



## Sub-Contractor Registration

**Company Name:** (Please print)

Contractor Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P. O. Box/Physical address/Corporate address (if different than above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Requirements

1. Copy of current certificate of General Liability insurance
  - a. showing your business name and address (needs to be same as above)
  - b. City of Broken Arrow MUST be listed as the Certificate Holder
  - c. minimum \$50,000.00 coverage
2. Copy of current certificate of Worker's Comp., or Affidavit of Exemption (for affidavits see below)
3. The City of Broken Arrow MUST be listed as the Certificate Holder on your certificate/s of insurance
4. Copy of the contractors Driver's license

**Mailing address:**  
 City of Broken Arrow  
 Community Development  
 P. O. Box 610  
 Broken Arrow, OK 74013  
 Phone: 918.259-8333 x 0  
 Fax: 918.258-4998  
[buildpermits@brokenarrowok.gov](mailto:buildpermits@brokenarrowok.gov)

*Affidavits of Exemption* Status under the  
*Administrative Workers' Compensation Act*  
**OKLAHOMA WORKERS  
 COMPENSATION COMMISSION:**  
 210 Kerr State Office Bldg  
 440 S Houston  
 Tulsa OK 74127  
 918.295-3732  
[www.ok.gov/wcc](http://www.ok.gov/wcc)  
 1915 N Stiles Ave #231  
 Oklahoma City OK 73105  
 405.522-3222 855.291-3612