



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 : IOR2024-000080 - Expiration Date : 11/01/2025

*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

Previous

1234567891011

NextCancel

Nature of Business
[Learn More](#)

Government

Industry Classification
[Learn More](#)

Other

Physical Address
[Learn More](#)

225 N WEBSTER AVE

Suite/apt/room

NORMAN

OK

73069

Mailing Address same as Physical Address

Oklahoma Principal Office Address same as Physical Address



Oklahoma Workers' Compensation Commission

Denver N. Davison Courts Building
1915, North Stiles Avenue
Oklahoma City, OK 73105-4918
(405) 522-3222 | wcc.ok.gov

IOR INTAKE

Permit Number : IOR2024-000080 - Expiration Date : 11/01/2025

*Required Field

Contact Information

Primary Contact Name

RICKY

Middle Name

KNIGHTON

CITY ATTORNEY

Primary Contact Email

rickyknighon@normanok.gov

Primary Contact Phone Number

(405) 366-5414

rickyknighon@normanok.gov

Secondary Contact Name

CLINT

Middle Name

MERCER

CHIEF ACCOUNTANT

Secondary Contact Email

clint.lmercer@normanok.gov

Secondary Contact Phone Number

(405) 217-7720

clint.lmercer@normanok.gov

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel

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

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel



Oklahoma Workers' Compensation Commission

Denver N. Davison Courts Building
1915 North Stiles Avenue
Oklahoma City, OK 73105-4918
(405) 522-3222 | wcc.ok.gov

IOR INTAKE

Permit Number: IOR2024-000080 - Expiration Date : 11/01/2025

*Required Field

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

\$110,064,515

Total self insurance Net Reserves Outstanding for all years

\$714,655

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
2024	\$102,361,924	\$102,361,924
2023	\$94,352,161	\$94,352,161
2022	\$87,657,991	\$87,657,991

Add Row

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel



Oklahoma Workers' Compensation Commission

Denver N. Davison Courts Building
1915, North Stiles Avenue
Oklahoma City, OK 73105-4918
(405) 522-3222 | wcc.ok.gov

IOR INTAKE

Permit Number : IOR2024-000080 - Expiration Date : 11/01/2025

*Required Field

Additional Named Insureds

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

Previous1234567891011NextCancel

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

Previous1234567891011NextCancel



Oklahoma Workers' Compensation Commission

Denver N. Davison Courts Building
1915 North Stiles Avenue
Oklahoma City, OK 73105-4918
(405) 522-3222 | wcc.ok.gov

IOR INTAKE

Permit Number : IOR2024-000080 - Expiration Date : 11/01/2025

*Required Field

Claim Information

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

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel

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)

\$714,655

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

34

Estimated manual premium (may be obtained from your carrier)

\$2,143,500

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel



Oklahoma Workers' Compensation Commission

Denver N. Davison Courts Building
1915 North Stiles Avenue
Oklahoma City, OK 73105-4918
(405) 522-3222 | wcc.ok.gov

IOR INTAKE

Permit Number : IOR2024-000080 - Expiration Date :
11/01/2025

*Required Field

Agreement And Signature

Previous

1

2

3

4

5

6

7

8

9

10

11

Next

Cancel

* 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