



OBA Workers' Compensation Insurance Program

Workers' Compensation

No Expense Constant

The expense constant is automatically waived under the Oklahoma Bar Association's Workers' Compensation policy--that's \$140 savings to you!

Special Rate Modifier

We use the rates approved by CompSource Oklahoma for your applicable remuneration code.

In addition, the OBA policy is given a special rate modifier based on the entire group's claims experience. Since 1995, this discount has ranged from 5%-25%.

No Medical Deductible

The policy contains no medical deductible.

Reduced Minimum Premium

Effective 1/1/03 the OBA Workers' Compensation policy has a minimum premium of \$217. That's a 5% savings off CompSource Oklahoma's minimum premium of \$228!

Simplified Paperwork

To enroll, simply complete and return the enclosed application, enrollment and Oklahoma Election of Coverage forms. Upon receipt and acceptance, we will calculate your premium and send your bill. Renewal is even easier -- completion of a short renewal form is all that is required.

Increased Employer Limits of Liability

This policy provides increased Employers Liability Limits at no additional cost to you.

These limits are:

Bodily Injury by Accident	\$500,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$500,000 each employee

How do I join the OBA Workers' Compensation policy?

You are invited to participate in the Oklahoma Bar Association's Workers' Compensation Insurance Plan. Nearly 400 firms are enrolled in the plan and take advantage of the savings in time and money.

You will be participating under a Master Policy issued by CompSource Oklahoma to the Oklahoma Bar Association. Richard A. Beale of Beale Professional Services will administer the program under authority of Power of Attorney conveyed by the OBA (copy enclosed). Please note that, for the OBA plan, neither Richard A. Beale, nor any of his employees, represent or are agents of CompSource Oklahoma.

The Master Policy issued to the Oklahoma Bar Association has an annual anniversary date of January 1. However, you may join the OBA policy at any time. If your present coverage expires on a date other than January 1, your coverage and premium will be prorated. Please keep in mind that your application must be received and approved, and premium received before coverage can be effective.

To receive a no-obligation premium proposal, please call or fax us your current payroll information. To enroll, simply complete and return the enclosed application and enrollment form. Send no money now, we will notify you of premium due.



**PROFESSIONAL
SERVICES**

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POWER OF ATTORNEY

KNOW ALL MEN OF THESE PRESENTS:

THAT Oklahoma Bar Association, a corporation, has made,
(POLICYHOLDER COMPANY NAME)
constituted, appointed and by these presents does make, constitute, and appoint Richard A. Beale
(INDIVIDUAL'S NAME)
of Beale Professional Services our true and lawful attorney for us and in our name, place,
(AGENCY/COMPANY NAME)

and stead, to execute and deliver any and all instruments, forms, or documents, and to do any act that may be required by CompSource Oklahoma in order to obtain workers compensation insurance; to receive any and all documents, forms, bills, invoices, and other instruments that may be sent by CompSource Oklahoma with regard to workers compensation insurance; to request and receive from CompSource Oklahoma any and all documents, forms, bills, invoices, and other instruments that may be deemed necessary by our attorney; to deliver to CompSource Oklahoma any and all documents, forms, and other instruments; and to make disbursements to CompSource Oklahoma of such moneys as may be necessary to keep workers compensation insurance in full force and effect; to do any act necessary to process workers compensation insurance claims in cooperation with CompSource Oklahoma; hereby giving and granting unto our said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done with CompSource Oklahoma to obtain and keep the workers compensation insurance in full force and effect, and to process claims against such insurance, as fully to all intents and purposes as we might or could do if personally present, with full power of subscription and revocation, hereby ratifying and confirming all that our said attorney may do. This Power of Attorney shall remain in full force and effect unless and until the undersigned notifies CompSource Oklahoma in writing of its revocation.

Executed this 11 day of May, 2005.

John Morris Williams
Corporate Officer
Executive Director
Title

STATE OF Oklahoma
COUNTY OF Oklahoma

Before me, the undersigned authority, within and for said County and State, and on this 11 day of May, 2005, personally appeared John Morris Williams, to me known to be the Executive Director of Oklahoma Bar Association, a corporation, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed and as the free and voluntary act and deed of said corporation for the uses and purposes therein set forth.

