

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

2009 Renewal Application

1. Entity Name: mbaif - City of SLEDADO
2. Address: 144 montclair?
3. Name of JPA (if Entity is a member of LAWCX through a JPA) dr mbaif
4. Type of Public Entity: jpa
5. Date Entity Qualified as Self-Insured: 1982
6. Current Retention: 500000

7. **Employee Concentration.** Please provide the following information for all locations. If you need more space, please attach a separate sheet of paper.

Physical Location Address	Occupied As	Max # of Emp. at any time	Floor #'s Occupied	Const Type*	Year Built	Year Retrofit	Square Footage	Zip Code
245 MOUNT ST SOLEDAD, CA 93960	offices	95	1	M	1980		5,000	93960
	" ADDITION			M	2006		10,000	

*Construction types:

A: Non-combustible frame (Steel protected with fire-rated gunitite).	M: Mixed non-combustible/combustible
B: All reinforced concrete (aka poured-in-place concrete)	S: All steel (including metal frame construction)
C: Masonry construction with wood roof	FR: Fire resistive
D: Wood frame, include modular buildings	U: Unknown

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8. Do any employees receive supplemental salary replacement benefits, such as 4850 benefits, in addition to workers' compensation benefits?

Yes No

If yes, describe: _____

9. Loss Control Information

A. Does applicant have a designated individual whose job description includes responsibility for safety and loss prevention?

Yes No

If yes, provide the person's name and title: _____

FINANCE DIRECTOR

If no, have you secured the services of a vendor? _____

Yes

No

If you have a secured a vendor, provide the vendor/organization's name: _____

B. Describe the type and frequency of the loss prevention services furnished. Attach a copy of the service plan, if available.

C. Does your agency have an Injury and Illness Prevention Plan? _____

Yes

No

i) How often are employees trained on the policies and procedures of the IIPP?

PLANS IN DEVELOPMENT

ii) Are occupational injuries and illnesses reviewed at least quarterly?

Yes

No

If yes, list title and department of individual conducting review: _____

FINANCE DIRECTOR

iii) How often are safety inspections performed? _____

ANNUALLY

By whom? _____

EMERGENCY TEAM UNDER IIPP

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D. Does your current program include early Return-To-Work or alternative modified duty for injured workers?

Yes No

If yes, answer the following questions:

i) When was Return-to-Work implemented?

AS PART OF JPA AND CITY PLAN

ii) Is the program successful in minimizing lost time from work?

Yes No

MOST ARE POLICE OFFICERS / FIRE FIGHTERS

E. Does your program provide permanent modified duty assignments to return injured employees to work?

Yes No

If yes, when was it implemented? _____

10. Are claims administered: (a) in-house or (b) by a claims administration company ?

If *in-house*, please describe facilities for handling claims:

N/A

If *by a service company*, please provide the following:

i) Firm name, address, contact name, and phone number:

JT2 / MIBASIA

ii) Does service contract require that claims be handled to conclusion or for duration of contract?

To conclusion

For duration of contract

11. Describe employer's medical and first aid facilities:

FIRST AID KITS, AMBULANCE AT FIRE STATION.

12. Do you utilize your own medical facilities for treating injuries?

Yes No

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13. Please furnish information on any substantial or unusual changes (increase or decrease) in your entity's operations that are planned or have taken place in the last 5 years:

REDUCED STAFFING

14. **Special Exposures:** (Check the box that most appropriately reflects the actual and/or anticipated exposures associated with the applicant's operation.)

A. Does entity own, lease, or charter any aircraft? Yes No
If yes, please complete the attached Aircraft Supplemental Application.

B. Does entity own, lease, or charter any watercraft? Yes No
If yes, please provide the following:

How many?	Year & Make	Model	Length (in feet)	Purpose of boat	How often used	# of employees

C. Does applicant have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks?

Yes No

D. Does applicant have employees who may be subject to the Longshoremen and Harbor Workers' Act, or Federal Employers' Liability Act?

