING BENEFITS IS TEMPORARY.
II. IF WE ARE NOT PERMITTED TO PAY THE BENEFITS DIRECTLY TO PERSONS ENTITLED TO THEM AND ALL OF THE ABOVE CONDITIONS ARE MET, WE WILL REIMBURSE YOU FOR THE BENEFITS REQUIRED TO BE PAID.
III. THIS INSURANCE DOES NOT APPLY TO FINES OR PENALTIES ARISING OUT OF YOUR FAILURE TO COMPLY WITH THE REQUIREMENTS OF THE WORKERS COMPENSATION LAW.

IMPORTANT NOTICE!

IF YOU HIRE ANY EMPLOYEES OUTSIDE THOSE STATES LISTED IN ITEM 3.A. ON THE INFORMATION PAGE OR BEGIN OPERATIONS IN ANY SUCH STATE, YOU SHOULD DO WHATEVER MAY BE REQUIRED UNDER THAT STATE'S LAW, AS THIS ENDORSEMENT DOES NOT SATISFY THE REQUIREMENTS OF THAT STATE'S WORKERS COMPENSATION LAW.

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED.

(THE INFORMATION BELOW IS REQUIRED ONLY WHEN THIS ENDORSEMENT IS ISSUED SUBSEQUENT TO PREPARATION OF THE POLICY.)

ENDORSEMENT EFFECTIVE 07/01/14
INSURED OK DEPARTMENT OF LABOR 405

POLICY NO. 00120681 14 1

INSURANCE COMPANY
COMPSOURCE OKLAHOMA
WC 99 06 18 (1/09)

COUNTERSIGNED BY

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