Workers' Compensation Insurance Proposal

CLINTON HOSPITAL AUTHORITY

April 1, 2024

Our customized workers' compensation solutions help our customers minimize workplace accidents - keeping claims and premium costs down. Coverage for CLINTON HOSPITAL AUTHORITY will be effective April 1, 2024.

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

AccidentFund

Workers' Compensation Proposal

03/21/2024

INSURICA INC
5100 N CLASSEN BLVD #300
OKLAHOMA CITY, OK 73118

Dear Agency Partner,

On behalf of Accident Fund, I am pleased to offer this proposal to you. We recognize our mutual customers require a workers' compensation partner with superior knowledge and experience, large enough to handle complex programs, yet small enough to be nimble and responsive to their needs. We partner with independent agencies, such as yours, who share our goal of keeping employees safe on the job – and strive to create the best workers' compensation insurance experience possible.

We believe selecting the right workers' compensation partner is a critical first step to creating a safe, healthy and productive work environment. But, if one of our customers does experience a workplace injury, we're committed to partnering with you to guide them through the claims and recovery process together.

The pages that follow contain a company overview, applicable coverage details and agreement terms for you to share with your client. If you have any questions, please do not hesitate to contact me directly.

We look forward to our continued partnership with you.

Respectfully,

Betsy Martin
Senior Business Development Specialist
Accident Fund Insurance Company of America
Phone: 517-708-5874 | Email: Betsy.Martin@accidentfund.com

The Accident Fund **Difference**

More than 100 years of experience has led to Accident Fund's success in providing superior workers' compensation solutions to policyholders. We've learned that when someone gets hurt on the job, it impacts more than just one person. Our team is committed to doing what it takes to bring injured workers back to their families, back to their jobs and back to life as usual.

TeleCompCare

Care Analytics

18%
Claim Costs Lower Than Industry*

Safety Training

Narcotics Program

Pharmacy Program

29%
E-Mod Reduction**

Our Commitment and Expertise

Our goal is superior claims management, underwriting expertise and value-added services designed to reduce costs for policyholders. Our industry-leading services, such as our narcotics and pharmacy programs, and Care Analytics program – which helps us identify local physicians who understand work-related injuries and provide superior care to get injured employees back to work – have resulted in claim costs that are 18% below the industry. What does this mean to you? Better care for your employees and lower premiums for your bottom line.

Creating Efficiencies

We offer a unique pay-as-you-go solution that bases premium on actual payrolls (rather than estimates) and allows for convenient online payments. Our website offers a complete library of resources – including workplace safety training and videos, safety tip sheets and guidebooks, claims information and fraud information – at no cost to you.

AccidentFund.com
1-866-206-5851

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Our Team of Experts

We pride ourselves on providing exceptional service. That's why we staff our own team of experts instead of using vendors and we have a local presence (not a phone number) in our core states. Our goal is to provide appropriate care to injured workers while reducing claims costs for our customers.

- **Loss Control Consultants** – With workplace safety as their number one goal, our consultants provide personal, unrivaled safety services and support to policyholders.
- **Internal Nurse Case Managers** – Our nurse case managers work closely with injured workers, employers, physicians and claims handlers throughout the entire claim process to ensure the worker receives the best care while assisting in early return to work which helps to reduce claim costs.
- **Corporate Medical Director** – Our in-house medical director provides guidance and strategic direction on a wide range of medical management and cost containment initiatives, with a special focus on improving the quality of care for injured workers.
- **TeleCompCare®** – This 24/7 nurse triage hotline provides injured workers with access to quick medical assessments, referral to medical care when appropriate and a convenient option to connect with an occupational physician via live video conference.
- **Pharmacist** – Our staff pharmacist works closely with our claims team to recommend changes to medications and identifies inappropriate dispensing to help avoid opioid addiction and prolonged recovery times.
- **Investigative Services Unit** – With billions of dollars lost in the industry each year to insurance fraud, our team of former law enforcement professionals partner with our claims team to investigate and expose potential fraud.
- **Premium Audit** – Our auditors are some of the best in the business, working with customers to verify payroll and class codes to ensure accurate premiums.
- **Claim Handlers** – Seasoned claim professionals located in the field who understand their local legal and medical environment – and can guide the injured worker through the recovery process.
- **Medical Bill Review** – This team collects all injured worker bills to review for accuracy.

