



WORKERS' COMPENSATION COVERAGE RECOMMENDATION

Clinton Hospital Authority

Presented by Jackson Insurance Group

Board Decision Summary

Coverage: Workers' Compensation

Carrier: Accident Insurance Company

Policy Term: April 1, 2026 – April 1, 2027

Estimated Premium: **\$22,355 annually**

Agency: Jackson Insurance Group (1120 Frisco Ave., Clinton, Oklahoma)

Executive Summary

Jackson Insurance Group recommends placing Clinton Hospital Authority's Workers' Compensation coverage with Accident Insurance Company (AIC). The proposal offers competitive pricing, a strong 0.86 experience modifier, and responsive local service from a Clinton-based agency, Jackson Insurance Group.

Key Proposal Highlights

Estimated Annual Premium: \$22,355

Experience Modifier: 0.86 (Favorable)

Estimated Payroll: \$5,022,057

Policy Term: April 1, 2026 – April 1, 2027

Carrier: Accident Insurance Company

Servicing Agency: Jackson Insurance Group – Clinton, Oklahoma

Payroll & Classification Summary

Class Code 8833 – Hospital Professional Employees

Payroll: \$4,814,897 | Rate: .626 | Premium: \$30,141

Class Code 9040 – Hospital All Other Employees

Payroll: \$207,160 | Rate: 2.404 | Premium: \$4,980

Premium Structure Overview

Manual Premium: \$35,121

Premium Discount: -\$12,766

Estimated Annual Premium: \$22,355

Payment Schedule Overview

Initial Payment (April 1, 2026): \$3,555

Remaining Installments: Approximately \$2,088 per month through January 2027

Claims and Risk Management Support

Jackson Insurance Group assists clients with claims coordination, injury reporting guidance, return-to-work strategy discussions, and coverage reviews to help reduce claim frequency and stabilize long-term Workers' Compensation costs.

Why Jackson Insurance Group

Local Service: Based in Clinton with direct access to decision makers.

Claims Advocacy: Support during claims to ensure proper handling.

Coverage Oversight: Monitoring classifications and payroll reporting.

Long-Term Partnership: Focused on maintaining stable insurance programs.

Local Commitment & Service

Jackson Insurance Group is proud to serve Clinton and the surrounding communities. As a locally owned agency based in Clinton, our team is committed to protecting the organizations that support our community.

As a Clinton resident, Jason Jackson understands the importance of purchasing insurance responsibly and ensuring the hospital receives the best possible coverage at the most competitive premium. Our goal is to help Clinton Hospital Authority secure strong protection while avoiding unnecessary insurance costs.

Direct Contact

Jason Jackson

Agency Principal – Jackson Insurance Group

Office: 580-275-2446

Cell: 580-214-0987

You will receive immediate service from our local Clinton insurance agency whenever you need assistance.

Final Recommendation

Jackson Insurance Group respectfully recommends placing Clinton Hospital Authority's Workers' Compensation program with Accident Insurance Company for the upcoming policy term.

This proposal provides a strong combination of competitive pricing, stable underwriting, and responsive local service. Our agency is committed to ensuring the hospital receives the best coverage available while maintaining responsible insurance costs.

As a locally owned Clinton agency, we take pride in supporting the organizations that serve our community. Jackson Insurance Group appreciates the opportunity to serve Clinton Hospital Authority and stands ready to implement coverage immediately upon approval.

Next Steps

Bind Proposed Effective Date: April 1, 2026

Coverage can be bound immediately upon approval.



AIC | Accident Insurance Company

QUOTATION

Valid Until: April 27, 2026
 Proposal Date: 03/13/2026
 Agency: JOHNSON & JOHNSON, INC
 Agency Phone Number:
 Policy Period: 04/01/2026 - 04/01/2027
 Carrier: Accident Insurance Company Inc

CLINTON HOSPITAL AUTHORITY INC
 PO BOX 1567
 CLINTON, OK 73601

Installment Schedule:			
April 1, 2026	3,555.00	October 1, 2026	2,088.00
May 1, 2026	2,090.00	November 1, 2026	2,088.00
June 1, 2026	2,090.00	December 1, 2026	2,088.00
July 1, 2026	2,090.00	January 1, 2027	2,088.00
August 1, 2026	2,090.00		
September 1, 2026	2,088.00		

Amount Due April 1, 2026
Amount Due April 1, 2026 \$ 3,555.00
MAKE CHECKS PAYABLE TO ACCIDENT INSURANCE COMPANY INC.

Serviced by:
 Accident Insurance Company Inc.
 P.O. Box 531024
 Atlanta, GA 30353-1024
 (800) 896-6884

Agency Number: 76
 JOHNSON & JOHNSON, INC
 JOHNSON & JOHNSON, INC
 P O BOX 899
 CHARLESTON, SC 29402



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



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
	Total Manual Premium				\$38,709.00
	Employers Liability (E/L) increased limits factor	9812	38709	0.0140	\$542.00
	Total Subject Premium				\$39,251.00
	Experience Modifier	9898	39251	0.8600	(\$5,495.00)
	Total Modified Premium				\$33,756.00
	Schedule Rating Credit	9887	33756	0.9000	(\$3,376.00)
	Total Standard Premium				\$30,380.00
	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
	Estimated Annual Premium				\$28,978.00
	Other Premium and Surcharges				
	Total Amount Due				\$28,978.00

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



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 ____ / ____ / ____

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

Terms and Conditions

- 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.
 - 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	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.

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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					
Policy Total:			4,072,653	Subject Premium:	45,158	Total Act Inc Losses:			0	

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

D Disease Loss
E Employers Liability Loss

X Ex-Medical Coverage
Limited Loss

U USL&HW

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, WCRB (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

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