



## Workers' Compensation Proposal

02/13/2026

INSURICA INSURANCE SERVICES, LLC - OKLAHOMA CITY  
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,

**Devin Woodard**  
Customer Service Specialist  
Accident Fund Insurance Company of America  
Phone: 517-708-6577 | Email: [Devin.Woodard@accidentfund.com](mailto:Devin.Woodard@accidentfund.com)



## Workers' Compensation Insurance Proposal

# CLINTON HOSPITAL AUTHORITY

April 1, 2026

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, 2026.



## Details for Guaranteed Cost

### Quoted Rates by Class Code

Oklahoma - 04/01/2026 through 04/01/2027					
Loc.	Classification	Code	Premium Basis Total Estimated Annual Renumeration	Rate Per \$100 of Renumeration	Estimated Annual Premium
1	HOSPITAL ALL OTHER EMPLOYEES	9040	207160	2.6480	\$5,486.00
1	HOSPITAL PROFESSIONAL EMPLOYEES	8833	4814897	0.6900	\$33,223.00
	<b>Total Manual Premium</b>				<b>\$38,709.00</b>
	Employers Liability (E/L) increased limits factor	9812	38709	0.0140	\$542.00
	<b>Total Subject Premium</b>				<b>\$39,251.00</b>
	Experience Modifier	9898	39251	0.8600	(\$5,495.00)
	<b>Total Modified Premium</b>				<b>\$33,756.00</b>
	Schedule Rating Credit	9887	33756	0.9000	(\$3,376.00)
	<b>Total Standard Premium</b>				<b>\$30,380.00</b>
	Premium Discount	0063	30380	0.9089	(\$2,768.00)
	Expense Constant	0900	1	160	\$160.00
	Terrorism Premium	9740	5022057	0.0080	\$402.00
	Catastrophe Premium	9741	5022057	0.0160	\$804.00
	<b>Estimated Annual Premium</b>				<b>\$28,978.00</b>
	<b>Other Premium and Surcharges</b>				
	<b>Total Amount Due</b>				<b>\$28,978.00</b>

**Total Estimated Annual Premium \$28,978.00**

### 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



02/13/2026

Policy # AF WCP 100113106

CLINTON HOSPITAL AUTHORITY  
PO BOX 1567  
CLINTON, OK 73601

INSURICA INSURANCE SERVICES, LLC - OKLAHOMA CITY  
5100 N CLASSEN BLVD #300  
OKLAHOMA CITY, OK 73118

## Summary

### Option: Guaranteed Cost

Insurance Company	<b>Accident Fund Insurance Company of America</b>	Total Estimated Premium	\$28,978.00
Effective Date	04/01/2026		
Expiration Date	04/01/2027		
Quote Valid Through	04/01/2026		
<b>Payment Terms</b>		<b>Total Plan Cost</b>	<b>\$28,978.00</b>
10 equal monthly - Direct Bill			

**Forms**

<b>State</b>	<b>Form Number</b>	<b>Form Description</b>
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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**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.

### 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	Billing Method(s)
1	04/01/2026	\$2,897.80	Direct Bill
2	05/01/2026	\$2,897.80	
3	06/01/2026	\$2,897.80	<b>Installment Plan(s):</b> 10 equal monthly - Direct Bill  See the attached Notice of Installment Payment worksheets for additional information.
4	07/01/2026	\$2,897.80	
5	08/01/2026	\$2,897.80	
6	09/01/2026	\$2,897.80	
7	10/01/2026	\$2,897.80	
8	11/01/2026	\$2,897.80	
9	12/01/2026	\$2,897.80	
10	01/01/2027	\$2,897.80	
<b>Total Amount Due</b>		<b>\$28,978.00</b>	

