LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

2009 Renewal Application

1. **Entity Name:** mbaif – City of King
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.

Address	Occupied By	Max # Employees Occupied	# Floors Occupied	Const. Type*	Year Built	Year Renovated	Square Footage	Zip Code
210 S Lombardy King City CA	City Hall	13	1	B	1945		4500	93930
415 Bassett St King City CA	Police Station	20	1	D	1989		6000	93930
411 Division Street King City CA	Recreation Center	25	1	D	1977		2500	93930
412 Bassett street King City CA	Fire station	28	1	C	1975		6000	93930
100 Front Street King City CA	Multipurpose Garage	23	1	A	1988		4000	93930

*Construction types:

A: Non-combustible frame (Steel protected with fire-rated gunite).	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: _____

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?

_____

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

☒ Yes ☐ No

If yes, list title and department of individual conducting review: Jim Larson Finance Director

iii) How often are safety inspections performed? annually

By whom? Building Inspector

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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? _____

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

☐ Yes ☐ No

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:

_____

If by a service company, please provide the following:

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

JTL Janet Kirkpatrick (925)452-132

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 at all locations

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:**

none

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:

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? ☐ Yes ☒ No

If yes, please provide the following information:

i) Type of conveyance: _____

ii) Frequency of Trips: _____

iii) Number of Employees per conveyance: _____

I. 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:

herbicides & pesticides chemicals for wastewater treatment plant
chlorine & chemicals for swimming pool

17. **Is applicant engaged in manufacturing, production, refining, storage, distribution, or transportation of gases, gasoline, or flammables?** ☐ Yes ☒ No

If *yes*, provide details:

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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:

19. **Do the operations of the applicant involve exposure to heights?** ☐ Yes ☒ No

If *yes*, provide details:

20. **Do the operations of the applicant involve exposure to burns?** ☒ Yes ☐ No

If *yes*, provide details:

fire fighters

21. **Does applicant have guidelines for handling suspicious mail and packages?** ☐ Yes ☒ No

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):

Employees assemble at designated location and a roll call is held

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: 3
ii) Total Number of FTE Police Volunteers: 1
iii) Total Number of FTE "Other" Safety Volunteers: 0
iv) Total Number of FTE Non-Safety Volunteers: 0

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

A. Private Passenger	12	B. Heavy Trucks & Vans (over 1.5 tons)	1
C. Ambulances	0	D. Light Trucks & Vans (.5 to 1.5 ton)	15
E. Fire Trucks	4	F. Pumpers	
G: *Buses (by capacity):	0-16: 1	17-32:	
	32-66:	Over 66:	

*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):

dial a ride

25. **Additional information, if applicable:**

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Please complete:

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

9/9/2009
Date

Jim Larson
Print Name

831-386-5918
Phone Number

Finance Director
Title

JLarson@KingCity.com
E-mail

The City of King City
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. Britney 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)