

Huntsville, Alabama

305 Fountain Circle Huntsville, AL 35801

Cover Memo

Meeting Type: City Council Regular Meeting Meeting Date:	9/12/2024	File ID: TMP-4593
Department: Human Resources		
Subject:	Type of Action:	Approval/Action
Resolution authorizing the Mayor to execute the application for Safety National Casualty Corporation.	r excess workers co	ompensation insurance with
Choose an item.		
Finance Information:		
Account Number: N/A		
City Cost Amount: \$363,000		
Total Cost: \$363,000		
Special Circumstances:		
Grant Funded: N/A		
Grant Title - CFDA or granting Agency: N/A		
Resolution #: N/A		
Location: (list below)		
Address:		
District: District 1 □ District 2 □ District 3 □ District	ict 4 District 5	
Additional Comments:		

RESOLUTION NO. 24-___

WHEREAS the City of Huntsville, wishes to renew an agreement for excess workers compensation insurance coverage with Safety National Casualty Corporation; and

WHEREAS, the City desires to commence the agreement with Safety National Casualty Corporation on October 1, 2024.

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Huntsville, Alabama, that the Mayor be, and he is hereby authorized to execute the application for excess workers compensation insurance with Safety National Casualty Corporation, on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to the certain document attached hereto and identified as "Application for Excess Worker's Compensation" and related documents consisting of consisting of sixteen (16) pages and signature date September 12, 2024 appearing on the first page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk-Treasurer of the City of Huntsville, Alabama.

ADOPTED this the 12 th of	day of September, 2024.
	President of the City Council of
	the City of Huntsville, Alabama
APPROVED this the 12t	h day of September, 2024.
	Mayor of the City of
	Huntsville, Alabama

Client Authorization to Bind Coverage

LINES OF COVERAGE TO BIND

Coverage Description		Effective Dates	
Excess Worker's Compensation	า	10/01/2024	
Limit: \$750,000/\$750,000			
			P-000
(Please initial)			
Bind as Prop	osed		
Bind with the	following changes		
		-	
	**		
Authorized Signature			
Title/Position			·
Date			e e e e e e e e e e e e e e e e e e e

No coverage is provided by this summary. Coverage conditions are highlights only and are subject to exclusions and additional terms as stated within the policy. Not all exclusions, terms and conditions are shown. If there are any differences between the policy and the proposal, the policy prevails. For details of coverage, refer to policy forms, terms and conditions.

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SIGNED:

Tommy Battle, Mayer

Marsh & McLennan Agency LLC 206 Exchange Place Huntsville, AL 35806-2300 256-890-9000 www.marshmma.com

DATE:

CONFIRMATION OF COVERAGE

NAMED INSURED EMPLOYER: ADDRESS:	CITY OF HUNTSVILLE, AL P.O. BOX 305 HUNTSVILLE, AL 35	5804
POLICY NUMBER:	1.0. BOX 303 HOWISVIELE, AL 33	7004
TYPE OF INSURANCE: LOCATION:	Specific Excess Workers' Compensation ALABAMA	n and Employers Liability Insurance
POLICY LIABILITY PERIOD:	October 1, 2024 through October 1, 202	5
REPORTING PERIOD:	October 1, 2024 through October 1, 202	
Self-Insured Retention per Occurrence for P		\$750,000
Self-Insured Retention per Occurrence for F		\$750,000
Self-Insured Retention per Occurrence for A	ALL Others:	\$750,000
Maximum Limit of Indemnity per Occurren	ce:	Statutory
Employers' Liability Maximum Limit of Inc	demnity per Occurrence:	\$1,000,000
Premium Rate:		per \$100 of Payroll
Deposit Premium for the Payroll Reporting	Period:	\$362,787
Minimum Premium for Liability Period:		\$344,648
Coverage is effective October 01, 2024 to pe	olicy issuance and is subject to all the terr vorkers' Compensation Agreement and E	rporation binder attached. This confirmation of ms and conditions of, and shall be automatically mployers Liability Insurance Agreement when
ISSUED AT ST. LOUIS, MO SIGNED: James O- Thora	141.	DATE: 9/3/24
James D Thornton, CIC Vice President	ΣΨΟ	PAIL. My John
ACCEPTED ON BEHALF OF: CITY OF HUNTSVILLE		

