

CITY COUNCIL AGENDA ITEM COVER MEMO

Agenda Item Number: _____

Meeting Type: Regular

Meeting Date: Sep 24, 2015

Action Requested By: Human Resources

Agenda Type: Resolution

Subject Matter:

Application for Excess Workers Compensation insurance coverage for the period October 1, 2015 through September 30, 2016.

Exact Wording for the Agenda:

Resolution authorizing the Mayor to execute an application for excess worker's compensation insurance with Safety National Casualty Corporation.

Note: If amendment, Please state title and number of the original

Item to be considered for: Action

Unanimous Consent Required: No

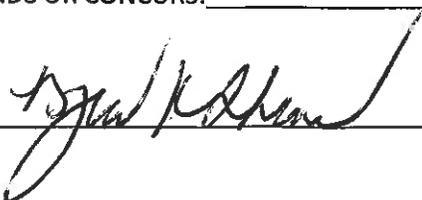
Briefly state why the action is required; why it is recommended; what council action will provide, allow and accomplish and; any other information that might be helpful.

this application is needed to provide for the renewal of excess worker's compensation insurance coverage.

Associated Cost: 216,207

Budgeted Item: _____

MAYOR RECOMMENDS OR CONCURS: _____

Department Head: 

Date: 9/11/15

ROUTING SLIP CONTRACTS AND AGREEMENTS

Originating Department: Human Resources Council Meeting Date: 9/24/2015

Department Contact: Cindy Lehman Phone # 256-427-5244

Contract or Agreement: Application for Excess Worker's Compensation insurance

Document Name: Safety National Casualty Corporation Application for Excess Workers Compensation

City Obligation Amount: 216,207 ✓

Total Project Budget:

Uncommitted Account Balance:

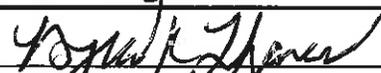
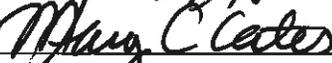
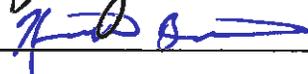
Account Number:

Procurement Agreements

<u>Select...</u>	<u>Select...</u>
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Grant-Funded Agreements

<u>Select...</u>	Grant Name: <input style="width: 90%;" type="text"/>
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Department	Signature	Date
1) Originating		9/11/15
2) Legal		9/16/15
3) Finance 		9/16/15
4) Originating		
5) Copy Distribution		
a. Mayor's office (1 copies)		
b. Clerk-Treasurer (Original & 2 copies)		

RESOLUTION NO. 15-_____

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, 2015.

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 application 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 fourteen (14) pages and the date of September 24, 2015 appearing on the margin of 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 24th day of September, 2015.

President of the City Council of
the City of Huntsville, Alabama

APPROVED this the 24th day of September, 2015.

Mayor of the City of
Huntsville, Alabama

BrentRe

BRENTWOOD REINSURANCE INTERMEDIARIES, INC.

**APPLICATION FOR EXCESS WORKERS
COMPENSATION**

APPLICANT'S NAME: City of Huntsville, Alabama

(Exact name(s) to appear on contract)

Address: P.O. Box 308 Huntsville, AL 35804-0308

FEIN# 63-6001296 **Quote need by date:** _____

States in which the applicant has qualified for self insurance: Alabama

How long has applicant been self insured: _____

Description of Operations: Municipality

Describe any changes in operations that have occurred or are planned: N/A

PRESENT PROGRAM:

Carrier: Safety National Casualty Corporation **Expiration:** October 1, 2015

Specific Limits: Statutory **Retention:** \$750,000 **Employers' Liability Limit:** \$1,000,000

Aggregate Limit: N/A **Aggregate Retention:** N/A

Endorsements: Voluntary Compensation Endorsement – Premium Delineation – Broad Form All States
for Employee Travel

DESIRED PROGRAM:

Specific Limits: _____ **Retention:** _____ **Employers' Liability Limit:** _____

Aggregate Limit: _____ **Aggregate Retention:** _____

Options: _____

Endorsements: _____

INSURED'S CLAIM MANAGEMENT:

Name of Insured Claims Contact: Cynthia Lebrman

Address: P.O. Box 308 Huntsville, AL 35804-0308

Telephone: 256-427-5244

CLAIMS ADMINISTRATION:

Name of Claims Provider: Brentwood Services Administrators, Inc.

