



# The City of **NORMAN**

201 West Gray, Bldg. C • P.O. Box 370  
Norman, Oklahoma 73069 • 73070

OFFICE OF THE FINANCE DIRECTOR  
Phone 405-366-5413  
FAX: 405-366-5417

August 27, 2013

Richard Fisher  
Director of Insurance  
Worker's Compensation Court  
1915 North Stiles  
Oklahoma City, OK 73105-4918

Dear Mr. Fisher:

Please see the enclosed own risk application for the City of Norman ("City"). The City has budgeted \$2,117,354 for Worker's Compensation for fiscal year ending June 30, 2014. Below is a breakdown of some of these accounts:

Worker's Compensation Claim Settlements	\$466,000
Worker's Compensation Medical Costs	1,123,954
Worker's Compensation Weekly Payments	400,000
Administrative Fees for W/C	70,400
Worker's Compensation Patient Mileage	8,000

Please find the Comprehensive Annual Financial Report (CAFR) for the fiscal year ended June 30, 2012 and the application check for \$1,000 as requested. The CAFR report represents our most current audited financial statements. The CAFR for fiscal year ended June 30, 2013 will not be available until December 31, 2013. Please find our June 30, 2013 preliminary general ledger account information. These figures are preliminary and will change during the audit due to adjustments.

Workers' compensation claims are funded via appropriations as noted above. Awarded settlements are placed on the Cleveland County property tax rolls and collected over three years.

The City's Medicare Reporting contact is Ms. Gerda Joseph.

If you have any further questions, please contact me at (405) 217-7720. My e-mail address is [clint.mercer@normanok.gov](mailto:clint.mercer@normanok.gov).

Sincerely,

Clint Mercer, CPA  
Risk Manager

Encl:



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RE: Workplace Safety Plan

Dear Mr. Fisher:

Pursuant to your request, the City of Norman's Workplace Safety Plan is as follows:

1. Monthly Safety Meetings

We conduct monthly safety meetings at each division. The meetings take place within each division's break room and cover topics such as the following:

Back Injury Prevention	Adverse Weather Driving
Crew Safety	How to Back a Truck Safely
MSDS Right to Know	Hot/Cold Weather Injury Prevention
CDL Pre-Trip	Eye Safety
Personal Protective Equipment	

2. Orientation Safety Training

Orientation Safety Training consists of training on preventing injuries and vehicular accidents. All new employees go through this training before reporting to their Departments for work. Subjects include:

Back Injury Prevention	MSDS Right to know
Preventing Slips, Trips and Falls	Crew Safety
Preventing Backing Accidents	Personal Protective Equipment

Vehicle collisions are classified by the Safety Manager as either chargeable (our fault) or non-chargeable. The driver may challenge this finding, and request an Accident Review Committee be convened. At this meeting the driver states his case to his Department Head, and the Department Head determines whether it is chargeable or not.

Currently the City has two Safety Committees who meet regularly. One is a committee comprised of solely Division Heads who meet monthly to "ensure safe work practices, so that we can prevent accidents, injuries and property damage; in order to save money needlessly spend on repairing our people, vehicles and property." The other committee meets quarterly and is comprised from the safety coordinators from each Division. Supervisors, workers, union representatives and other key

management personnel participate in the committee. The City also maintains a comprehensive safety manual.

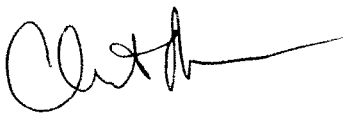
The City has an Employee Assistance Program, which helps employees overcome personal conflicts, drug, or alcohol abuse. The City's Police Department conducts high-speed pursuit driver's training at the Lloyd Noble parking lot as well as the Burns Flat Course on an annual basis. The following is the sequence in which worker's compensation claims originate and are processed:

1. Receive phone call of injury
2. Authorize treatment at the appropriate medical facility (i.e., Norman Regional Hospital for serious injuries or Norman Regional Occupational Health Medicine and Concentra, for routine injuries).
3. Receive a written on-the-job (OJI) report of circumstances from supervisor.
4. Generate Form 2 and send to the Worker's Compensation Court.
5. Open and maintain a file for the injury.
6. Log all medical expenses within Micro Niche database software.
7. Request purchase orders for expenses using purchase requisitions.
8. Transition of the entire file is handed off to the City Attorney's Office once the OJI becomes a Worker's Compensation claim.

The primary City staff responsible for worker's compensation cases is Jeanne Snider, Assistant City Attorney. The primary safety staff member responsible for the safety plan is Larry Heikkila. I am responsible for the risk management duties of the City.

If you have any further questions, please contact me at (405) 217-7720.

Sincerely,

A handwritten signature in black ink, appearing to read 'Clint Mercer', with a long horizontal flourish extending to the right.

Clint Mercer, CPA  
Risk Manager

OKLAHOMA WORKERS' COMPENSATION COURT  
1915 NORTH STILES AVENUE  
OKLAHOMA CITY, OK 73105-4918  
(405) 522-8600

## EMPLOYERS APPLICATION FOR PERMISSION TO CARRY ITS OWN RISK WITHOUT INSURANCE

To: The Oklahoma Workers' Compensation Court

Date August 1, 2013

The undersigned, an employer subject to the provisions of the Workers' Compensation Code, hereby applies for permission to carry its own risk without insurance. To enable the Workers' Compensation Court to determine whether or not the applicant possesses sufficient financial ability to render certain the payment of any award made by the Court, said applicant hereby states the following:

1. Employer's ~~Name~~ City of Norman Own Risk # 10970
  2. Employer's Federal Identification Number 73-6005350
  3. Home Office Address P.O. Box 370, Norman, OK 73070
  4. Oklahoma principal office address n/a
  5. Incorporated or organized under the laws of the State of Oklahoma
  6. If foreign corporation, give date licensed to do business in Oklahoma n/a
  7. Nature of business Municipal Government
  8. General Information on Company:
    - a. Years engaged in continuous business 118 years, In Oklahoma since 1895
    - b. Payroll in each of the preceding three (3) years:  
Year: '11, \$ 62,037,808; Year: '12, \$ 64,557,051; Year: '13, \$ 67,716,318  
Payroll in Oklahoma in each of the preceding three (3) years:  
Year: \_\_\_\_\_, \$ \_\_\_\_\_; Year: \_\_\_\_\_, \$ \_\_\_\_\_; Year: \_\_\_\_\_, \$ \_\_\_\_\_
    - c. Number of employees presently employed 892  
In Oklahoma \_\_\_\_\_
    - d. Estimated payroll in Oklahoma for the next twelve (12) months \$71,232,097
  9. Excess Insurance Information:
    - a. Name of carrier \_\_\_\_\_ Policy # \_\_\_\_\_
    - b. Policy dates: Effective \_\_\_\_\_ Expiration \_\_\_\_\_
    - c. Under this policy: Self Insured Retention \_\_\_\_\_ Limits of Liability \_\_\_\_\_
- Note: A certificate of excess insurance or a valid binder issued by said carrier must be attached to this application. A copy of the policy must follow.*
10. Estimated manual premium for your company 2,117,354

11. A. In the section below, state the loss history for the past five (5) calendar years. Copy the requested information from your loss runs (if the hard copy of your loss runs are required you will be notified). **Also include the current year's history, indicating how many months of the current year are included:**

Total incurred losses in Oklahoma (include for all injuries, both open & closed claims)

CY		\$ Medical Paid	\$ Indemnity Paid	\$ Total Paid	\$ Total Reserves Outstanding
2013	mo	357,694	92,480	450,174	508,689
2012		645,308	678,537	1,323,845	351,318
2011		339,070	512,647	851,717	195,242
2010		885,221	1,053,362	1,938,583	214,604
2009		577,207	732,042	1,309,249	123,666
2008		355,062	316,244	671,306	45,144

CY		Cases Opened	Cases Reopened	Cases Closed	Death Cases
2013	mo	152	-0-	117	-0-
2012		139	-0-	131	-0-
2011		148	-0-	142	-0-
2010		209	-0-	205	-0-
2009		170	-0-	168	-0-
2008		187	-0-	186	-0-

B. List of Death & PTD Claims for all years of self insurance (use separate sheet if necessary): \_\_\_\_\_

C. Total Self Insurance Reserves Outstanding: \$ 1,719,069  
(for all years of self insurance)

Total Self Insured Open Cases: 53  
(for all years of self insurance)

12. A. Enclose current audited financial report, including balance sheets, income statements & notes.

B. A governmental entity must provide a definite statement of the amount it has specifically appropriated for workers' compensation claims for the latest and the next fiscal year.