INSURANCE PROPOSAL City of Huntsville

Compensation Disclosure and Limitation of Liability

Marsh & McLennan Agency LLC ("MMA") prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: https://mma.marshmma.com/non-us-affiliates. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf;

MMA receives compensation through one or a combination of the following methods:

- Retail Commissions A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client.
- Client Fees Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.
- Contingent Commissions Many insurers agree to pay contingent commissions to insurance producers who meet set goals
 for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include
 volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary
 depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission
 attributable to any given policy typically will not be known at the time of placement.
- Supplemental Commissions Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.
- Wholesale Broking Commissions Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is
 engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized
 expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In
 these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to
 arrangements made between them.
- Medallion Program and Sponsorships Pursuant to MMA's Medallion Program, participating carriers sponsor educational
 programs, MMA events and other initiatives. Depending on their sponsorship levels, participating carriers are invited to attend
 meetings and events with MMA executives, have the opportunity to provide education and training to MMA colleagues and
 receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.
- Other Compensation & Sponsorships From time to time, MMA may be compensated by insurers for providing administrative services to clients on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events.



We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at https://www.marshmma.com/us/compensation-guide.html.

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars (\$10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.

Rev September 8, 2022



INSURANCE PROPOSAL City of Huntsville

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Minimum Earned & Deposit Premiums

Minimum Deposit

Minimum and deposit is the amount of premium due at inception. Although the policy is "ratable", subject to adjustment based on a rate per exposure unit, under no circumstances will the annual earned premium be less than the minimum deposit premium. The policy may generate an additional premium on audit, but will not result in a return. If such a policy is cancelled mid-term, the earned premium is the greater of the annual minimum multiplied by the short rate or pro-rate factor, or the actual earned as determined by audit, subject to a short rate penalty if applicable.

Minimum Earned Premium

A minimum earned premium endorsement can be attached to either a flat charge policy or an adjustable policy. In either case, this amount is the least that will be retained by the carrier once the policy goes into effect. The amount retained would be the greater of the actual earned premium whether calculated on a pro-rate or short-rate basis, or the minimum earned premium.

Flat Cancellations

Surplus lines carriers typically do not allow flat cancellations. Once the policy is in effect, some premium will be earned, and the amount or percentage is outlined in the policy.

Direct Bill Policies

Notices you receive from your insurer regarding past due premiums or cancellation due to non-payment of premium shall be considered notice from Marsh & McLennan Agency LLC (MMA). As a matter of general practice, MMA does not provide notice of a potential lapse of coverage due to non-payment of premium to clients where coverage is written on a direct bill basis.

Proposal Disclaimer

Marsh & McLennan Agency LLC ("MMA") thanks you for the opportunity to discuss your insurance and risk management program. No coverage is provided by this summary. Coverage conditions are highlights only and are subject to exclusions and additional terms as stated within the policy. Not all exclusions, terms and conditions are shown. If there are any differences between the policy and the proposal, the policy prevails. For details of coverage, refer to policy forms, terms and conditions.

We have evaluated your exposures to loss and developed this proposal based upon the information that you have provided to us. If you are aware of other areas of potential exposure that need to be evaluated or of additional information of which we should be aware prior to binding of coverage, please bring the other areas or additional information to our attention as soon as possible. Should any of your exposures change after coverage is bound, please notify us immediately.

Client Contracts

In the event that you enter into a contract that has specific insurance requirements, MMA will review your contract, but only in regards to the insurance requirements of the contract. The scope of our review will be to determine if the current insurance program which you have placed through our agency addresses the types and amounts of insurance coverage referenced by the contract. We will identify the significant insurance obligations and will provide a summary of the changes required in your current insurance program to meet the requirements of the contract.



