

# CSAC EXCESS INSURANCE AUTHORITY (CSAC EIA) 2011/12 WORKERS' COMPENSATION RENEWAL APPLICATION

**Entity Name:** MBASIA - CITY OF MARINA

**Phone:**

**E-Mail Address:** kmcfall@ci.marina.ca.us

**Federal Employer Identification Number:** 94-2321991

**1. Number of Volunteers for which workers' compensation coverage is provided:  
(Full-Time Equivalents):**

Firefighters: **10**  
 Police/Sheriff:  
 Other:  
 If other, please describe:

## Payroll Information

All payroll to be reported should be based on the directions below:  
**PLEASE READ THE PAYROLL DIRECTIONS CAREFULLY, AND ONLY INCLUDE THE REQUESTED PAYROLL INFORMATION. THIS DATA MAY NOT BE THE SAME AS THAT REPORTED ON STATE OR FEDERAL FORMS.**

Directions: Please report salaries and wages and do not include benefits, i.e. reimbursements and allowances. In the calculation of the payroll information THE FOLLOWING SHOULD BE INCLUDED: 1) Salary/Wages - Regular; 2) Salary/Wages - Extra Help; 3) Two-thirds of Salary/Wages for Overtime and Call-backs [Call-backs as defined in personnel documents, i.e. union MOU, Merit System Policies, H.R. manual, etc]. For the budgeted and estimated payroll figures, please only include payroll for the positions your entity intends to have filled during the specified fiscal year.

- 2. Actual Payroll for the 2009/10 Fiscal Year: \$ **8,498,207**
- 3. Budgeted Payroll for the 2010/11 Fiscal Year: \$ **8,597,196**
- 4. Estimated Payroll for the 2011/12 Fiscal Year: \$ **N/A**

### 2011/12 Estimated Payroll by WCIRB Classification Code

Estimated  
FY10/11

Employee Classification	2011/12 Estimated Payroll	Full Time Equivalent (FTE) Employees
Aircraft Operation (7424)(1)..... <input type="checkbox"/> N/A	\$0	
Airport Law Enforcement Officers (7720) ..... <input type="checkbox"/> N/A	\$0	
Airport Operator (7429) ..... <input type="checkbox"/> N/A	\$	
Animal Care (8831)..... <input type="checkbox"/> N/A	\$0	
Animal Control (7721)..... <input type="checkbox"/> N/A	\$	
Bus Operators (7382) ..... <input type="checkbox"/> N/A	\$0	
Clerical Office (8810)(1)..... <input type="checkbox"/> N/A	\$	<b>19 FTE</b>
County Probation Officers, Group Counselors, or Juvenile Services Officers (9410) ..... <input type="checkbox"/> N/A	\$0	

not available  
FY11/12

**Employee Classification**

**2011/12  
Estimated Payroll**

**Full Time Equivalent  
(FTE) Employees**

District Attorney Inspectors (9410).....	<input type="checkbox"/> N/A	\$0	0	<i>FY10/11 ESTIMATE</i>
Electrical Light or Power Line Construction (7538).....	<input type="checkbox"/> N/A	\$0	0	
Electrical Light or Power Companies (7539)....	<input type="checkbox"/> N/A	\$0	0	
Fire Fighters – Regular (7706).....	<input type="checkbox"/> N/A	\$	14 FTE	
Harbor or Port Police Officers (7720).....	<input type="checkbox"/> N/A	\$0	0	
Hospitals (9043).....	<input type="checkbox"/> N/A	\$0	0	
Housing Authorities (9033) .....	<input type="checkbox"/> N/A	\$0	0	
Institutional (8830) .....	<input type="checkbox"/> N/A	\$0	0	
Libraries (8810)(4) .....	<input type="checkbox"/> N/A	\$0	0	
Lifeguards (9420) .....	<input type="checkbox"/> N/A	\$0	0	
Medical Center Employees (8830)(M) .....	<input type="checkbox"/> N/A	\$0	0	
Municipal – Non-Manual Labor (9410).....	<input type="checkbox"/> N/A	\$	18.75 FTE	
Municipal – Manual Labor (9420).....	<input type="checkbox"/> N/A	\$	25.75 FTE	
Museum Curators (8838).....	<input type="checkbox"/> N/A	\$0	0	
Paramedics (7706).....	<input type="checkbox"/> N/A	\$0	0	
Police/Sheriffs/Peace Officers (7720).....	<input type="checkbox"/> N/A	\$	31 FTE	
Public Colleges or Schools (8875)(1) .....	<input type="checkbox"/> N/A	\$0	0	
Sanitation Employees (7580).....	<input type="checkbox"/> N/A	\$0	0	
Transportation Employees (All) (9422) .....	<input type="checkbox"/> N/A	\$0	0	
Waterworks (7520) .....	<input type="checkbox"/> N/A	\$0	0	
Other (Describe: )		\$0	0	
<b>ESTIMATED FY11/12</b>		<b>GRAND TOTAL</b>	<b>\$</b>	<b>108.50 FTE</b>

