

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

**Entity Name:** MBASIA - CITY OF SCOTTS VALLEY

**Phone:**

**E-Mail Address:** sando@scottsvalley.org

**Federal Employer Identification Number:** 94-1627403

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

Firefighters:	0
Police/Sheriff:	5
Other:	0
If other, please describe:	0

**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:** \$4,465,123
- 3. Budgeted Payroll for the 2010/11 Fiscal Year:** \$4,799,997
- 4. Estimated Payroll for the 2011/12 Fiscal Year:** \$4,683,822

**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 checked="" type="checkbox"/> N/A....	\$
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 (7538).....	<input checked="" type="checkbox"/> N/A	\$

**Employee Classification**

**2011/12  
Estimated Payroll**

**Full Time Equivalent  
(FTE) Employees**

Electrical Light or Power Companies (7539).....	<input checked="" type="checkbox"/> N/A....	\$	
Fire Fighters – Regular (7706) .....	<input checked="" type="checkbox"/> N/A....	\$	
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....	\$2,341,215	30
Municipal – Manual Labor (9420).....	<input type="checkbox"/> N/A....	\$628,832	11.5
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....	\$1,713,775	19
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 checked="" type="checkbox"/> N/A....	\$	
Waterworks (7520) .....	<input checked="" type="checkbox"/> N/A....	\$	
Other (Describe: )		\$	
<b>GRAND TOTAL</b>		<b>\$ 4,683,822</b>	<b>60.5</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?  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: None.

### 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>13. Complete the following information on owned or leased vehicles:</b>	
Number of passenger cars:	23
Number of Trucks:	23
Number of Buses:	0
14. Does your entity transport chemicals, hazardous materials, explosive materials, or flammable materials?	<input type="checkbox"/> Yes <input checked="" 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)**

22. Claims administered by:	JT2 Integrated Resources
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If your claims administrator has changed, complete the "Self-Administration & Third Party Questionnaire".

**Comments:**

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