Upon your authorization, we will make the necessary changes in your insurance program. We will also be available to discuss any insurance requirements of the contract with your attorney, if desired.

In performing a contract review, MMA is not providing legal advice or a legal opinion concerning any portion of the contract. In addition, MMA is not undertaking to identify all potential liabilities that may arise under any such contracts. A contract review is provided solely for your information and should not be relied upon by third parties. Any descriptions of the insurance coverages are subject to the terms, conditions, exclusions, and other provisions of the contract and of the insurance policies and applicable regulations, rating rules or plans.



INSURANCE PROPOSAL City of Huntsville

Credit Policy

Marsh & McLennan Agency LLC (MMA) strives to offer the highest quality of service at the most competitive price possible. Accordingly, we have the following credit policy in place to assure that your coverage is not interrupted during the policy term.

All premiums are due on the invoice date or effective date of the insurance, whichever is later. Always submit the remittance copy with your payment. If a remittance copy is not submitted, we will apply the cash to the oldest items on the account. Also, credit memos that cannot be applied against the original invoice will be applied to the oldest items on the account unless you direct us otherwise.

If installment payments are available and provided under insurance policy terms, you will receive an invoice for each installment. Installments are due on the effective date of the invoice. MMA does not finance annual or installment premiums. However, should you wish to finance your premium, we can place your financing with an approved insurance premium finance company.

Your Account Manager maintains on-line access to all of your coverage, premium and accounting detail and will be able to answer most billing questions. Any other questions will be referred directly to our accounting department for immediate response. We thank you for your support and business.

Did you know Marsh McLennan Agency offers two options to pay your bill online, using a valid checking/savings account or via credit card? Our system is safe and secure and is an easy tool to pay your invoices online.

PAY YOUR BILL ONLINE

Direct Link to Payment via Checking/Savings Account: https://serviceapi.securfee.com/marshmma

Direct Link to Payment via Credit Card: https://serviceapi.securfee.com/marshmma

FREQUENTLY ASKED QUESTIONS

- You can pay any invoice using a valid Checking or Savings account or Credit Card.
- Both payment gateways seamlessly integrate with our existing website and can securely accept multiple payment options.
- Credit Card payments require a Policy Number, Named Insured & Address
- There will be a 3.5% fee charged to the cardholder by Secure.
- Checking/Savings payments require a Client Code/Bill to Code, Invoice #, Invoice Amount, Email Address, Policy Number, Named Insured & Address
- There is no additional fee for payments via valid Checking/Savings Account.





APPLICATION FOR EXCESS WORKERS COMPENSATION

(Exact name(s) to ap	S NAME: City of Huntsville, Alabama pear on contract) D. Box 308 Huntsville, AL 35804-0308
How long has app Description of Op	Quote need by date: e applicant has qualified for self insurance: Alabama dicant been self insured: Since April 1, 1981 erations: Municipality nges in operations that have occurred or are planned: N/A
PRESENT PROG	RAM:
Carrier: Specific Limits: Aggregate Limit: Endorsements:	Safety National Casualty Corporation Expiration: October 1, 2024 Statutory Retention: \$750,000 Employers Liability Limit: \$1,000,000 N/A Aggregate Retention: N/A Voluntary Compensation Endorsement – Premium Delineation, Broad Form All States for Employee Travel, AL Notice Requirements, Policyholder Disclosure Notice of Terrorism Insurance Coverage
DESIRED PROG	RAM:
Specific Limits: Aggregate Limit: Options: Endorsements:	Retention: Employers' Liability Limit: Aggregate Retention:
INSURED'S CLA	IM MANAGEMENT:
	Tlaims Contact: Kimon Washington Prake Avenue, Suite 26 Huntsville, AI. 35805 Telephone: 256-883-3726 ISTRATION:
Name of Claims P Name of Claims M Address: 1 Chase 35244 Services Provided:	Ianager: Christine McKenzie e Corporate Drive, Suite 215, Birmingham, AL Telephone: 205-352-6899
How long has Con	npany held contract: Since 10/1/17

APPLICANT'S NAME:

