Oklahoma Workers' Compensation Commission

Denver N. Davison Courts Building
1915 North Stiles Avenue
Oklahoma City, OK 73105-4918
(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 : IOR2025-000080 - Expiration Date : 11/01/2026

*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

225 N WEBSTER AVE

Suite/apt/room

NORMAN

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Contact Information

Primary Contact Name

RICKY — Middle Name

KNIGHTON — CITY ATTORNEY

Primary Contact Email — Primary Contact Phone Number

rickyknighton@normanok.gov — (405) 366-5414

rickyknighton@normanok.gov

Secondary Contact Name

CLINT — Middle Name

MERCER — FINANCE DIRECTOR

Secondary Contact Email — Secondary Contact Phone Number

clint.mercer@normanok.gov — (405) 217-7720

clint.mercer@normanok.gov

Medicare Reporting Contact
Learn More

PAMELA CHAN

Who administers Workers Compensation Claims?
Learn More

TPA

TPA Name

CONSOLIDATED BENEFITS RESOURCES

TPA Contact Name

RICHARD

Middle Initial — FISCHER

TPA Contact Email Address — TPA Contact Phone Number

rfisher@cbremail.com — (405) 715-5033

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General Company Information

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Years in Business

+100 years

*Oklahoma

Number of employees currently employed

1000+

*Oklahoma

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

$110,439,571

Total self insurance Net Reserves Outstanding for all years

$800,000

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
2025	$112,024,104	$112,024,104
2024	$102,361,924	$102,361,924
2023	$94,352,161	$94,352,161

Add Row

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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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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

City of Norman Workers' Compensation Loss History.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)

$800,000

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

40

Estimated manual premium (may be obtained from your carrier)

$2,143,500

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Excess Insurance Details

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Do you have excess insurance?

No

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Appropriation Details

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Amount appropriated for workers' compensation claims current Fiscal Year

$2,143,500

Fiscal Year Range

07/01/2025 06/30/2026

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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Designated Service Agent

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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

DEEDRA VICE

Agent Phone Number

(405) 366-5422

Agent Primary Contact Name

DEEDRA

Middle Name: VICE

Agent Primary Email Address: deedra.vice@normanok.gov

Agent Primary Contact Phone: (405) 366-5422

Agent Mailing Address

201 W GRAY ST

Suite/apt/room: NORMAN

OK: 73069

Physical Address same as Mailing Address

Do you want to add a secondary contact?

Yes

Agent Secondary Contact Name

CLINT

Middle Name: MERCER

Agent Secondary Email Address: clint.mercer@normanok.gov

Agent Secondary Contact Phone: (405) 217-7720

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*Required Field

Documentation

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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

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

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

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

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

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

Provide Link here or select/drag file below

Provide Link here or select/drag file below

+ Select a file

+ Select a file

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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 * Upload your signature

Clear

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