Protecting Your Employees – And Your Bottom Line

By proactively caring for injured workers and helping business owners improve workplace safety, we have successfully lowered experience mods, and therefore reduced costs, for our customers. An average debit experience mod written with Accident Fund is reduced by 29%** – which means lower premium costs for policyholders.

For more information, visit AccidentFund.com.

* Based on 2017-2021 Workers' Compensation Insurance data (excludes medical only) and industry data from NCCI, WCIRB (CA), NYCRB and NCCIRB.

** Average annual savings attained by accounts with an initial mod > 1.25 who've been with Accident Fund for at least four years, based on 2005-2023 policy year data.

AccidentFund

Workers' Compensation Proposal

03/21/2024

Quote # 0066371691

CLINTON HOSPITAL AUTHORITY
PO BOX 1567
CLINTON, OK 73601

INSURICA INC
5100 N CLASSEN BLVD #300
OKLAHOMA CITY, OK 73118

Summary

Option: Guaranteed Cost

Insurance Company	**Accident Fund Insurance Company of America**
Effective Date	04/01/2024
Expiration Date	04/01/2025
Quote Valid Through	04/01/2024

Payment Terms

10 equal monthly - Direct Bill

Total Estimated Premium	$7,271.00
Total Plan Cost	**$7,271.00**

AccidentFund Workers' Compensation Proposal

Details for **Guaranteed Cost**

Quoted Rates by Class Code

Oklahoma - 04/01/2024 through 04/01/2025

Loc.	Classification	Code	Premium Basis Total Estimated Annual Renumeration	Rate Per $100 of Renumeration	Estimated Annual Premium
1	HOSPITAL PROFESSIONAL EMPLOYEES	8833	475679	1.0100	$4,804.00
1	HOSPITAL ALL OTHER EMPLOYEES	9040	88279	3.5300	$3,116.00
	Total Manual Premium				**$7,920.00**
	Employers Liability (E/L) increased limits factor	9812	7920	0.0140	$111.00
	Balance to E/L increased limits minimum premium	9848	111	150	$39.00
	Total Subject Premium				**$8,070.00**
	Total Modified Premium				**$8,070.00**
	Schedule Rating Credit	9887	8070	0.9000	($807.00)
	Total Standard Premium				**$7,263.00**
	Premium Discount	0063	7263	0.9660	($247.00)
	Expense Constant	0900	1	160	$160.00
	Terrorism Premium	9740	563958	0.0070	$39.00
	Catastrophe Premium	9741	563958	0.0100	$56.00
	Estimated Annual Premium				**$7,271.00**
	Other Premium and Surcharges				
	Total Amount Due				**$7,271.00**

Total Estimated Annual Premium $7,271.00

Coverages and Endorsements

We have reviewed the application and are providing those coverages provided by the standard Workers' Compensation Policy and any state-mandated endorsements. Any coverages or endorsements not specifically mentioned in this quote are not included with this proposal.

Item 3A (WC): OK

Item 3B Employers' Liability

Each Accident: $1,000,000
Disease - Policy Limit: $1,000,000
Disease - Each Employee: $1,000,000

Item 3C (Other States): All states and U.S. territories except: monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3A of the Information Page

AccidentFund Workers' Compensation Proposal

Premium Payments and Schedule

This schedule is an estimate only. Please refer to the direct bill invoice which will include due dates and other policies billings, if applicable. It is hereby agreed and understood that the premium is to be paid on an installment basis as follows:

	Due Date	Amount Due
1	04/15/2024	$727.10
2	05/01/2024	$727.10
3	06/01/2024	$727.10
4	07/01/2024	$727.10
5	08/01/2024	$727.10
6	09/01/2024	$727.10
7	10/01/2024	$727.10
8	11/01/2024	$727.10
9	12/01/2024	$727.10
10	01/01/2025	$727.10
	Total Amount Due	**$7,271.00**

Billing Method(s)
Direct Bill

Installment Plan(s):
10 equal monthly - Direct Bill

See the attached Notice of Installment Payment worksheets for additional information.