Name of Claims Manager: Eryn Crawford

Address: P.O. Box 1125, Brentwood, TN 37024-1125

Telephone: 615-263-1300

Services Provided: Claims Administration

How long has Company held contract: Since 7/1/2008

President of the City Council of the
City of Huntsville, Alabama
Date: _____

APPLICANT'S NAME: City of Huntsville, Alabama

ADDITIONAL EXPOSURE INFORMATION:

If there are any "YES" responses to the following, please provide a detailed description of exposure.

YES	NO	
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		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)

APPLICANT'S NAME: City of Huntsville, Alabama

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 the City's on-site nurse to coordinate referrals to treating physician.

3. Explain what PPO, Pharmacy Management, Medical Bill Review, Nurse Case Management etc. services you utilize. Our TPA, Brentwood, sends bills to MCMC for bill utilization. We utilize Carlisle for our pharmacy billing.

4. Explain how initial medical attention and direction is given to the injured worker. The City's Employee Health Clinic is the initial point of contact for all employees who are injured on the job. The on-site nurse, who is a LPN, directs the care of all injured employees. If the injury is minor and can be treated at the City Clinic, either the nurse will provide treatment or one of the City Clinic's physicians will treat the injury. If the injury is more serious, the nurse would refer the employee to the City's authorized treating physician at Occupational Health Group (OHG). 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 your 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 is allowed to 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 Accrued leave until such time as a determination can be made about the employee's work status.

LOSS CONTROL INFORMATION:

Yes	No	
X		Pre-employment physical performed?
X		Documentation of pre-existing injuries and/or medical conditions?
X		Substance abuse testing performed?
X		Return to work programs in place?
X		Is there a Formal Safety Program and Safety Manual in place?

APPLICANT'S NAME: City of Huntsville, Alabama

LOSS PREVENTION INFORMATION CONTINUED:

1. Do you have a dedicated staff (including safety committees) to handle safety initiatives, and if so, what are their responsibilities. Department heads have the responsibility of ensuring compliance with all safety policies and procedures pursuant to the respective departments.

2. Describe your safety program, including employee involvement and management commitment. It is the policy of The City of Huntsville to provide employees with a safe working environment. All employees should maintain an attitude toward safety and take precautions to prevent accidents.

3. Explain your accident reporting and investigative procedures. Accidents are reported to the State of Alabama within the five day reporting period, and investigate procedures are done by individual departments if it appears a safety issue was violated. Suspicious claims are investigated by our TPA, Brentwood.

4. Describe your employee safety-training program. Each City department is responsible for safety indoctrination, and may provide additional training if necessary.

5. Over the last 5 years, what major loss prevention initiatives have you instituted that you feel have had a significant effect on reducing loss exposure or safety culture. (Please indicate when these initiatives were incorporated into your existing processes.) In 2008, The City's Employee Health Clinic began giving classes on weight loss, smoking cessation classes, they began a program for cardiac screenings, blood pressure screening, cholesterol screenings, and glucose monitoring believing that a healthy employee is less likely to injure themselves and, when injured, recovers at a faster pace.

6. Do you have any incentive programs for management and employees incorporating safety and program results? We have a Safety Incentive Awards Program.

Eligibility Criteria

Low Risk:

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

Employee must not have a positive drug or alcohol test.

Medium Risk:

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

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

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 test.

High Risk:

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

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

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 test.

**Safety
Incentive Awards
Program**

Tommy Battle,
Mayor



HUNTSVILLE
The Star of Alabama

Telephone: 256.427.5240
Fax: 256.427.5245

CITY OF HUNTSVILLE

Human Resources Department
308 Fountain Circle
Huntsville, AL 35801
Telephone: 256.427.5240
Fax: 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 2nd fiscal quarter, the letter "P" for the 3rd fiscal quarter and the letter "E" 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	"P"
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.