City of Huntsville, Alabama

YES	NO	<u>'</u>
X		Are there any occupational disease exposures involved in the applicant's operation?
	X	Are there any exposures to Human Immunodeficiency Virus (HIV) or have any cases of AIDS related complex (ARC) been diagnosed within the past five years?
	X	Has the applicant had any OSHA or State OSHA violations within the past 5 years?
	X	Have there been any Employers Liability Claims against the Applicant?
	X	Are any employees subject to the Longshoremen and Harborworker's Act?
	X	Are any employees subject to the Jones Act?
	X	Are any employees subject to the Federal Employers Liability Act?
X		Do the operations of the applicant involve volunteer labor or leased employee?
X		Does the applicant have any foreign operations or employees who travel to foreign
		Countries?
X		Does the applicant perform any underground, subaqueous or tunneling operations?
X		Do the operations of the applicant involve exposure to heights?
X		Is the applicant engaged in the production, refining, distribution or storage of explosives or explosive substances?
X	0	Do the operations of the applicant involve exposure to toxic chemicals?
	X	Is the applicant engaged in manufacture, production, refining, storage, distribution or transportation of gasses, gasoline, or flammables?
	X	Has any plant or facility closed in the past 5 years?
X		Does the applicant have any exposure to burns?
	X	Has the applicant been cancelled or non-renewed in the past 5 years?
X		Does the applicant own or lease commercial autos? (If yes, complete the Supplemental
		Application)
	X	Does the applicant own, lease or charter aircraft? (If yes, complete the Supplemental
		Application)
	X	Does the applicant own, lease or charter watercraft? (If yes, complete the Supplemental
		Application)

INTERNAL CLAIMS CONTROL:

- 1. Explain your claim reporting guidelines to the TPA and how claims are reported (i.e. timeframe, reporting mechanism). We report accidents and injuries according to Alabama Workers' Compensation Law within five (5) days of the accident. Reporting is done by e-mail.
- 2. Describe your staffing for internal claims administration. What are the related responsibilities and duties? Claims Technician: Receives First Reports of Injury; liaison between treating physician and injured employee; consults with TPA on management of claims; directs injured employee to treating physician; communicates with physician on treatment recommendations, submits narrative, doctor's notes, and invoices for treatment to TPA; distributes temporary total disability checks to employees on loss time; follows established protocols and works with authorized treating physicians and facilities to coordinate referrals.
- 3. Explain what PPO, Pharmacy Management, Medical Bill Review, Nurse Case Management etc. services you utilize.
 - CorVel utilizes their own PPO network of providers. They have over 750,000 providers in their network nationwide and are growing.
 - Their CorVel Pharmacy Solutions Team partners with CareMark to manage prescriptions and payments.
 - Medical Bill Review—CorVel has its own in-house Bill Review
 - Nurse Case Management—CorVel hires nurses with the medical expertise required to get an injured worker back to work as soon as possible.
 - Utilization Review- Their offices are URAC certified for quality reviews.
 - They provide Medicare Set Aside services as well as Medicare Conditional Payment services. These nurses are experts in dealing with Medicare and their timetables as well as staying on top of any rule changes.
 - Medication Review Team—these doctors and pharmacists interface with the injured workers providers to bring about healthy changes in prescription practices for those claimants who have high morphine equivalency scores or exhibit other high-risk behaviors.
 - Claims Management—Claims teams in every state handle claims for that state.
- 4. Explain how initial medical attention and direction is given to the injured worker. Injured employees are instructed to contact the 24/7 nurse via telephone call. The 24/7 nurse either directs Employee to Occupational Health Group, Huntsville Hospital ER, or directs them on self-care and first aid Depending on the severity of the injury. The physicians at OHG specialize in occupational health medicine.
- 5. Describe your frequency of communication with your TPA and what issues are covered. The City's claims technician communicates with the TPA daily. Issues that are covered include temporary total disability payments, medical bills, physician brief reports, medical referrals, and any other concerns that need to be addressed.
- 6. Describe the return-to-work program from a departmental and organizational standpoint. Based on the authorized treating physician's opinion, employees who have been out of work on workers' compensation may return to work either full duty with no restrictions or be placed on restricted duty. If the department has work that can accommodate the employee's restrictions, that employee can work within those Guidelines. If there is no work within the department that can accommodate the employee's restrictions, and the Employee has reached maximum medical improvement (MMI), the employee may be sent home and can