Terms and Conditions

1. This quote is based on payrolls, rates and experience modifications currently in effect as outlined below. Any changes to these values or other rating factors, as mandated by regulatory entities, may result in adjustments to our proposal. Additionally Accident Fund reserves the right to adjust the quote if the payrolls or premiums change more than 10%prior to policy issuance.
   a. If during the course of the policy, the scope of the Insured's operations materially changes, we reserve the right to adjust the pricing and/or program(s) offered based on the exposures, losses and risk characteristics.

Disclaimers

This quotation is valid until policy effective date but is subject to change prior to acceptance if there is a change in exposure, or a change in rates or other items required to be charged by applicable jurisdictions.

Fee Disclosures: Unless prohibited by state law, the following fees may be charged to underwritten policies:

Paper Invoice Fee:	Insufficient Funds Fee:	Reinstatement Fee:
$5	$20	Up to $20*

*Depending on payment plan

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Workers' Compensation Proposal

Forms

State	Form Number	Form Description
OK	WC 00 00 01 A	Information Page - AF CW
OK	WC 00 00 00 C	Workers Compensation and Employers Liability Insurance Policy
OK	WC 00 04 04	Pending Rate Change Endorsement
OK	WC 00 04 06	Premium Discount Endorsement
OK	WC 00 04 14 A	Notification Of Change In Ownership Endorsement
OK	WC 00 04 19 A	Part Five - Premium Amendatory Endorsement
OK	WC 00 04 21 F	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
OK	WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
OK	WC 00 04 24	Audit Non-Compliance Charge Endorsement
OK	WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
OK	WC 35 03 02	Oklahoma Employers Liability Amended Coverage Endorsement
OK	WC 35 03 03	Oklahoma Employers Liability Intentional Tort Exclusion Endorsement
OK	WC 35 06 01 F	Oklahoma Cancellation, Nonrenewal And Change Endorsement
OK	WC 35 06 03	Oklahoma Fraud Warning Endorsement
OK	WC 99 06 50 B	Invoice Fee
OK	WC 99 06 60	Execution Clause Endorsement

Applicant's Signature X _____ Date 4 / 1 / 2024

Signature of Agent/Producer X _____ Date ____ / ____ / ____

Oklahoma Workers Compensation Mandatory Optional Deductible Acceptance/Rejection Form

Oklahoma law requires insurers issuing a policy under the Administrative Workers' Compensation Act ("AWCA") to offer deductibles, optional to the policyholder, for benefits payable under the AWCA.

This form is applicable to the optional deductibles required by 85A O.S. Section 95 and OAC 365:15-1-3.1 only. For larger negotiated deductibles, see OAC 365:15-1-3.1 and 365:15-1-3.2.

All five deductible options set forth below shall be fully disclosed to the prospective policyholder in writing. The policyholder is not required to select a deductible option, but if the policyholder chooses a deductible, the policyholder may choose only one combined deductible amount. The maximum combined deductible, including medical benefits and indemnity claims, shall be $5,000 per claim. Please carefully review the requirements for the deductible options outlined below.

DEDUCTIBLE OPTIONS

Combined optional deductible amounts are $1,000.00; $2,000.00; $3,000.00; $4,000.00; and $5,000.00.

