

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

Entity Name: MBASIA - CITY OF SOLEDAD

Phone:

E-Mail Address:

Federal Employer Identification Number: 94-6000432

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

Firefighters: 15
Police/Sheriff: 1
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:** \$5,953,554.57
- 3. Budgeted Payroll for the 2010/11 Fiscal Year:** \$6,377,731.58
- 4. Estimated Payroll for the 2011/12 Fiscal Year:** \$6,514,092.00

2011/12 Estimated Payroll by WCIRB Classification Code

| Employee Classification | 2011/12 Estimated Payroll | Full Time Equivalent (FTE) Employees |
|---|------------------------------|---|
| Aircraft Operation (7424)(1)..... <input checked="" type="checkbox"/> N/A | \$ | |
| Airport Law Enforcement Officers (7720) <input checked="" type="checkbox"/> N/A | \$ | |
| Airport Operator (7429) <input checked="" type="checkbox"/> N/A | \$ | |
| Animal Care (8831)..... <input checked="" type="checkbox"/> N/A | \$ | |
| Animal Control (7721) <input type="checkbox"/> N/A.... | \$48,632 | 1 |
| Bus Operators (7382) <input checked="" type="checkbox"/> N/A.... | \$ | |
| Clerical Office (8810)(1)..... <input checked="" type="checkbox"/> N/A.... | \$ | |
| County Probation Officers, Group Counselors, or Juvenile Services Officers (9410)..... <input checked="" type="checkbox"/> N/A | \$ | |
| District Attorney Inspectors (9410) <input checked="" type="checkbox"/> N/A | \$ | |
| Electrical Light or Power Line Construction | \$ | |

| Employee Classification | 2011/12 Estimated Payroll | Full Time Equivalent (FTE) Employees |
|---|--|---|
| (7538)..... | <input checked="" type="checkbox"/> N/A | |
| Electrical Light or Power Companies (7539) | <input checked="" type="checkbox"/> N/A.... \$ | |
| Fire Fighters – Regular (7706)..... | <input type="checkbox"/> N/A.... \$ 783,142 | 9 |
| Harbor or Port Police Officers (7720) | <input checked="" type="checkbox"/> N/A.... \$ | |
| Hospitals (9043)..... | <input checked="" type="checkbox"/> N/A.... \$ | |
| Housing Authorities (9033) | <input checked="" type="checkbox"/> N/A \$ | |
| Institutional (8830) | <input checked="" type="checkbox"/> N/A.... \$ | |
| Libraries (8810)(4) | <input checked="" type="checkbox"/> N/A \$ | |
| Lifeguards (9420) | <input checked="" type="checkbox"/> N/A \$ | |
| Medical Center Employees (8830)(M)..... | <input checked="" type="checkbox"/> N/A.... \$ | |
| Municipal – Non-Manual Labor (9410) | <input type="checkbox"/> N/A.... \$1,967,976 | 31 |
| Municipal – Manual Labor (9420) | <input type="checkbox"/> N/A.... \$1,219,394 | 21 |
| Museum Curators (8838)..... | <input checked="" type="checkbox"/> N/A.... \$ | |
| Paramedics (7706)..... | <input checked="" type="checkbox"/> N/A.... \$ | |
| Police/Sheriffs/Peace Officers (7720)..... | <input type="checkbox"/> N/A.... \$1,947,897 | 21 |
| Public Colleges or Schools (8875)(1) | <input checked="" type="checkbox"/> N/A \$ | |
| Sanitation Employees (7580)..... | <input checked="" type="checkbox"/> N/A.... \$ | |
| Transportation Employees (All) (9422)..... | <input type="checkbox"/> N/A.... \$ 44,111 | 1 |
| Waterworks (7520)..... | <input type="checkbox"/> N/A.... \$ 502,940 | 7 |
| Other (Describe:) | \$ | |
| GRAND TOTAL | \$ | 91 |

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? Yes No
- Jones Act? Yes No
- Longshore and Harbor WC Act? Yes No
- Other? If yes, please describe fully: Yes 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) | | | | | | | |
| 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. | | | | | |
| 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 type="checkbox"/> | Cable Operations | <input type="checkbox"/> | Chemical Manufacturing | <input type="checkbox"/> | Lead | <input type="checkbox"/> |
| Explosives | <input type="checkbox"/> | Exterminators | <input type="checkbox"/> | Gas, Oil or Petroleum | <input type="checkbox"/> | Roofing Contractors | <input type="checkbox"/> |
| Mining | <input type="checkbox"/> | Nuclear Operations | <input type="checkbox"/> | Railroad Operations | <input type="checkbox"/> | Sawmills | <input type="checkbox"/> |
| Sub Aqua Operation | <input type="checkbox"/> | Trucking | <input type="checkbox"/> | Demolition or Tunneling | <input type="checkbox"/> | Logging | <input type="checkbox"/> |
| Elevator installation, Inspection, service or Repair | <input type="checkbox"/> | None of the operations listed are more than 10% of the total payroll | <input checked="" 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| # of Aircraft: | |
| Type of Aircraft: | |
| Primary Use: | |
| 11. Watercraft? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|---|
| # of Vessels: | |
| Primary Use: | |
| 12. Do you have a 'dial-a-ride' or Public Transit Exposure? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Complete the following information on owned or leased vehicles: | |
| Number of passenger cars: | 17 |
| Number of Trucks: | 14 |
| Number of Buses: | 2 |
| 14. Does your entity transport chemicals, hazardous materials, explosive materials, or flammable materials? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please describe: | |
| 15. Do you provide any means of transportation for employees to or from the workplace? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)

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|-----------------------------|--------------------------|
| 22. Claims administered by: | JT2 Integrated Resources |
|-----------------------------|--------------------------|

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

Comments:

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