Yes No

E. Does applicant have any foreign operations or employees who travel to foreign countries?

Yes No

F. Does applicant perform any underground, subaqueous, or tunneling operations?

Yes No

G. Do the operations of the applicant include wrecking or demolition of structures?

Yes No

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H. Does applicant provide group transportation for employees to and from the workplace?

If yes, please provide the following information:

Yes

No

i) Type of conveyance:

ii) Frequency of Trips:

iii) Number of Employees per conveyance:

L. Has the applicant ever been cited for any OSHA violations?

Yes

No

If yes, please provide details of any OSHA or State OSHA violation within the past five years. Details **must** include the nature of the violation(s), the amount fined, and any corrective actions taken. Attach a separate sheet of paper if you need more space.

15. Does applicant lease, own, operate, or maintain light rail equipment?

Yes

No

If yes, provide details:

16. Are there any occupational disease exposures involved in the applicant's operations? (asbestos; silica; dusts; toxic; injurious or hazardous chemicals; caustics; fumes; radiation; communicable diseases; and any other O.D. exposures)

Yes

No

If yes, provide details:

Pesticide & herbicide use by certified employees.

17. Is applicant engaged in manufacturing, production, refining, storage, distribution, or transportation of gases, gasoline, or flammables?

Yes

No

If yes, provide details:

Locked storage shed & cabinets for paint (150gals),
gasoline (5gals) & oil for city mechanics.

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18. Is applicant engaged in manufacturing, handling, transporting, distributing, or storing explosive or explosive substances?

Yes

No

If yes, provide details:

ammunition in Police Dept

19. Do the operations of the applicant involve exposure to heights?

Yes

No

If yes, provide details:

water, waste water structures

20. Do the operations of the applicant involve exposure to burns?

Yes

No

If yes, provide details:

first responders

21. Does applicant have guidelines for handling suspicious mail and packages?

Yes

No

in progress

22. Does applicant conduct periodic fire and emergency evacuation drills?

Yes

No

If yes, does applicant have a procedure in place to account for all employees in the event of emergency evacuation?

Yes

No

If yes, provide details of procedure(s):

in progress

23. Do the operations of the applicant include volunteer or donated labor?

Yes

No

If yes, please provide the following:

i) Total Number of FTE Firefighter Volunteers:

ii) Total Number of FTE Police Volunteers:

iii) Total Number of FTE "Other" Safety Volunteers:

iv) Total Number of FTE Non-Safety Volunteers:

0
0
0
0

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24. Complete the following information on owned or leased vehicles:

A. Private Passenger	<u>16</u>	B. Heavy Trucks & Vans (over 1.5 tons)	<u>4</u>
C. Ambulances	<u>0</u>	D. Light Trucks & Vans (.5 to 1.5 ton)	<u>18</u>
E. Fire Trucks	<u>1</u>	F. Pumpers	<u>6</u>
G: *Buses (by capacity):	0-16: <u>1</u>	17-32: <u>0</u>	
	32-66: <u>0</u>	Over 66: <u>0</u>	

*If applicant owns/leases buses, please answer the following questions:

- i) Are there any public transit exposures? Yes No
- ii) Specify the transit exposure type(s) (fixed bus route system, a dial-a-ride, or paratransit):

TAXI BUS

25. Additional information, if applicable:

city has

3 Electric pass. vehicles

2 Electric plow trucks

not included above

2 street sweepers

2 Dump trucks

2 Fuel Trucks

2 Trailers

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Please complete:

CITY OF SOLEDAD - MBATF

Entity Name (if a member of a JPA, please list JPA affiliation as well)

9/5/09

Date

Stephen Compton

Print Name

831 223-5076

Phone Number

Finance Director

Title

scompton@cityofsoledad.com

E-mail

CITY of Soledad

Entity Name

Please complete the renewal application and return it to our office no later than **September 15, 2009**. To submit the application, please e-mail your completed application to Ms. Brittney Iwafuchi at biwafuchi@brsrisk.com.

If you experience any difficulties with the submission process, please contact our office as follows:

LAWCX
1750 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833
(916) 244-1199 (fax)
biwafuchi@brsrisk.com (e-mail)