### 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



## WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: CLINTON HOSPITAL AUTHORITY

Risk ID: 350824537

Rating Effective Date: 04/01/2026

Production Date: 10/25/2025

State: OKLAHOMA

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses	Split Point
OK	.18	8,073	14,778	6,705	0	44,620	0	0	19,000
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses	
.18		8,073	14,778	6,705	0	44,620	0	0	

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 0	$C * (1 - A) + G$ 51,240	(A) * (F) 0	(J) 51,240	
Expected	(E) 6,705	$C * (1 - A) + G$ 51,240	(A) * (C) 1,453	(K) 59,398	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors	1.00				(J) / (K) .86

NCCI'S EXPERIENCE RATING WORKSHEET SUMMARY PAGE NOW INCLUDES A COLUMN FOR THE STATE'S APPROVED PRIMARY/EXCESS LOSS SPLIT POINT, APPLICABLE TO THE RATING EFFECTIVE DATE.

© Copyright 1993-2026, All rights reserved. This product is comprised of compilations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this product, in whole or in part, may be made without the prior written consent of NCCI. This product is furnished "As is" "As available" "With all defects" and includes information available at the time of publication only. NCCI makes no representations or warranties of any kind relating to the product and hereby expressly disclaims any and all express, statutory, or implied warranties, including the implied warranty of merchantability, fitness for a particular purpose, accuracy, completeness, currentness, or correctness of the product or information contained therein. This product and the information contained therein are to be used exclusively for underwriting, premium calculation and other insurance purposes and may not be used for any other purpose including but not limited to safety scoring for project bidding purposes. All responsibility for the use of and for any and all results derived or obtained through the use of the product and information are the end user's and NCCI shall not have any liability therefor.



# WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: CLINTON HOSPITAL AUTHORITY

Risk ID: 350824537

Rating Effective Date: 04/01/2026

Production Date: 10/25/2025

State: OKLAHOMA

35-OKLAHOMA

Firm ID:

Firm Name: CLINTON HOSPITAL AUTHORITY

Carrier: 19968

Policy No. AFWCP100113106

Eff Date: 04/01/2024

Exp Date: 04/01/2025

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
8833	.329	.45	3,937,703	12,955	5,830					
9040	1.351	.48	134,950	1,823	875					
9812	EMPLOYERS LIABILITY			0	0					
<b>Policy Total:</b>			<b>4,072,653</b>	<b>Subject Premium:</b>	<b>45,158</b>	<b>Total Act Inc Losses:</b>			<b>0</b>	

© Copyright 1993-2026, All rights reserved. This product is comprised of compilations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this product, in whole or in part, may be made without the prior written consent of NCCI. This product is furnished "As is" "As available" "With all defects" and includes information available at the time of publication only. NCCI makes no representations or warranties of any kind relating to the product and hereby expressly disclaims any and all express, statutory, or implied warranties, including the implied warranty of merchantability, fitness for a particular purpose, accuracy, completeness, currentness, or correctness of the product or information contained therein. This product and the information contained therein are to be used exclusively for underwriting, premium calculation and other insurance purposes and may not be used for any other purpose including but not limited to safety scoring for project bidding purposes. All responsibility for the use of and for any and all results derived or obtained through the use of the product and information are the end user's and NCCI shall not have any liability thereto.

\* Total by Policy Year of all cases \$2,000 or less.

D Disease Loss

X Ex-Medical Coverage

U USL&HW

C Catastrophic Loss

E Employers Liability Loss

# Limited Loss

## 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](https://www.AccidentFund.com).**

\* Based on 2017-2021 Workers' Compensation Division data (excluding medical only) and industry data from NCCI, WCIRB (CA), NYIRB and NJCIRB.

\*\* Average e-mod savings obtained by accounts with an initial mod >1.25 who've been with Accident Fund for at least four years. Based on 2005-2022 policy year data.

# 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



 AF Group

Accident Fund is a division of AF Group. All policies are underwritten by a licensed insurer subsidiary. For more information, visit [afgroup.com](http://afgroup.com). © AF Group