If the 2011/12 estimated payroll differs from the estimate provided for 2010/11 by more than 10%, please provide the reasons for the significant change:

**5. Do you have any employees who may be subject to:**

- |                                       |                              |  |
|---------------------------------------|------------------------------|--|
| FELA?                                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Jones Act?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Longshore and Harbor WC Act?          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other? If yes, please describe fully: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Employee Concentration Information**

**6. Identify all locations where there are 50 or more employees.**

Physical Location	# of employees at this location	# of floors occupied	# of employees per floor	Building construction type	Year Built	Zip Code	Upgraded*?
1) Public Safety Building		3				93933	
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							

\*Building upgrades include sprinklers, electrical or earthquake retrofit.

### OSHA Violations – Last 5 Years (response optional)

7. Indicate incident date, violation and resolution.

Date	Violation	Agency/Dept	Fine	Status	Update
1. 0	0	0	0	0	0
2.					
3.					
4.					
5.					

### Occupational Disease Exposures (response optional)

8. Please note those operations below that represent more than 10% of your total payroll. Incidental operations – those that represent less than 10% of your total payroll – need not be reported. Check all that apply.

Asbestos	<input checked="" type="checkbox"/>	Cable Operations	<input checked="" type="checkbox"/>	Chemical Manufacturing	<input checked="" type="checkbox"/>	Lead	<input checked="" type="checkbox"/>
Explosives	<input checked="" type="checkbox"/>	Exterminators	<input checked="" type="checkbox"/>	Gas, Oil or Petroleum	<input type="checkbox"/>	Roofing Contractors	<input checked="" type="checkbox"/>
Mining	<input checked="" type="checkbox"/>	Nuclear Operations	<input checked="" type="checkbox"/>	Railroad Operations	<input checked="" type="checkbox"/>	Sawmills	<input checked="" type="checkbox"/>
Sub Aqua Operation	<input checked="" type="checkbox"/>	Trucking	<input checked="" type="checkbox"/>	Demolition or Tunneling	<input checked="" type="checkbox"/>	Logging	<input checked="" type="checkbox"/>
Elevator installation, inspection, service or Repair	<input checked="" type="checkbox"/>	None of the operations listed are more than 10% of the total payroll	<input type="checkbox"/>				

### General Exposure Information

9. Indicate any substantial or unusual changes in operations that are planned or have taken place in the past five years:

## Employee Transportation Exposures

10. **Aircraft?**  Yes  No

# of Aircraft:

Type of Aircraft:

Primary Use:

11. **Watercraft?**  Yes  No

# of Vessels:

Primary Use:

12. **Do you have a 'dial-a-ride' or Public Transit Exposure?**  Yes  No

13. **Complete the following information on owned or leased vehicles:**

Number of passenger cars:

Number of Trucks:

Number of Buses:

14. **Does your entity transport chemicals, hazardous materials, explosive materials, or flammable materials?**  Yes  No

If Yes, please describe:

15. **Do you provide any means of transportation for employees to or from the workplace?**  Yes  No

If Yes, please describe the type of conveyance, frequency of trips and number of employees (total number and number per conveyance involved):

### Claims Administration (response optional)

22. **Claims administered by:** JT2 Integrated Resources

If your claims administrator has changed, complete the "Self-Administration & Third Party Questionnaire".

### Comments:



