Oklahoma Workers' Compensation Commission

1915, North Stiles Avenue Suite 221
Oklahoma City, OK 73105
(405) 522-3222 | wcc.ok.gov

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

IOR INTAKE

Permit Number : IOR2019-000080 - **Expiration Date :** 11/01/2020

*Required Field

Employer Section

Legal Business Name

CITY OF NORMAN

Federal Identification Number (FEIN)

73-6005350

If employer does, or has done business under another name in Oklahoma, including any trade name, list those names

Business Name FEIN

Add

Nature of Business
Learn More

Government

Industry Classification
Learn More

Other

Physical Address
Learn More

201-C WEST GRAY STREET

Suite/apt/room NORMAN

OK 73069

Mailing Address same as Physical Address

Oklahoma Principal Office Address same as Physical Address

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General Company Information

Years in Business

+100 years | +100 years

Number of employees currently employed

1000+ | 1000+

Estimated payroll in Oklahoma for the next twelve (12) months

$84,797,943

Total self insurance Net Reserves Outstanding for all years

$607,763

Net Reserves Outstanding = Current Reserves Minus Any Expected Excess Carrier Reimbursements

Provide the total payroll for each of the past three years. Estimates may be provided.

Year	Overall Payroll	Oklahoma Payroll
2019	$79,626,862	$79,626,862
2018	$77,590,235	$77,590,235
2017	$78,011,297	$78,011,297

Add Row

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Contact Information

Primary Contact Name

CLINT | Middle Name

MERCER | CHIEF ACCOUNTANT

Primary Contact Email

clint.mercer@normanok.gov

clint.mercer@normanok.gov

Primary Contact Phone Number

(405) 217-7720

Secondary Contact Name

KATHRYN | Middle Name

WALKER | CITY ATTORNEY

Secondary Contact Email

kathryn.walker@normanok.gov

kathryn.walker@normanok.gov

Secondary Contact Phone Number

(405) 366-5376

Medicare Reporting Contact
Learn More

PAMELA CHAN

Who administers Workers Compensation Claims?
Learn More

In-house Benefits Administrator

In-house Benefits Administrator License Number

N/A

In-house Benefits Administrator Name

JEANNE | Middle Name

SNIDER

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Claim Information

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Upload Oklahoma loss history for the current and past five (5) years. This information may be obtained from your former carrier(s) if previously secured workers' compensation obligations through traditional insurance. Note: An actuarial report may be requested by the Commission. Please use the template to record the losses. **Download the template here.** Data in a non-compliant format may lead to delays.

Provide Link here or select/drag file below

+ Select a file

Ind Employer Workers' Compensation Loss History - Template for new employers.xlsx ✖

Total Self Insurance Net Reserves Outstanding for All Years of Self Insurance in Oklahoma (Net Reserves Outstanding = Current Reserves Minus Any Expected Excess Carrier Reimbursements)

$607,763

Total Self Insured Open Cases for All Years of Self Insurance in Oklahoma

35

Estimated manual premium (may be obtained from your carrier)

$1,414,979

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Additional Named Insureds

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Would the applicant employer like to request additional subsidiaries, divisions, affiliates, parent or holding company, trade names, DBA, or any other company to be named on the permit

Learn More

No

Does the applicant employer have other subsidiaries, divisions, affiliates, parent or holding company, trade names, DBA, or any other company to be excluded from the permit. Advise whether those employers/companies are included under another Own Risk License, or if workers' compensation obligations are Insured and by what Insurance Carrier Name.

No

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*Required Field

Appropriation Details

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Amount appropriated for workers' compensation claims current Fiscal Year

$1,414,979

Fiscal Year Range

07/01/2020 06/30/2021

Amount appropriated for workers' compensation claims the next Fiscal Year, if available

$xxx.xx

Any other reserved funds allocated for payment of prior years' open claims

$xxx.xx

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*Required Field

Excess Insurance Details

Do you have excess insurance?

No

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Designated Service Agent

The applicant employer must designate a single agent for service of notice by filing this Designation of Service Agent form with the Commission.

