

Bob Hawley, President
Rita Diehl, President Elect
Greg Reid, Immediate Past President
Jimmy Johnson, Treasurer
Ray Simpson, Secretary



Ann Singer, NE Representative
Vanessa Brewington, NW Representative
Eddie Sims, Central Representative
Bob Hargis, SW Representative
Wade Patterson, SE Representative
Rebecca Smith, At-Large Representative

April 12, 2010

Dear OKAMA Member:

As we work to meet our membership demands, our board constantly strives to add more value to your membership. As you all know, securing Workers Compensation coverage in the state of Oklahoma has been a struggle for years, with most of our services using the state CompSource plan. We believe many insurance companies lack the concept of what EMS professionals do on a daily basis (as evidenced by the manner in which our staff is usually considered in the same rating as a bus driver). Based on the insurance companies' lack of understanding, we have no control of Workers Compensation in our state and are at the mercy of the carrier. Since we are typically limited to a single carrier, our rate, our experience modification, and our pricing is dictated by the company.

OKAMA is conducting a *members only* feasibility study on Workers Compensation to determine if we could implement a self-funded workers compensation program that would be EMS specific. We would like to see a program that rewards our members for purchasing equipment that prevents injuries and for providing a safe working environment - a program that includes loss control, prevention and, most importantly, is specific to Oklahoma EMS. Attached you will find a survey that asks you 10 questions in regard to your current Workers Compensation insurance that we need you to complete.

The only way we will know if this type of program is a viable option for OKAMA is by receiving 100% participation by our membership. Included with the survey is an instruction page on how and where to find all of the requested information needed to complete the form. Also a form letter is attached for you to request 5 years of loss history from CompSource or another carrier you may be using. It is important that even though you may not have any losses, you still request this loss history as proof of "no losses".

We understand the information requested on this survey can be considered confidential company information; therefore we have elected to have the data compiled by The Bramlett Agency in Ardmore, Oklahoma. The Bramlett Agency will act as the independent third party, ensuring strict confidentiality while compiling the information for the feasibility study. **The Bramlett Agency will not solicit you based on the information from your survey.** If you have any questions about the survey please feel free to contact us at your convenience.

Sincerely;

A handwritten signature in blue ink, appearing to read 'Bob Hawley', is positioned above the typed name.

Bob Hawley, OKAMA President
Enc.

OKAMA Workers Compensation Survey Instructions for Completion

1. **5 year Loss Runs from Carrier** – a form letter requesting loss runs is attached. You will need to complete where indicated and send to the Workers Compensation carrier.
2. **Annual Premium Amount** – you can find this on your Workers Compensation policy declaration page. It will be listed at *Gross Premium*.
3. **No. of Employees** – you will need to break numbers down by class codes – clerical or EMS personnel. If the Administrator is licensed and runs one call a year, they must be classified as EMS personnel.
4. **Annual Payroll** – from your records. It is also listed on your Workers Compensation policy declaration page.
5. **Experience Mod.** – listed on your Workers Compensation policy declaration page
6. – 9. - *Yes* or *No* answer

CONFIDENTIAL
OKAMA Workers Compensation Survey

Please complete the following survey by providing the answer or documentation where checked (✓).

Business Name: _____

Address: _____

Contact Person: _____

Phone No.: _____

E-mail: _____

No.	Item:	Provide Answer:	Provide Documentation:
1.	5 year Loss Runs from Carrier (such as CompSource)	N/A	✓
2.	Annual Workers Compensation Premium Amount	✓	N/A
3.	No. of Employees	✓ Clerical/Admin.: ✓ Field Personnel:	N/A
4.	Annual Payroll	✓ Class Code: 7382-EMS/Field Personnel \$ _____ 8810-Clerica/Admin.l \$ _____ Other # \$ _____ ✓ Total Payroll: \$ _____	N/A
5.	Experience Mod.	✓	N/A
6.	Do you work with a local agent or direct with CompSource or other?	✓	N/A
7.	Are you interested in other Workers Comp. carriers other than Comp Source?	✓	N/A
8.	Would you be supportive of a Workers Comp. Plan endorsed by OKAMA?	✓	N/A
9.	Would you be supportive of a Workers Comp. Plan that understood EMS, rewarded you for capitol investments to prevent losses, and provided loss control services?	✓	N/A

Fax completed survey and requested documentation to:

The Bramlett Agency

Attn: *OKAMA Workers Comp. Project Specialist*

Fax #: (580) 223-8284

Date: _____

To: **CompSource Oklahoma**

Address: **PO Box 53505
Oklahoma City OK, 73152-3505**

Department: **Workers' Compensation Claims**

Fax: **WC: 866-211-6989;**

Subject: **REQUEST FOR LOSS HISTORY / LOSS RUNS**

Policy #: _____

Insured: Oklahoma Ambulance Association

In accordance with related Department of Insurance code, I hereby request a copy of my entire Loss History / Loss Runs for the policies listed above and any other policies that pertain to my organization for the following year/s: (All Years).

Please do not delay forwarding this information, or contact the current agent of record regarding our request, as doing so may delay our receipt and could constitute an "unfair business practice" should we be kept from our ability to go out to market.

We kindly request that you fax this information to my attention within the per state time period allowable to do so.

Please also mail a copy of all items to our company address.

Should you have any questions, please contact me immediately at

FAX the loss history/loss runs to my attention at _____

Thanking you in advance,

Director