Amount appropriated for current fiscal year 2,117,354  
Next fiscal year (if available) \_\_\_\_\_

13. A. Is the applicant a subsidiary of another employer? No If yes, submit the parent company's financial statements.

B. Does the applicant have subsidiary companies that it wants to include under this permit? No  
(attach a list of the names and addresses of ALL entities to be included under this permit, including subdivisions)

C. If you answered yes to either question 13A or 13B, attach a copy of a written agreement whereby the ultimate parent employer guarantees that it will be fully responsible for any liabilities that its subsidiaries may incur under the Oklahoma Workers' Compensation Act.

14. A. Name, address and email address of the company's Third Party Administrator for the servicing of the self insurance claims.

n/a  
\_\_\_\_\_

B. If an approved Third Party Administrator is not employed, please submit qualifications of benefits administrator.

15. In consideration of the approval of this application, the applicant hereby expressly agrees as follows:

- A. The applicant's privilege to carry its own risk without insurance may be revoked at any time for good cause by the Administrator of the Workers' Compensation Court.
- B. The applicant agrees to comply with all applicable statutes and the rules of the Workers' Compensation Court and the Court Administrator.

Include an annual application fee of **\$1,000** as required by law, made payable to the Oklahoma Workers' Compensation Court.

I declare under penalty of perjury that I have examined this application and all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Signed this 27th Day of August, 2013

Cindy S. Rosenthal, Mayor

Print Name and Title (**note: person signing should be authorized to bind the applicant to the agreements contained herein**)

\_\_\_\_\_  
Signature

P.O. Box 370

Mailing Address

201 West Gray Street, Building C

Street Address, if different from Mailing Address

Norman                      OK                      73069  
City,                              State                      Zip Code

405-217-7720  
Telephone Number

clint.mercer@normanok.gov  
E-mail Address

Send application to:

Insurance Department  
Oklahoma Workers' Compensation Court  
1915 North Stiles Ave.  
Oklahoma City, OK 73105-4918

# FORM 7

Send original to  
Workers' Compensation Court

WORKERS' COMPENSATION COURT  
1915 NORTH STILES  
OKLAHOMA CITY, OK 73105-4918

This space for Court Use only

## Designation of Service Agent

Pursuant to Workers' Compensation Court Rule 10: When the claimant files a claim for compensation (Form 3, Form 3A or Form 3B), the Court shall mail a file-stamped copy of the claim form bearing the assigned file number to a single service agent of the self-insured employer, group self-insurance association, insurance carrier or CompSource Oklahoma which shall be designated on a Form 7 and filed with the Court. The Court shall send all notices and correspondence to the service agent until an entry of appearance or notice of substitution of attorney is filed pursuant to Rule 7. If no service agent is designated on the Form 7, notices and correspondence shall be sent to:

1. The signatory on the self-insurance application, if the insurer is a self-insured employer;
2. The Administrator of the group self-insurance association, if the insurer is a group self-insurance association;
3. The person designated to receive notice of service of process for an insurer as provided in 36 O.S., Section 621, if the insurer is a foreign or alien insurance carrier;
4. The President and Chief Executive Officer of CompSource Oklahoma, if the insurer is CompSource Oklahoma; or
5. The service agent on file with the Secretary of State, if the insurer is a domestic insurance carrier.

If the employer is uninsured or the Court cannot determine insurance coverage, notices and correspondence shall be sent by certified mail to the employer's last known address.

The following information is required and must be amended whenever a change of service agent is made.

Please check (☒) the appropriate box below

City of Norman

clint.mercer@normanok.gov

Name of: ☐ Carrier

☒ Self-Insured Employer

☐ Group Self-Insurance Association

Corporate e-mail

P.O. Box 370

Norman

OK

73070-0370

Home office mailing address:

City

State

Zip

201 West Gray, Building C

405-217-7720

Street Address, if different from mailing address:

Phone Number

**Designated Service Agent**

City of Norman

Name of Individual or Business:

Jeff Bryant, City Attorney

jeff.bryant@normanok.gov

Name of contact person, if the service agent is a business:

E-mail:

P.O. Box 370

Norman

OK

73070-0370

Mailing address:

City

State

Zip

201 West Gray Street, Building C

405-366-5428

Street Address, if different from mailing address:

Phone Number

Signature

Signed this 27th day of August, 2013

I HEREBY CERTIFY THAT THIS DOCUMENT WAS  
MAILED TO THE WORKERS' COMPENSATION COURT ON:

Prepared by Clint Mercer, CPA

August 31, 2013

Title Chief Accountant