APPLICANT'S NAME: City of Huntsville, Alabama

State	Code No.	Classification	No. Of Employees	Estimated Gross Annual Payroll
AL	0042	Landscape Gardening & Drivers	103	\$3,707,082.61
AL	3064	Sign Mfg - Metal or Neon	1	\$47,620.26
AL	3365	Welding or cutting NOC & Drivers	1	\$38,825.87
AL	5506	Street or Road Construction	67	\$2,295,631.24
AL	5606	Contractor - Project Manager	1	\$85,170.97
AL	6306	Sewer Construction All Operations	43	\$1,938,872.58
AL	6325	Conduit Const-Cable/Wire & Drivers	11	\$516,776.62
AL	7382	Bus Company	57	\$1,330,437.31
AL	7580	Sewage Disposal Plant Operations	47	\$2,659,874.34
AL	7590	Garbage Works	101	\$3,973,239.68
AL	7710	Firefighters & Drivers	369	\$20,585,598.55
AL	7720	Police Officers & Drivers	547	\$24,908,959.77
AL	8380	Auto Service/Repair Ctr & Drivers	35	\$1,542,767.44
AL	8392	Auto Storage Garage/Parking & Drivers	2	\$76,465.52
AL	8601	Architect or Engineer	33	\$2,286,787.94
AL	8742	Salespersons, Collectors, Messengers	21	\$176,527.38
AL	8810	Clerical Office Employees NOC	528	\$22,641,069.63
AL	8820	Attorney-All Employees	11	\$899,491.34
AL	8831	Hospital: Veterinary & Drivers	25	\$837,035.75
AL	9015	Building-Operation by Owner/Leasee	46	\$1,614,929.58
AL	9101	College or School- All Other Employees	12	\$70,741.34
AL	9102	Park NOC-All Employees and Drivers	150	\$3,721,357.21
AL	9220	Cemetery Operation & Drivers	25	\$713,436.55
AL	9402	Street Cleaning & Drivers	33	\$1,565,465.73
AL	9403	Garbage, Ashes, Refuse, & Drivers	21	\$677,986.86
AL	9410	Municipal Employee NOC	56	\$3,538,390.60
AL	9554	Sign Erection or Removal	17	\$763,277.13
Total:			2363	\$103,213,819.80

VEHICLE SUPPLEMENTAL APPLICATION

1. Number of owned or leased vehicles	1450
Passenger Cars	83
Extended Vans	80
Buses	22
Med to Heavy Trucks	657
Truck Tractors	72
Police Cars	456
Ambulances	0
Fire Trucks	43
Golf Carts and ATV's	37

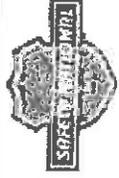
2. Each department has their own vehicle and it is up to each department to determine who in that department is allowed access to their vehicle.

Number of Police Department Drivers	407
Number of Fire Department Drivers	396

3. The City does not have any Owner-Operators.
4. On call staff and police officers who live within Madison County are allowed to 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.

EMPLOYEE CONCENTRATION WORKSHEET

Please provide complete PHYSICAL address along with employee count, # of shifts, floors occupied and # of stories per location
For any location with more than 200 employees, complete columns 6, 6, and 7



NAME OF APPLICANT: CITY OF HUNTSVILLE
POLICY EFFECTIVE DATE: 10/1/16

APPLICANTS REPRESENTATIVE: BRENTWOOD REINSURANCE INTERMEDIARIES, INC.
POLICY NUMBER: SP 4047077

TOTAL NUMBER OF EMPLOYEES: As of 07/07/15 2149
VALUATION DATE:

Revised with Safety

1= Wood Frame	4= Reinforced Concrete
2= All Metal	5= Concrete Brick/Block
3= Steel Frame	6= Earthquake Resistant

PLEASE PROVIDE COMPLETE PHYSICAL ADDRESS (per location) WHERE EMPLOYEES ARE WORKING.