use Acc	crued leav	we until a determination can be made about the employee's work status.
LOSS C	ONTRO	LINFORMATION:
Yes	No	
X		Pre-employment physical performed?
X		Documentation of pre-existing injuries and/or medical conditions?
X		Substance abuse testing performed?
Х		Return to work programs in place?
X		Is there a Formal Safety Program and Safety Manual in place?
1. Do y	ou have	ION INFORMATION CONTINUED: a dedicated staff (including safety committees) to handle safety initiatives, and if so, what are bilities. Department heads have the responsibility of ensuring compliance with all safety sedures pursuant to the respective departments.
0.110100	January Proc	
	-	
		r safety program, including employee involvement and management commitment. It is the
		ty of Huntsville to provide employees with a safe working environment. All employees
should i	maintain	an attitude toward safety and take precautions to prevent accidents.
Alabam	a within	accident reporting and investigative procedures. Accidents are reported to the State of the five-day reporting period, and investigate procedures are done by individual departments
I it app	ears a sai	fety issue was violated and suspicious claims are investigated by our TPA, CorVel
4. Desc	cribe your	r employee safety-training program. Each City department is responsible for safety
		and may provide additional training if necessary. Additionally, CorVel provides a Safety
	who visit	is the different departments quarterly offering advice for noted safety issues and for sures.
signi incor classes o pressure	ficant eff rporated i on weight e screening	years, what major loss prevention initiatives have you instituted that you feel have had a fect on reducing loss exposure or safety culture. (Please indicate when these initiatives were into your existing processes.) In 2008, The City's Employee Health Clinic began giving t loss, smoking cessation classes, they began a program for cardiac screenings, blood g, cholesterol screenings, and glucose monitoring believing that a healthy employee is less temselves and, when injured, recovers at a faster pace.
6. Do y resul	où have a	any incentive programs for management and employees incorporating safety and program have a Safety Incentive Awards Program.
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	Tr.	

Eligibility Criteria

Low Risk:

injury for the timeframe established for the quarterly Employee does not have an at-fault "Loss of Time" and/or safety incentive awards.

Employee must not have a positive drug or alcohol

Medium Risk:

injury for the timetrame established for the quarterly Employee does not have an at-fault "Loss of Time" and or annual safety incentive awards.

accident, either equipment damage or bodily injury, Employee does not have or cause a preventable through their own negligence or earelessness.

Employee eligibility for safety incentive awards shall be determined at the discretion of the Department Head, Employee must not have a positive drug or alcohol

High Risk

mjury for the timeframe established for the quarterly Employee does not have an at-fault "Loss of Time" and/or annual safety incentive awards.

accident, either equipment damage or bodily injury, Employee does not have or cause a preventable through their own negligence or carelessness.

CITY OF HUNISVILLE

Human Resources Department 308 Fountain Circle Huntsville, Al. 35801

Employee eligibility for safety incentive awards shall be determined at the discretion of the Department Head, Employee must not have a positive drug or alcohol

Incentive Awards Program Safety

Tommy Battle, Mayor



HUNTSVILLE

Las 256,427 5245

Safety Incentive Awards Program

Objective

The Safety Incentive. Awards. Program is established for the purpose of promoting safety awareness, injury/accident prevention, and safety recognition within the workforce on a city-wide and departmental basis, annually and quarterly respectively.

Goals

The goals of this program are to instill within each employee the responsibility of safety within the work environment and reward employees who perform their job tasks in a safe manner. In addition, the program shall serve a public purpose in that it is expected to significantly reduce costs or improve public services.