Consistent with Workers' Compensation Commission Rule 810:10-1-10 or -11, once a claim for compensation is filed, the Commission will send all notices and correspondence to the designated agent, until an entry of appearance or a notice of substitution of attorney is filed as provided in Commission Rules 810:10-1-10 or -11.

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

Designated Service Agent Company Name

KATHRYN WALKER

Agent Phone Number

(405) 366-5376

Agent Primary Contact Name

KATHRYN

Middle Name

WALKER

Agent Primary Email Address

kathryn.walker@normanok.gov

Agent Primary Contact Phone

(405) 366-5376

Agent Mailing Address

201-C West Gray Street

Suite/apt/room

Norman

OK

73069

Physical Address same as Mailing Address

Do you want to add a secondary contact?

No

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Documentation

The security of public information that may be confidential is of the utmost concern to the Workers' Compensation Commission. Personally identifiable information submitted to the CaseOK system is encrypted, and all data is backed up nightly to a secure offsite server. The Data Center used to host CaseOK is a Tier 3 Data Center, offering a high level of security through multiple redundancies, power and cooling sources.

The Employer's most recent audited financial statements, including balance sheet, income statement, statement of cash flows, and notes (If the company does not have audited financial statements, unaudited financial statements signed by two company executives may be submitted)

Provide Link here or select/drag file below

+ Select a file

CAFR 2019.pdf ✖

Provide a signed letter on official letterhead indicating that appropriated funds are placed into a segregated fund, in compliance with Commission Rule 810:25-9-11.

Provide Link here or select/drag file below

+ Select a file

Proof of Excess Insurance (the most current certificate; a current certificate is required for final approval). **The Workers' Compensation Commission should be listed as the Certificate Holder or Regulatory Authority.**

Provide Link here or select/drag file below

+ Select a file

Loss runs for the past five years. Loss runs should contain a summary for each year, containing total $ paid (including any expenses) and total reserve $ outstanding. Data that identifies individual employees may be redacted. Actuarial reports are not required but are helpful if available.

Provide Link here or select/drag file below

+ Select a file

CAFR 2019.pdf ✖

If the Employer has employees at multiple Oklahoma locations, a list of all locations, with the full address for each location.

Provide Link here or select/drag file below

+ Select a file

Ind Employer Workers' Compensation Loss History - Template for new employers.xlsx ✖

A copy of the minutes from the board meeting where the appropriated amount was approved.

Provide Link here or select/drag file below

+ Select a file

CAFR 2019.pdf ✖

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Agreement And Signature

* A nonrefundable $1,000 application fee, payable to the Oklahoma Workers' Compensation Commission.

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 Workers' Compensation Commission.

b. The applicant agrees to notify the Commission of any change in its financial condition or ownership in the interim period between applications, such as a net financial loss, which may impact the applicant's financial ability to pay its workers' compensation obligations.

c. The applicant agrees to comply with all applicable statutes and the rules of the Workers' Compensation Commission.

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both

I Type your name here * 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.

* Sign in the box below or * Upload your signature

Clear

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Oklahoma Workers Compensation Commisison

Individual Own Risk Employer Loss History - Sample

Permit Holder Name	*City of Norman*					
	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5
Calendar Year or Fiscal Year	7/1/19 to 6/30/20	7/1/18 to 6/30/19	7/1/17 to 6/30/18	7/1/16 to 6/30/17	7/1/15 to 6/30/16	7/1/14 to 6/30/15
Medical $ Paid	$ 442,882.00	$ 348,759.00	$ 385,950.00	$ 305,403.00	$ 493,181.00	$ 400,214.00
Indemnity $ Paid	$ 100,584.00	$ 64,509.00	$ 136,318.00	$ 250,133.00	$ 235,463.00	$ 234,812.00
Total $ Paid (including expenses)	$ 543,466.00	$ 413,268.00	$ 622,268.00	$ 555,536.00	$ 728,644.00	$ 635,026.00
$ Total Reserves Outstanding	$ 155,680.00	$ 279,020.00	$ 41,366.00	$ -	$ 104,697.00	$ -
Number of Cases Opened	88	106	115	113	98	110
Number of Cases Re-opened	0	0	0	0	0	0
Number of Cases Closed	69	97	113	113	96	110
Number of Cases Currently Open	19	9	2	0	2	0