



Workers Compensation and Employers Liability Insurance Policy

Out-of-State Questionnaire

Application/Policy: Date: Business name:

Please answer the following questions so that we may properly evaluate your application or policy.

1. Business is domiciled/headquartered in which state? _____

2. Other states operations? Yes No

Table with 7 columns: State, Physical location(s), Type of operations, Permanent operations?, Temp job/Length of time, Temp job/Length of time, Existing WC policy

3. Describe hiring and where contract-for-hire takes place for each state, including those states where there is no hiring office: _____

4. Will Oklahoma-hired employees live and work permanently in Oklahoma? Yes No If not, provide details: _____

5. Will Oklahoma-hired employees be transferred to out-of-state locations or travel temporarily outside of Oklahoma? Yes No If so, provide details: _____

6. Could out-of-state employees (non-Oklahoma) be transferred or work in Oklahoma locations? Yes No If so, provide details: _____