Definitions

(A) Low Risk Classification

An employee whose position requires minimal or no exposure to potential hazardous environments or substances;

(B) Medium Risk Classification

An employee whose position requires intermittent or occasional work in potentially hazardous environments or with hazardous substances; and

(C) High Risk Classification

An employee whose position requires direct work in potentially hazardous environments or with hazardous substances on a routine basis.

Annual Recognition Programs

(A) The annual Employee Safety Recognition and Incentive Program shall provide monetary awards to regular, full-time and regular, part-time employees based upon their high, medium or low risk classification. Eligible regular, full-time employees shall receive the following annual monetary awards based upon their risk classification:

\$100 – High Risk Classification \$75 – Medium Risk Classification \$50 – Low Risk Classification Eligible regular, part-time employees shall receive one-half of the above annual monetary awards based upon their designated risk classification. (B) The "SAFE" Recognition Program shall recognize regular, full-time and regular, part-time employees who remain injury and/or accident free for the entire fiscal year. Eligible employees, who remain injury and/or accident free at the conclusion of each quarter of the fiscal year, shall be eligible for participation in the program.

The letter "S" will be awarded for the 1st fiscal quarter, the letter "A" for the 2"d fiscal quarter, the letter "F" for the 3"d fiscal quarter and the letter "F" for the 4th fiscal quarter to those employees that meet the eligibility criteria. The fiscal quarters shall be defined as follows:

October – December "S" January – March "A" April – June "F" July – September "E" Employees receiving all of the letters for each fiscal quarter shall be eligible for grand prize drawings, as determined by the Administration. Employees must be employed by the City of Huntsville for the entire fiscal year to be eligible for participation in the "SAFE" Recognition Program.

Program Criteria

All employees, whether full-time or part-time, excluding Elected Officials, Appointed Officials and Department Heads, will be eligible for participation in the Safety Incentive Awards Program.

Participation in the annual awards is restricted to employees, other than temporary employees, who have been employed the preceding full year and who have worked at least fifty (50%) of the work hours in the preceding year.

For quarterly awards, employees must have been employed for the entire quarter and must have performed normal work duties for at least fifty (50%) of the work hours during the quarter. Temporary employees are only eligible for quarterly awards.

No Safety Incentive Awards will be given if Actual Losses exceed total Projected (Budgetary) Losses for the fiscal year.

City of Huntsville Workmans Compensation 10/1/2023 - 7/31/2024

Comp. Code		No. Employee	Estimated Gross Annual
		A CONTRACTOR OF THE PARTY OF TH	Payroll
0042 - LANDSCAPE GARDEN & DRIVERS		227	\$8,395,061.02
3064 - SIGN MANUFACTURING - METAL		1	\$8,031.19
5506 - STREET OR ROAD CONSTRUCTION		104	\$4,211,754.06
5606 - CONTRACTOR - EXEC SUPERVISOR		1	\$76,791.74
6306 - SEWER CONSTRUCTION & DRIVERS		38	\$2,428,051.98
6325 - CONDUIT CONSTRUCTION FOR CABLE		17	\$979,225.37
7382 - BUS COMPANY ALL OTHER & DRIVER		109	\$3,041,141.65
7580 - SEWAGE DISPOSAL PLANT OPER		88	\$6,383,044.66
7590 - GARBAGE WORKS		126	\$5,845,412.19
7704 - FIREFIGHTERS & DRIVERS		459	\$29,521,167.07
7720 - POLICE OFFICERS & DRIVERS		630	\$42,159,626.69
8380 - AUTOMOBILE SERVICE OR REPAIR C		51	\$3,005,658.07
8392 - AUTO STORAGE GARAGE OR PARKING		10	\$403,504.00
8742 - SALES, COLLECTORS, MSSGRS		33	\$295,742.22 .
8810 - CLERICAL OFFICE EMP NOC		710	\$36,152,567.56
8820 - ATTORNEY - ALL EES, & DRIVERS		13	\$1,432,946.39
8831 - HOSPITAL - VETERINARY & DRIVER		39	\$1,692,857.25 ·
9015 - BUILDING - OPERATION BY OWNER		48	\$2,151,402.78
9101 - COLLEGE OR SCHOOL - ALL		23	\$313,350.17
9102 - PARK NOC - ALL EMPS & DRIVERS		210	\$5,978,100.78
9220 - CEMETARY OPERATION & DRIVERS		13	\$498,056.99
9402 - STREET CLEANING & DRIVERS		18	\$666,844.25
9403 - GARBAGE COLLECTION & DRIVERS		45	\$1,114,337.72
9410 - MUNICIPAL, TOWNSHIP EMPS NOC		63	\$4,426,032.83
9554 - SIGN INSTALLATION, REPAIR		<u>17</u>	\$777,704.55
	Total	2984	\$161,958,413.20

