

General Information Documentation Additional Insured Agreement & Signature Related

Applications

Edit

Request Date	06/21/2022
Effective Date	08/01/2022
Expiration Date	08/01/2023

Employer Information

Business Name	CITY OF OKLAHOMA CITY
Business Nature	Government
Industry Classification	Other
FEIN	73-6005359
Previous Names	
Physical Address	200 N WALKER AVE, OKLAHOMA CITY, OK, 73102
Mailing Address	200 N WALKER AVE, OKLAHOMA CITY, OK, 73102
Oklahoma Address	200 N WALKER AVE, OKLAHOMA CITY, OK, 73102

General Information

Years in business	In Oklahoma: +100 years Nationally: +100 years
Number of Employees	In Oklahoma: 1000+ Nationally: 1000+
Estimated Payroll	\$386,286,548.00
Net Reserves Outstanding	\$20,205,150.85
Payroll Details	
2019	In Oklahoma: \$346,258,764.91 Nationally: \$346,258,764.91
2020	In Oklahoma: \$355,884,434.67 Nationally: \$355,884,434.67
2021	In Oklahoma: \$357,735,874.37 Nationally: \$357,735,874.37
Designated Service Agent (DSA)	DSA Name: CITY OF OKLAHOMA CITY Phone: (405) 297-1225
DSA Physical Address	420 W MAIN ST Suite 630, OKLAHOMA CITY, OK, 73102
DSA Mailing Address	420 W MAIN ST Suite 630, OKLAHOMA CITY, OK, 73102
DSA Primary Contact	Name: LA VETA BREATH Phone: (405) 297-1225 Email: laveta.breath@okc.gov
DSA Secondary Contact	Name: Phone: Email:

Contact Information

Primary Contact	Name: LA VETA BREATH
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Secondary Contact	Title: RISK MANAGER Phone: (405) 297-1225 Email: laveta.breath@okc.gov
Medicare Contact	Name: MARCUS JOHNSON Title: ASSISTANT RISK MANAGER Phone: (405) 297-1637 Email: marcus.johnson@okc.gov
TPA Details	VERISK - ATTN: MEGAN SHEPARD (978) 825-8142 TPA Name: Contact Name: Phone: Email:
In-house Benefits Admin	Contact Name: LA VETA BREATH License Number: 96566

CITY OF OKLAHOMA CITY

OWN RISK RENEWAL APPLICATION NO. IOR000388

Agreement & Signature

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

CITY OF OKLAHOMA CITY declares under penalty of perjury that they have examined this application and all statements contained herein are true, correct and complete, to the best of their knowledge and belief.

Agreement was approved and signed by

A handwritten signature in black ink that reads "David Holt". The signature is written in a cursive, flowing style. The first name "David" is written with a large, prominent "D", and the last name "Holt" is written with a large, prominent "H". The signature is positioned above a horizontal line.

Mayor David Holt

6-21-2022

Date