Sandy Neal
Notary Public

My Commission Expires Dec 10, 2005
~~July 29, 2006~~
Commission Number 00120001
02011436



Application for Workers' Compensation Underwritten by CompSource Oklahoma

Section 1 Applicant Information

Firm Name: _____ Contact Person: _____
 Address: _____ City, State, Zip: _____
 Additional Locations: _____
 Phone #: _____ Fax #: _____ E-mail: _____
 Business Entity: _____ Federal ID #: _____ OBA #: _____
 (Sole Proprietor, S-corp, C-corp, Partnership, LLC, etc.)

Do you have any subsidiaries or ownership interest in other business entities, or are you a subsidiary of another entity? Yes No *If yes*, please list all other entities on a separate page and whether covered under separate Workers' Compensation policy.

(Application must be approved and premium received before effective.)

Section 2 Policy Information

Desired Coverage Effective Date: _____

Have you had Workers' Compensation Insurance in the past 12 months? Yes No *If no, please skip to Section 3.*

If yes, Previous Insurer: _____ Policy Number: _____ Expiration Date: _____

Have you had any Workers' Compensation losses during the past three years? Yes No *(If Yes, please attach a 3-year Loss Run)*

Section 3 Rating Information

3a) Owners and Officers: LLC Members, Partners, Sole Proprietors, and Stockholder Employees owning 10% or more of the company stock are automatically excluded from coverage. If coverage is desired for these persons, it must be elected in this section.

Please list all Corporate Officers, LLC Members, Partners, Sole Proprietors and Stockholder Employees here (attach an additional sheet, if necessary). Please indicate whether LLC Members, Partners, Sole Proprietors or 10% or more Stockholder Employees are to be covered. Non-owner corporate officers or corporate officers owning less than 10% of the company stock must be covered.

Refer to the reverse side of this page for remuneration *minimums, maximums and guidelines*.

Name	Duties / Office	% Ownership	SSN	8820 Remuneration	Covered? (Circle Yes / No)	
1					Yes	No
2					Yes	No
3					Yes	No
4					Yes	No
5					Yes	No
6					Yes	No
7					Yes	No

3b) All remaining Employees

Names are not necessary for this section. Please include Remuneration for all Employees not included above.

Class Code	Duties	No. Of Employees	Estimated Annual Remuneration
8820	See Definition on Reverse		

Section 4 Totals - Please provide total covered remuneration from 3a and 3b above.

Class Code	Duties	No. Of Persons	Estimated Annual Remuneration
8820	See Definition on Reverse		

Signature of Owner/Officer

Title

Date



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Oklahoma City, OK 73146

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CLASS CODE 8820

LAW OFFICE – ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS

Code 8820 is all-inclusive as respects employees of attorneys or law offices. The employee exposure is principally inside office work; however, the scope includes outside exposure of trial attorneys and attorneys, paralegals and other employees involved in investigative work. It is not intended to apply to "in-house" attorneys employed by business organizations. This classification would also apply to any employees of attorneys or law firms performing cleaning and/or maintenance service in or about the premises used for professional purposes.

Remuneration Information

REMUNERATION includes but is not limited to: money or money substitutes, including payroll, salaries, wages, commissions, bonuses, extra wages for all overtime work (i.e. straight time) wages of holiday, vacations, sick periods, meals, lodging and payment to the employees made on the basis other than that of time actually engaged in work, including but not limited to piece work, incentive plans, profit sharing arrangements, employee savings plans, retirement or cafeteria plans.

Title 85 of Oklahoma State Statutes declares that stockholder employees owning 10% or more of the corporate stock, sole proprietors, LLC members, or partners of a business are not covered under Workers' Compensation but may elect coverage subject to the following remuneration minimums and maximums:

Minimum/Maximum Remuneration:

TITLE	MINIMUM		MAXIMUM
Corporate Officers, use:	\$13,000	-	\$109,200
If both Corporate Officer and Stockholder Employee, use:	\$13,000	-	\$109,200
Sole Proprietors, Partners, and LLC Members, use:	\$26,800	-	\$26,800
Stockholder Employees, use:	Actual Remuneration - No Min/Max		
Other Employees, use:	Actual Remuneration - No Min/Max		

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. You should know that, effective November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$0.

ENROLLMENT FORM

OKLAHOMA BAR ASSOCIATION (OBA) COVERAGE PROVIDED BY COMPSOURCE OKLAHOMA

BUSINESS NAME	STREET ADDRESS	CITY	ZIP
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As a member in good standing of the OBA the above business hereby applies for enrollment as a participating member in the OBA Workers' Compensation policy.