Location	Location Address	City	State	Zip	# Of Empl	# Of Shifts	Floors Occupied	# of Stories	Year Built	Building Construction Code (See Above List)	Has the building been retrofitted for earthquake?
Administration Building	308 Fountain Circle	Huntsville	AL	35801	101	1	9	9	1984	5	No
Public Services	320 Fountain Circle	Huntsville	AL	35801	78	1	3	3			
Public Works Oper Admin	101 Church Street	Huntsville	AL	35801	36	1	1	2			
Cemetery Main Office	4209 East Schrimsher	Huntsville	AL	35805	20	1	1	1	1972	2	
Cemetery Maintenance Building	203 Maple Hill Drive	Huntsville	AL	35801	6	1	1	1			
DOT Main Office	203 Maple Hill Drive	Huntsville	AL	35801	22	1	1	1			
WPC Administration	500 B Church Street	Huntsville	AL	35801	19	2	2	2	2004	2	No
Community Development	1800 Vermont Road	Huntsville	AL	35802	10	1	1	1	2012		
Facilities Projects	120 East Holmes Avenue, 2nd Floor	Huntsville	AL	35801	28	1	1	4			
Administrative Building Annex	2320 First Street	Huntsville	AL	35801	8	1	1	1			
General Services	308 Fountain Circle	Huntsville	AL	35801	25	1	4	4			
Traffic Engineering	615 Washington Street	Huntsville	AL	35801	38	1	1	1			
Fire Station #1	2100 Clinton Avenue	Huntsville	AL	35805	20	1	1	1			
Fire Station #2	2110 Clinton Avenue	Huntsville	AL	35805	34	3	2	2			
Fire Station #3	2002 Lee High Drive	Huntsville	AL	35811	27	3	2	2			
Fire Station #4	2309 Jordan Lane	Huntsville	AL	35805	13	3	1	2			
Fire Station #5	911 Monte Sano Blvd	Huntsville	AL	35801	11	3	1	1			
Fire Station #6	2609 University Drive	Huntsville	AL	35816	27	3	1	1			
Fire Station #7	2045 Old Airport Road	Huntsville	AL	35801	24	3	1	1			
Fire Station #8	11924 South Parkway	Huntsville	AL	35802	11	3	1	1			
Fire Station #9	4012 North Parkway	Huntsville	AL	35810	27	3	1	1			
Fire Station #10	7200 Hickory Hill Lane	Huntsville	AL	35803	15	3	1	1			
Fire Station #11	5006 Pulaski Pike	Huntsville	AL	35810	15	3	1	1			
Fire Station #12	530 Main Road	Huntsville	AL	35809	27	3	2	2			
Fire Station #14	305 Wynn Drive	Huntsville	AL	35805	31	3	1	1			
Fire Station #15	517 Mountain Gap Road	Huntsville	AL	35803	15	3	2	2			
Fire Station #16	4801 Spartanman Drive	Huntsville	AL	35810	25	3	2	2			
Fire Station #17	150 Jeff Road	Huntsville	AL	35758	15	3	2	2			
Fire Station #18	295 Old Highway 431	Huntsville	AL	35810	12	3	2	2			
Fire Supply	5535 Greenbrier Road	Madison	AL	35756	12	3	1	1			
Public Safety Complex	308 Church Street	Huntsville	AL	35801	4	1	1	1			
Animal Control Facility	815 Wheeler Avenue	Huntsville	AL	35801	118	1	2	2	1999	5	YES
City Clinic	4950 Triana Boulevard	Huntsville	AL	35801	27	1	1	1			
Public Safety Academy	2227 Drake Avenue Suits 26	Huntsville	AL	35805	4	1	1	1			
Lakeswood Precinct	3011 Spartanman Drive	Huntsville	AL	35805	15	1	2	2			
South Precinct	2105-B Maslin Lake Road	Huntsville	AL	35810	90	3	1	1			
Narcotics Division	7900 Bailey Cove Road Site #9	Huntsville	AL	35803	106	3	1	1			
Police Child Advocacy	109 Jefferson St, Ste 24	Huntsville	AL	35801	13	3	2	2			
West Police Precinct	210 Pratt Avenue, Ste B	Huntsville	AL	35801	2	1	1	1			
Police Special Ops	2110 Clinton Avenue	Huntsville	AL	35801	88	3	1	1			
Landscape Management	707 Filer Street	Huntsville	AL	35801	52	3	1	1	2008	2	
Parks & Recreation Administration	2820 Newby Road	Huntsville	AL	35805	3	1	2	2			
Sanitation Headquarters	2920 Newby Road	Huntsville	AL	35805	7	1	2	2			
	4206 East Schrimsher	Huntsville	AL	35805	86	1	1	1			

EMPLOYEE CONCENTRATION WORKSHEET

Please provide complete PHYSICAL address along with employee count, # of shifts, floors occupied and # of stories per location. For any location with more than 200 employees, complete columns 5, 6, and 7.



Powered with Safety

NAME OF APPLICANT:	CITY OF HUNTSVILLE
POLICY EFFECTIVE DATE:	10/1/16
APPLICANT'S REPRESENTATIVE:	BRENTWOOD REINSURANCE INTERMEDIARIES, INC.
POLICY NUMBER:	SP 4047077
TOTAL NUMBER OF EMPLOYEES:	As of 07/07/15 2119
VALUATION DATE:	

Building Construction Code:	4= Reinforced Concrete 5= Concrete Brick/Block 6= Earthquake Resistant
1= Wood Frame	
2= All Metal	
3= Steel Frame	

PLEASE PROVIDE COMPLETE PHYSICAL ADDRESS (per location) WHERE EMPLOYEES ARE WORKING.