VEHICLE SUPPLEMENTAL APPLICATION

1.	Number of owned or leased vehicles	1538
	Passenger Cars	512
	Extended Vans	60
	Buses	26
	Med to Heavy Trucks	403
	Truck Tractors	3
	Police Cars	450
	Ambulances	0
	Fire Trucks	44
	Golf Carts and ATV's	40

2. Each department has their own vehicle, and it is up to each department to determine who in that department is allowed access to their vehicle.

Number of Police Department Drivers	475
Number of Fire Department Drivers	164

- 3. The city does not have any Owner-Operators.
- 4. On call staff and police officers who live within Madison County can drive their vehicles home.
- 5. The City of Huntsville is a municipality and the operations here are those to ensure the upkeep of the city. Landscaping, paving, sewer, water pollution control, garbage pick-up, fire and rescue, police, traffic engineering, and the support staff to help carry out these functions.
- 6. The average radius of travel is 20 miles with a maximum radius of 100 miles. Trips are confined to the State of Alabama. Throughout the city there is daily travel and the number of people per unit varies by department with a maximum of 4-6.
- 7. The city does not hold intrastate and/or interstate licenses to haul for others.
- 8. The city does not backhaul any goods for others.

Please provide COMPLETE PHYSICAL ADDRESS along with employee count, # of shifts, floors occupied and # of stories per location bate. LIST OF ALL LOCATIONS LICATION Address City of Huntsville, Ababama Policy Effective Date: 10/1/2024 - 09/30/2025 Valuation Date: 10/1/2024 - 09/30/2025 Valuation Date: 10/1/2024 - 09/30/2025 Valuation Date: 10/1/2024 - 09/30/2025 F G H I Floors LIST OF ALL LOCATIONS LIST OF ALL LOCATIONS LIST OF ALL LOCATIONS City of Huntsville, Address City of Huntsville, Address Valuation Date: 10/1/2024 - 09/30/2025 F G H I Floors City of Huntsville, Address City of Huntsville, Address City of Huntsville, Address City of Huntsville, Address State Code Emps Shifts (2nd, 5th, etc) Stories F G G H I Coccupied # of Coccupied # of Coccupied # of Coccupied # of City Hall	SIN STANDERS	Name of Applicant: Policy Effective Date: Valuation Date: ng with employee count,	licant: ive Date: te:		City of Huntsville, Alabama 10/1/2024 - 09/30/2025	tsville, Al 09/30/202	abama 15							1= VVbod Frame 2≈ All Metal		rame 4≈ Reinforced Concrete 5≈ Concrete Brick/Block	Concrete inck/Block
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Max Luther	207 Max Luther Drive	Huntsville	AF.	35811	7	-	2	2	M-F 0800 - 1800				-				
Merrimack Social Complex	2501 Triana Blud	Himterillo	10	26006	u		,	,	M-F 0900 - 2100				-				
vadino iappo walinini		DIIIAONINI	2	20000	,	7	-	-	Sat & Sun 1000 - 1800								
Metro Kiwanis Sportsplex	3590 Patton Road	Huntsville	-AL	35805	-5-	-	2	2	Varies				-				
Optimist Recreation Center	709 Oakwood Ave.	Huntsville	¥	35811	9	٥	,	+	-		1	1-1-1	-				
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Parks & Recreation Admin	2411 9th Ave SW	Huntsville	AL.	35805	16	-	2	2	M-F 0800 - 1700								
Raymond Jones	2020 Steve Hettinger Dr	Huntsville	₹	35805	23	•		Ţ	0800 - 1630								
	100			3	3	-	-	-	Security until Midnight								
Burritt Museum/ Mansion	3101 Burritt Drive	Huntsville		35801	3	-	1st	2	0900 - 1700	2				-	1938		
Burrit Museum/Baron Bluff	3101 Burnitt Drive	Huntsville		35801	8	2	1st	-	0900 - 2200	2	2	-		-	2012		
Burnit Museum/Josies	3101 Burnitt Drive	Huntsville	AL.	35801	9		1st	1	0900 - 1700	2	2		-	-	1985	2005	
