

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

2009 Renewal Application

1. Entity Name: mbaif - City of Del Rey Oaks
2. Address: 144 montclair
650 Canyon Del Rey Rd. Del Rey Oaks, CA 93940
3. Name of JPA (if Entity is a member of LAWCX through a JPA) dr mbaif
4. Type of Public Entity: jpa CITY
5. Date Entity Qualified as Self-Insured: 1982 9/3/53
6. Current Retention: 500000

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

Physical Address	Location	Occupied As	Max # of Emp. at any time	Floor #'s Occupied	Const Type	Year Built	Year Retrofit	Square Footage	Zip Code
650 Canyon Del Rey			5	1	U				93940

*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

LAWCX

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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:

Daniel Dawson, City Manager

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?

Annually

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

Yes No

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

City Manager

iii) How often are safety inspections performed?

By whom? _____

LAWCX

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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:

N/A

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

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

JT2 JANET KIRKPATRICK 925-452-1321

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:

Multiple First Aid Stations

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

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 to use	Number 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 structure? Yes No

LAWCX

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

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 last 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:

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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LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

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:

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):

Routing fire + EVACUATION drills

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: _____ 15 _____
iii) Total Number of FTE "Other" Safety Volunteers: _____
iv) Total Number of FTE Non-Safety Volunteers: _____

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LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

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

A. Private Passenger	<u>7</u>	B. Heavy Trucks & Vans (over 1.5 tons)	<u>3</u>
C. Ambulances	_____	D. Light Trucks & Vans (.5 to 1.5 ton)	<u>1</u>
E. Fire Trucks	_____	F. Pumpers	_____
G: *Buses (by capacity):	0-16: _____	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, c paratransit):

25. Additional information, if applicable:

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Please complete:

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

9/10/09

Date

Kim Carvalho

Print Name

831-394-8511

Phone Number

Deputy City Clerk

Title

KCARVALHO@DELREYOAKS.ORG

E-mail

CITY OF DEL REY OAKS

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.

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)