Location	Location Address	City	State	Zip	# Of Empl	# Of Shifts	Floors Occupied	# of Stories	Year Built	Building Construction Code (See Always List)	Has the building been retrofitted for earthquake?
WPC Maintenance	1800 Vermont Road	Huntsville	AL	35802	56	1	2	2			
Public Works North Mics/Fleet	2854 Jordan Lane	Huntsville	AL	35805	31	1	1	1			
Landscape Management North Mics.	3147-Lodge Road	Huntsville	AL	35805	26	1	1	1			
Landscape Management North Mics.	3143-D Lodge Road	Huntsville	AL	35805	67	1	1	1			
Green Team/Work Releases	704/707 Fiber Street	Huntsville	AL	35801	1	1	1	1			
Public Works Shop/Admin/Fleet	2738 Johnson Road	Huntsville	AL	35804	38	1	2	2			
Monte Sano Sewer Maintenance	1008 Monte Sano Boulevard	Huntsville	AL	35801	2	1	1	1			
Landscape/Railroad Spur	418 Cleveland Road	Huntsville	AL	35801	19	1	1	1			
Metro Kharris Sportsplex	3590 Patton Road	Huntsville	AL	35805	5	1	2	2			
Jim Williams Aquatic Center	903 Monroe Street	Huntsville	AL	35801	14	1	1	1			
Braham Swimming Natatorium	2213 Drake Avenue	Huntsville	AL	35805	16	1	1	1			
Westside Center	125 East Street	Huntsville	AL	35805	6	1	1	1			
Lakewood Center	3601 Kenwood Drive	Huntsville	AL	35810	3	1	1	1			
Calvary Hill Center	2800 Fallbanks Avenue	Huntsville	AL	35801	5	1	1	1			
Scuggs Center	600 Davis Circle	Huntsville	AL	35801	5	1	1	1			
Braham Spring Rec Center	3770 Ivy Avenue	Huntsville	AL	35805	11	1	2	2			
Westside Gym	125 East Street	Huntsville	AL	35805	7	1	1	1			
Jaycee Building	2180 Airport Road	Huntsville	AL	35801	4	1	1	1			
Dr. Richard Showers Pool	4600 Blue Spring Road	Huntsville	AL	35810	13	1	1	1			
Max Luther Rec Center	501 Max Luther Drive	Huntsville	AL	35811	4	1	2	2			
Optimal Park Rec Center	708 Oakwood Avenue	Huntsville	AL	35811	6	1	1	1			
Farm Bell Rec Center	107-A Sanders Drive	Huntsville	AL	35802	6	1	1	1			
Max Luther Learning Center	301 Max Luther Drive	Huntsville	AL	35811	1	1	2	2			
WPC Plants 1 & 3	1800 Vermont Road	Huntsville	AL	35802	42	3	1	1			
Communications 911 Call Center	2413 9th Avenue	Huntsville	AL	35806	47	3	1	1			
Landscape Athletics	1527 Oakwood Road	Huntsville	AL	35810	38	1	1	1			
Benachah Gym	3011 B Spawkrand Drive	Huntsville	AL	35801	3	1	1	1			
Challenger Gym	155 B Barren Fork	Huntsville	AL	35805	4	1	1	1			
Memtrack Soccer Complex	733 Lendesa Circle	Huntsville	AL	35824	3	1	1	1			
Williams Gym	13331 S Memorial Pkwy	Madison	AL	35758	6	3	1	1			
WPC Plant 4	907 West Taylor Road	Huntsville	AL	35803	5	3	1	1			
WPC Plant 2	260 Roundbar Drive	Ryland	AL	35757	2	2	1	1			
WPC Plant 5	3101 Burnett Drive	Brownsboro	AL	35741	6	3	1	1			
WPC Plant 6	1800 Vermont Road	Huntsville	AL	35801	28	1	1	1			
Burnit Museum	404 Madison Street	Huntsville	AL	35802	11	1	1	1			
WPC New Construction	108 Gates Avenue	Huntsville	AL	35801	29	1	1	2			
Early Works	320 Church Street	Huntsville	AL	35801	24	1	3	2			
Alabama Constitution Village	4240 East Schrimsher	Huntsville	AL	35801	21	1	3	3			
Historic Huntsville Depot					2	1	1	1			
Public Works					1959						

APPLICANT'S NAME: City of Huntsville, Alabama

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
Address: P.O. Box 308
Huntsville, Al. 35804