EMPLOYER OBLIGATIONS IF A DEDUCTIBLE OPTION IS SELECTED

If the applicant employer chooses a deductible, the insurer shall pay compensable claims to the person or medical providers entitled to the benefits conferred by the AWCA, and obtain reimbursement from the insured employer for the applicable deductible amount.

WARNING: **The insured employer must reimburse the insurer within sixty (60) days of a written demand. If the insured employer fails to reimburse the insurer within sixty (60) days, the insurer may seek to recover the *full amount* of such claim from the insured employer. In addition, the non-payment of deductible amounts shall be treated in the same manner as non-payment of premiums.**

EXPERIENCE MODIFICATION

Benefits paid by the insured employer under a deductible as provided herein may not be treated as benefits paid so as to harm the experience rating of the employer.

ACCEPTANCE/REJECTION

☑ Yes, I have read the optional deductible information summarized above and want the following deductible amount to apply to claims under the AWCA. I understand that this deductible applies to every claim for bodily injury by accident or disease filed by an injured employee.

MEDICAL AND INDEMNITY

- ☐ $1,000.00
- ☐ $2,000.00
- ☑ $3,000.00
- ☐ $4,000.00
- ☐ $5,000.00

☐ Yes, I understand that I am responsible for reimbursing my insurance company for the amounts of any deductible it pays.

☑ No, I do not want the optional deductible described in this form.

NAMED INSURED CLINTON HOSPITAL AUTHORITY

ADDRESS PO BOX 1567 , CLINTON, OK 73601

TITLE CEO

SIGNATURE

DATE 4-1-2024

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

This form is provided pursuant to Oklahoma Administrative Code 365:15-1-3.1.

AF Group — AccidentFund · UnitedHeartland · CompWest · ThirdCoast Underwriters

SUPPLEMENTAL APPLICATION
HEALTHCARE

Named Insured: Clinton Regional Hospital
Website Address: N/A
Insured Contact – Name: Chasity Richardson
Email Address (required for policy documents): Chasity.richardson@crha-ok.com
Current Workers' Compensation Carrier (name) - ____
Does your current agent represent your company with this carrier? ☐ Yes ☐ No

HISTORICAL PAYROLL, OWNERSHIP, AND MANAGEMENT EXPERIENCE

Year	Carrier	Total Annual Payroll	Total Annual Premium
____	____	$____	$____
____	____	$____	$____
____	____	$____	$____
____	____	$____	$____
____	____	$____	$____

# of Years in business ___ Average Years of Industry Experience for: Owners ___ Managers ___
If New Venture or first-time hiring employees, attach copy of owner(s) resume and industry experience
Are owners involved in daily operations? ☐ Yes ☒ No
Has there been any change in ownership or any mergers or acquisitions in the last 5 years? ☐ Yes ☒ No
If Yes, provide details – ____
Has there been any lay offs, downsizing of staff, or location/facility closures in the last 5 years? ☐ Yes ☒ No
If Yes, provide details - ____
Does the employer have any plans to renovate building or facilities in the next year? ☐ Yes ☐ No ☒ N/A
If Yes, provide details – ____

DRIVING EXPOSURES

Does the employer have any Driving Exposures? ☐ Yes ☒ No
If Yes, please complete the table and questions below:

Number and Types of Vehicles	# of Drivers	Frequency of Driving	Radius of Travel – Miles
2 Cars, SUVs, Light Trucks	____	☐ Daily ☐ Weekly ☒ Other	☒ <50 ☐ 50-100 ☐ 100-250 ☐ >250
____ Buses or Vans	____	☐ Daily ☐ Weekly ☐ Other	☐ <50 ☐ 50-100 ☐ 100-250 ☐ >250
____ Other: ____	____	☐ Daily ☐ Weekly ☐ Other	☐ <50 ☐ 50-100 ☐ 100-250 ☐ >250