Burritt Museum/Office	3101 Burritt Drive	Huntsville	AL	35801	9	-	1st	-	0900 - 1700	9	89			-	1994		
Burntt Museum/Maint Bidge	3101 Burritt Drive	Huntsville	AL	35801	-	-	2nd	2	0900 - 1700	-	-			-	1995		
Burritt Museum/Schoolhouse	3101 Burritt Drive	Huntsville	A.	35801	2	-	151	-	0900 - 1700	5	2	-	-	-	2017		
Burritt Museum/Historic Park Bldg	3101 Burritt Drive	Huntsville	AL	35801	-	-	181	-	0900 - 1700	-	-	-		+-	2023		
•									Mon-Sat 0800 - 1600								
Alabama Constitution Village	109 Gates Avenue	Hunteville	A	35801	Ľ	tet 2nd	tet 2nd	•	*occasional evening hours for							_	
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Early Works Museum	404 Madison Street	Huntsville	4	35801	40	1st, 2nd	1st, 2nd	5	*occasional evening hours for								
									holiday programs and special	_					_		
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Historic Huntsville Depot.		Huntsville	1	35801	0	0	¥.	2	N/A			-	-				
riget services	2739 Johnson Road	Huntsville	AL.	35804	40	-		-	0630 - 1530				-				
Figet Services	3242 Leeman Ferry Rd D Huntsville	Huntsville	A.	35805	9	-		-	0630 - 1530				-				

PPLICANT'S NAME:	City of Huntsville, Alabam
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Completion of this application creates no obligation upon the applicant to accept insurance or upon the company to offer such insurance; however, in the event that such is accepted by the applicant or that it is issued by the company, this application will form the basis for that acceptance and issuance.

- Florida

 Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Louisiana

 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.
- Maryland Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New York

 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Washington It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- Other States

 Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Applicant:	City of Huntsville, Alabama	Name:	Kimon Washington
Address:	P.O. Box 308	Title:	
	Huntsville, AL 35804		
Date:		Signature:	

Form WCSI-3 Rev. 6-78

STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS

Workmen's Compensation Division Montgomery, Alabama 36130

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C	ertificate No	1340	Issued:	April 1,	19 8	1
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c	ERTIFICATE AL	JTHORIZING EA LABAMA WORK	MPLOYER TO	OPERATE AS	A SELF-INSU , AS AMENDE	RER D
hiș is to	certify that			HUNTSVILL	E	
}	1	•	(Nar	ne of Employer)		
	1	P O For	700 V			
		1. 0. Box		sville, Al: (Address)	abama 358	04
gaged in	the business of_	a municipa	l corpora	tion		
!	•	located in	Madison	County		
i.	·		(Place	e of Business)		
ions that ions that inner ar iployer iort, sta	ect to the provis 5-5-8 of said Law at said employer. Id when due, as agrees to mail to tement of assets e self-insurance u	has the financial provided in said the Director of and liabilities.	ability to pay Lability to pay Law. Further of Industrial R	tisfaction of the compensation , at the close of elations a copy	Director of Ind direct in the a each operatin	dustrial Re- mount and g year, the
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contin	cate is issued un jously until revol	der the provision ked by the Direc	ns of Section : tor of Industri	25-5-8 of said La al Relations, as p	aw, as amended provided in said	l, and shall Section
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