Name: Tommy Bettie
Title: Mayor, City of Huntsville

Date: 9-24-2015

Signature: _____

P.O. BOX 1949
Brentwood, TN 37024-1949
Phone: 615.263.1300
Fax: 615.263.1300
www.brentre.com

CONFIRMATION OF COVERAGE

NAME INSURED EMPLOYER: City of Huntsville
ADDRESS: P.O. Box 308, Huntsville, AL 35804
INSURER: Safety National Casualty Corporation
POLICY NUMBER: SP 4053750
TYPE OF INSURANCE: Specific Excess Workers' Compensation and
Employers' Liability Insurance
LOCATION(S): Alabama
POLICY PERIOD: October 1, 2015 to October 1, 2016

Self-Insured Retention per Occurrence for Police Officers \$750,000
Self-Insured Retention per Occurrence for Firefighters \$750,000
Self-Insured Retention per Occurrence for All Others \$750,000

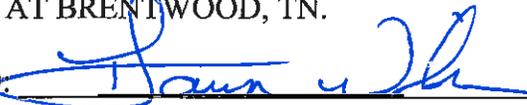
Maximum Limit of Indemnity per Occurrence Statutory
Employers' Liability Maximum Limit of Indemnity per Occurrence \$1,000,000

Premium Rate: 0.2205 per \$100 of Payroll

Deposit Premium for the Payroll Reporting Period: \$227,586
Minimum Premium for Liability Period: \$216,207

This Confirmation of Coverage is issued with the authority of the insurer(s) and is issued by the undersigned without any liability whatsoever as an insurer. This Confirmation of Coverage is effective October 1, 2015 to policy issuance and is subject to all the terms and conditions of, and shall be automatically terminated and superseded by, the Excess Workers' Compensation Agreement and Employers' Liability Insurance Agreement when issued by Safety National Casualty Corporation.

ISSUED AT BRENTWOOD, TN.

SIGNED:  DATE: 8/28/15

NAME/TITLE: Dawn Wilson/Vice President

ACCEPTED ON BEHALF OF:
CITY OF HUNTSVILLE

SIGNED: _____ DATE: 9-24-2015

NAME/TITLE: Tommy Battle, Mayor



A member of the Tokio Marine Group

1832 Schuetz Road
St Louis, MO 63146-3540
Telephone (888) 995-5300
(314) 995-5300
Fax (314) 995-3843

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED BELOW.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

State of Alabama
Department of Industrial Relations
Mr. Steve Garrett
Workmen's Comp Div, Industrial Relations Building
649 Monroe Street
Montgomery, AL 36131

This is to certify that the policy of insurance listed below has been issued to the insured named below and is in force at this time. Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Should any of the policy described herein be canceled before expiration date thereof the CORPORATION will endeavor to mail sixty (60) days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the CORPORATION.

NAME INSURED EMPLOYER: CITY OF HUNTSVILLE, ALABAMA
ADDRESS: P.O. BOX 308, HUNTSVILLE, AL 35804
POLICY NUMBER: SP 4053750
TYPE OF INSURANCE: Specific Excess Workers' Compensation and Employers' Liability Insurance
LOCATION(S): ALABAMA
POLICY LIABILITY PERIOD: October 01, 2015 through October 01, 2016
POLICY PAYROLL REPORTING PERIOD: October 01, 2015 through October 01, 2016

Self-Insured Retention Per Occurrence \$ 750,000
Maximum Limit of Indemnity Per Occurrence Statutory
Employers' Liability Maximum Limit of Indemnity Per Occurrence \$ 1,000,000

SAFETY NATIONAL CASUALTY CORPORATION

By: Seth A. Smith
Senior Vice President Workers' Compensation Underwriting
Date: August 28, 2015

ALABAMA NOTICE REQUIREMENTS

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

NOTICE OF CANCELLATION, NON-RENEWAL OR MATERIAL CHANGE

If either the EMPLOYER or the CORPORATION intends to cancel or not renew or materially change this Agreement, sixty (60) days written notice by registered or certified mail must be given to the other party of the Agreement and to the State of Alabama, Department of Industrial Relations, Workmen's Compensation Division, Industrial Relations Building, Montgomery, Alabama 36131.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4053750, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to CITY OF HUNTSVILLE, ALABAMA, dated October 01, 2015.

SAFETY NATIONAL CASUALTY CORPORATION


Secretary


President

COPY