It is understood and agreed as follows:

- (1) That the application must be approved by CompSource Oklahoma and the premium paid in advance before coverage becomes effective.
- (2) Safety refunds/dividends, if any, will be paid to and retained by Oklahoma Bar Association to be used at the discretion of the Board of Governors.
- (3) Title 85 of the Oklahoma Statutes states that stockholder employees owning 10% or more of the corporate stock, owners, or partners of this business are not covered under this policy but can elect coverage subject to the respective minimums and maximums as prescribed by the Manual Rules of CompSource Oklahoma by so declaring on the prescribed form.
- (4) CompSource Oklahoma has the right to conduct an audit of your payroll records, either on site or by requesting information through the mail.
- (5) If you withdraw from this program, regardless of the reason, CompSource Oklahoma will refund up to 75% of the unearned premium. A member withdrawing from this program and applying directly to CompSource Oklahoma for coverage will be assigned either a special rate, the association modifier or the member's last known modifier as published by the NCCI (whichever is greater) for the period of not less than three years or until a new modifier or special rate can be promulgated.
- (6) If a firm has a loss ratio greater than 80% for a continuous two year period, the firm will be removed from the OBA program at the next renewal of the Master Policy and offered renewal in the general pool of CompSource Oklahoma.
- (7) The member grants Power of Attorney to Richard Beale according to the terms and conditions of the sample Power of Attorney form attached. With regard to the OBA Group Policy, Richard A. Beale acts under Power of Attorney and does not act, nor do his employees act, as an agent of CompSource Oklahoma.
- (8) No exception codes (8742 or 8810) will be assigned to the payrolls of active officers.

Evidence of insurance will be furnished to the member by CompSource Oklahoma upon compliance of the member with the pertinent terms and conditions of participation as outlined herein.

AUTHORIZED SIGNATURE	TITLE	DATE
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OKLAHOMA ELECTION OF COVERAGE

Sole proprietors, members of a partnership, members of a limited liability company who own at least 10% of the capital of the limited liability company, or any stockholder-employees who own 10% or more stock in the corporation are specifically **excluded** from the definition of "Employee", and **shall not be deemed to be employees** as respects the benefits of the Workers' Compensation Act.

You have the **option to elect to include**, as applicable, your sole proprietor, any or all of your partnership members, any or all of your limited liability company members who own at least 10% of the capital of the limited liability company, or any or all of your stockholder-employees who own 10% or more stock in the corporation, **as employees** by endorsement to the policy in accordance with Section 3 of Title 85 of the Oklahoma Statutes.

The premium for the sole proprietor, partnership members, and limited liability members, who are eligible for election, shall be based on the fixed amount of payroll according to the "Miscellaneous Values" effective on your Anniversary Rating Date. The premium for the stockholder-employees, who are eligible for election, shall be based on no less than the minimum remuneration limitation according to the "Miscellaneous Values" effective on your Anniversary Rating Date, up to the maximum remuneration or their actual remuneration, which ever is greater. _____

INSTRUCTIONS: Each individual eligible for election of coverage must provide their signature on this form. Please sign, either: **Item I** if you do not desire coverage, or **Item II** if you do desire coverage.

Date: _____ Application or Policy No. _____

Business Type (check one): Limited Liability Company Sole Proprietor Partnership Corporation

IMPORTANT: You must notify CompSource Oklahoma whenever your ownership changes. Coverage will be endorsed and effective the date we receive this completed form in our office.

ITEM I - I am eligible for election of coverage, and understand that I am **excluded** from the definition of employee, and shall not be covered under the workers' compensation policy issued by CompSource Oklahoma. I state under penalty of perjury under the laws of Oklahoma that the representation of ownership on this election of coverage is true and correct.

<u>NAME</u>	<u>SIGNATURE</u>	<u>% OF OWNERSHIP</u>

ITEM II - I am eligible for election of coverage, and I **elect to be covered** under the workers' compensation policy issued by CompSource Oklahoma. I state under penalty of perjury under the laws of Oklahoma that the representation of ownership on this election of coverage is true and correct.

<u>NAME</u>	<u>SIGNATURE</u>	<u>% OF OWNERSHIP</u>