Provide details on use of vehicles (Errands, Appointments, Shuttle service, Pick-up and Delivery, Patient transport) - Errands
Are any vehicles taken home? ☐ Yes ☒ No Are vehicles - ☐ Company-owned or leased ☐ Employee-owned
Any Group Transportation with more than 4 employees in one vehicle? ☐ Yes ☒ No
Any vehicle equipped to carry 7 or more passengers? ☐ Yes ☒ No 12 or more passengers? ☐ Yes ☐ No
Is there a cell phone use policy or texting while driving policy in place? ☐ Yes ☒ No
Are motor vehicle records reviewed at minimum, on an annual basis for all drivers? ☒ Yes ☐ No
Does the employer require a DMV/MCP Filing or PUC Filing? ☐ Yes ☒ No
If Yes, attach copy of DMV/MCP notice or PUC Filing or provide motor carrier permit number - ____

ADDITIONAL COVERAGES & POLICY ENDORSEMENTS

Does the employer own or lease any aircraft? ☐ Yes ☒ No
If Yes, attach completed Aircraft Questionnaire
Does the employer utilize any volunteers or interns? ☐ Yes ☒ No Is the employer - ☐ Non-profit ☐ For Profit
Is it the employer's intent to provide coverage for volunteers or interns? ☐ Yes ☐ No
If Yes, attach completed Volunteers Questionnaire and copies of Accident & Health Policy (if any)
Does the employer utilize any temporary labor contractor or service? ☐ Yes ☒ No
If Yes, provide details on what used for, for how long, etc - ____

If Yes, attach copies of Workers' Compensation policy declarations page for each Temporary Labor Contractor
Does the employer require by contract any of the following - ☐ USL&H coverage ☐ Outer Continental Shelf Lands Act Coverage
☐ Alternate Employers ☐ Voluntary Compensation ☐ Stop Gap ☐ Other States
☐ Other - _____
If any boxes checked, provide details of contract or job - _____
Is any corporate officer, partner, or managing member requesting exclusion from Worker's Compensation benefits?
☐ Yes ☒ No *If Yes, attach completed and signed election form for each individual officer, partner, or managing member*
Does any one location have more than 100 employees? ☐ Yes ☒ No
If Yes, please attach completed Employee Concentration Questionnaire

HEALTHCARE (providing medical care to patients and/or residents)
NURSING HOMES, RESIDENTIAL HOMES, CONVALESCENT HOMES, HOSPITALS, RETIREMENT COMMUNITIES, RECOVERY HOMES

Staffing Levels (number of employees for each): **Total Number of Employees -** 97

Staff	FT	PT
RN's	40	
LVN's	15	
CNA's	3	
Physical Therapists	0	
Rehab Aides	0	
All Other Employees	0	

Department	FT	PT
Activity / Social Service	0	
Dietary / Kitchen	4	
Laundry / Housekeeping	3	
Maintenance	2	
Office/ Medical Records	0	
All Other Departments	25	

Facility Risk Type (check if applicable):

☒ Hospital	☐ Skilled Nursing Care	☐ Alzheimer's or Mental Health Care
☐ Independent / Congregate Living	☐ Assisted Living/Convalescent Home	☐ Adult Day Care or Dev. Disabled
☐ Short-term care	☐ Continuing Care/Intermediate Care	☐ Alcohol and Drug Recovery
☐ Homes for Children: ☐ Foster care (court ordered due to parent) ☐ Juvenile delinquent (court ordered due to child's actions)		

Number of Facilities/Homes: ___ Number of Beds (average per facility): 22 Occupancy Rate (average per facility): ___%
If more than one type of facility or home, provide additional details if necessary - _____ 2.9

Safety Equipment and Controls – enter the number of each employer has (on average) per facility:

X Total Assist Devices	___ Lateral Transfer Aids	X Walking Belts or Gait Belts
X Sit to Stand Devices	___ Friction Reducing Devices	X Electric Beds
Bathing Facilities: # of Ergonomic Bathing Tubs - 0	# of Shower Rooms - 0	

20

Types of Residents – provide percentages for each:

___ Bariatric Residents	___ Medicare only	___ HIV (AIDS)
X Non-ambulatory	___ Alzheimer's Residents	___ Developmentally Disabled

Age of Residents – provide percentages for each:

X Adults 18-55 years old	X Retired Adults or over age 55 years old	
X Toddlers or Infants	X Children – grammar school	X Children – junior high and high school

Does the employer have a Selection and Discharge policy in place (for residents)? ☒ Yes ☐ No
Is maintenance of facility or landscaping sub-contracted? ☐ Yes ☒ No
Housekeeping – does employer use "dry-mop" process? ☐ Yes ☒ No
For combative/violent patients, does the employer have a Behavior Management program in place? ☒ Yes ☐ No ☐ N/A
Does the employer have any off-site activities or driving exposures? ☐ Yes ☒ No *If Yes, complete Driving Exposures section above*

Does the employer have strict disciplinary procedure for wearing Gait Belts at all times? ☐ Yes ☒ No
Does the employer have a Safe Patient/Resident Handling policy in place? ☒ Yes ☐ No
Does the employer have a Blood-borne pathogen program in place? ☒ Yes ☐ No
Does the employer have any ambulances or flight-for-life exposures? ☒ Yes ☐ No
If Yes, does the employer use a sub-contractor? ☐ Yes ☒ No
Does the employer provide any Home Health Care services? ☐ Yes ☒ No
If Yes, please complete and attach the Home Health Care Questionnaire
Does the employer have any locations which are 55 and Over Retirement communities? ☐ Yes ☒ No
If Yes, does the employer provide any maintenance, shuttle (driving) or landscaping services? ☐ Yes ☒ No
Please provide details on services provided - _____

MEDICAL OR PHYSICIANS' OFFICES

Does the employer have any of these types of facilities, offices, or exposures (check if applicable)? N/A

☐ Abortion Clinics	☐ Blood Banks	☐ Chemotherapy Centers	☐ Chiropractors
☐ Community Clinics	☐ Emergency Rooms	☐ Kidney Dialysis Centers	☐ Orthopedics
☐ Phlebotomists	☐ Physical Therapy	☐ Physiotherapists	☐ MRI Centers
☐ Surgery Centers	☐ 24-hour Urgent Care	☐ Testing labs or X-ray labs	☐ Organ Transplant

Employees: Number of billing or clerical staff - _____ Number of Medical Assistants, Nurses, Technicians - _____
Number of Doctors - _____ Total Number of Employees - _____

Does the employer have any mobile office, mobile labs, or community outreach programs? ☐ Yes ☐ No
Any pick-up or delivery? ☐ Yes ☐ No
Does the employer handle their own first aid claims? ☐ Yes ☐ No
Does the employer have a Blood-borne pathogen program in place? ☐ Yes ☐ No
Does the employer have any ambulances or flight-for-life exposures? ☐ Yes ☐ No
If Yes, does the employer use a sub-contractor? ☐ Yes ☐ No

COVID-19/PANDEMIC CONTROLS

In the last 6 months, how many employees have tested positive and/or are being treated for COVID-19/pandemic disease? 0
How many in the last 30 days? 0
What percentage of employees have been vaccinated? 50
What guidelines have been implemented for your employees who are believed to have been exposed to or have tested positive for COVID-19/pandemic disease? No fever, systems for 24 hours

If a patient/resident tests positive, has COVID-19 symptoms, or is suspected of being exposed to a pandemic disease, do employees wear N95 masks? ☐ Yes ☒ No What other COVID protocols does the employer have in place for this situation? Standard

Besides wearing masks, social distancing, pre-shift temperature, sanitation, handwashing, pandemic disease training, what other procedures have been implemented to address COVID-19/pandemic disease? _____ Standard

Additional Information - _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

By my signature below, I certify the above responses to be true, accurate and continuing.

Signature: _____ **Title:** CEO
Insured

Print Name: LEON LACOGRELO **Date:** 4-1-2024