

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

2009 Renewal Application

1. Entity Name: CITY OF MARINA
2. Address: 211 HILLCREST AVENUE, MARINA, CA. 93933
- Name of JPA (if Entity is a member of
3. LAWCX through a JPA) MBACIA
4. Type of Public Entity: CITY/MUNICIPALITY
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
211 HILLCREST AVENUE	PUBLIC SAFETY	40	3				13,176	93933
2100 5TH AVE.	CORP YD.	3	1					
209 CYPRESS AVENUE	CDD	10	1				3,427	
211 HILLCREST AVENUE	CITY HALL	18	1				6,115	
211 HILLCREST AVENUE	COMM. CNTR	10	1				6,597	
304 HILLCREST AVENUE	TEEN CTR	6	1				3,084	
211 HILLCREST AVE.	COUNCIL CH.		1				2,354	

*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

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

8. Do any employees receive supplemental salary replacement benefits, such as 4850 benefits, in addition to workers' compensation benefits?

Yes No

If yes, describe:

POLICE OFFICERS, PUBLIC SAFETY OFFICERS
FIREFIGHTERS

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:

KATHY MCFALL, DIRECTOR OF HR & RISK

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:

MBASIA (TPA)

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

DRIVER AWAIT

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?

DEPENDING ON PROJECT AND DEPARTMENT

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

Yes No

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

AS INCIDENTS OCCUR MARINO
RISK MANAGER - MONTHLY/IRK
SAFETY COMMITTEE - MONTHLY
DIRECTORS - MONTHLY

iii) How often are safety inspections performed?

QUARTERLY

By whom?

PUBLIC WORKS SUPERINTENDENT, RISK
MANAGER AND ASSIGNED SAFETY COMMITTEE
MEMBERS

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

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? APPROX. 2007

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

Yes

No

IN MOST PREVENTABLE INSTANCES AND IN REWARDS TO INCREASING EMPLOYEE'S AWARENESS OF SAFETY IN THE WORKPLACE.

E. Does your program provide permanent modified duty assignments to return injured employees to work?

Yes

No

DEPENDING ON MEDICAL CERTIFICATION, INTERACTIVE PROCESS AND THE CITY'S ABILITY TO PROVIDE AN ACCOMMODATION.

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:

CLAIMS ARE COORDINATED BY MARINA'S INTERNAL RISK MANAGEMENT DEPARTMENT AND ADMINISTERED BY A TPA, JTA

If by a service company, please provide the following:

i) Firm name, address, contact name, and phone number: JANET KIRKPATRICK
JTA; 925-452-1321 - WORKERS COMP CLAIMS

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:

CHAMP HEALTHCARE CENTER, MONTEREY, CA. - EMERGENCY
WORKWELL HEALTH SERVICES, SALINAS, CA. - NON-EMERGENCY

12. Do you utilize your own medical facilities for treating injuries?

Yes

No

WORKER'S COMP + INDUSTRIAL MEDICAL SERVICES

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

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:

NO UNUSUAL OR SUBSTANTIAL CHANGES TO MARINA'S OPERATIONS 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 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?

BY CONTRACTED SERVICES ONLY Yes No

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

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.

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:

POLICE, FIRE, RECREATION AND PUBLIC WORKS STAFF MAY PERFORM WORK THAT EXPOSES EMPLOYEES TO CHEMICALS, COMMUNICABLE DISEASES, DUST, FUMES, ETC.

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

Yes No

If yes, provide details:

MARINA MUNICIPAL AIRPORT HAS FUEL TANKS FOR AIRCRAFT SERVICES.

LAWCX

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: PUBLIC WORKS, FIRE PERSONNEL, BLDG. INSPECTION AND CODE ENFORCEMENT PERSONNEL MAY PERFORM WORK THAT INVOLVES EXPOSURE TO HEIGHTS

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

If yes, provide details: FIRE PERSONNEL PERFORMS A VARIETY OF FIRE FIGHTING WORK.

21. Does applicant have guidelines for handling suspicious mail and packages?

MAKING WILL ESTABLISH GUIDELINES PRIOR TO YEAR END DECEMBER 2009. 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 ARE CLASSIFIED AND INFORMED OF EVACUATION MEETING SITES AND A PRIMARY AND ALTERNATE PERSON WILL ACCOUNT FOR MISSING PERSONNEL. ALSO, AN EMPLOYEE BUDDY SYSTEM IS IN PLACE

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: 15
- ii) Total Number of FTE Police Volunteers: 0
- iii) Total Number of FTE "Other" Safety Volunteers: 0
- iv) Total Number of FTE Non-Safety Volunteers: 15

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

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

A. Private Passenger	_____	B. Heavy Trucks & Vans (over 1.5 tons)	_____ 2
C. Ambulances	_____ 7	D. Light Trucks & Vans (.5 to 1.5 ton)	_____ 0
E. Fire Trucks	_____ 3	F. Pumpers	_____
G: *Buses (by capacity):	0-16: _____ N/A	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):

25. Additional information, if applicable:

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

Please complete:

CITY OF MARINA / MBRASJCI

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

09/09/2009

Date

KATHY @ MCFALL

Print Name

INTERIM DIRECTOR OF
HR & RISK MANAGEMENT

Title

(831) 884. 1240

Phone Number

KMCFALL@CL.MARINA.CA.US

E-mail

CITY OF MARINA

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. Brittney 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)