

# LAWCX

## LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

### 2009 Renewal Application

1. Entity Name: mbaif - City of Greenfield

2. Address: 144 montclair  
Santa Cruz, CA 95060

Name of JPA (if Entity is a member of  
3. 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
215 El Camino Real	Police Dept.	20	1	M	1940	1990	5,000	93927
45 El Camino Real	City Hall	13	1	M	1973		3,800	93927
920 Walnut Avenue	Corporation Yard	12	1	S	1974		5,800	93927
1351 Oak Avenue	Community Center	25	1	M	2006		6,000	93927

\*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: Safety 4850

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### 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 secured a vendor, provide the vendor/organization's name:  
\_\_\_\_\_

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

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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?

Employee receives a copy of the IIPP when they start employment.

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

Yes     No

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

Roger L. Wong, City Manager  
Lee-Ann Ruyle, Executive Assistant

iii) How often are safety inspections performed?

By whom? \_\_\_\_\_

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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? \_\_\_\_\_

Unknown

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? \_\_\_\_\_

Unknown

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

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

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

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

JT2 Integrated Resources, Janet Kirkpatrick, P.O. Box 8021, Pleasanton, CA 94588

ii) Does <sup>Phone 925-452-1321</sup> 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:

Greenfield Urgent Care and Mee Memorial Hospital ER

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:

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: \_\_\_\_\_

**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.

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

Yes  No

If yes, provide details:

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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:

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

Yes  No

If yes, provide details:

Storage: Fuel - Unleaded - 1,500 Gallons  
          Diesel - 1,000 Gallons

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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:

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

If yes, provide details:

Building Inspector - Inspecting roofs

Public Works - Tree trimming, handling flags and banners, areator at sewer plant

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

If yes, provide details:

Periodically welding, propane torch (to burn stenciling off streets)

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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):

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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:	0
ii) Total Number of FTE Police Volunteers:	0
iii) Total Number of FTE "Other" Safety Volunteers:	4
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	<u>14</u>	B. Heavy Trucks & Vans (over 1.5 tons)	<u>15</u>
C. Ambulances	<u>0</u>	D. Light Trucks & Vans (.5 to 1.5 ton)	<u>19</u>
E. Fire Trucks	<u>0</u>	F. Pumpers	<u>0</u>
G: *Buses (by capacity):	0-16: <u>2</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):

Dial-a-Ride

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25. Additional information, if applicable:

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**Please complete:**

Member - Monterey Bay Area Self Insurance Authority  
Entity Name: City of Greenfield

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

August 20, 2009

Date

Roger L. Wong

Print Name

831-674-5591

Phone Number

City Manager

Title

[rwong@ci.greenfield.ca.us](mailto:rwong@ci.greenfield.ca.us)

E-mail

City of Greenfield

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. Brittny Iwafuchi at [biwafuchi@brsrisk.com](mailto: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](mailto:biwafuchi@brsrisk.com) (e-mail)