

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

Entity Name: MBASIA - CITY OF CAPITOLA

Phone:

E-Mail Address: Lmurphy@ci.capitola.ca.us

Federal Employer Identification Number: 946002834

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

Firefighters:	0
Police/Sheriff:	5
Other:	2
If other, please describe:	Office Volunteers

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:** \$5,120,100
- 3. **Budgeted Payroll for the 2010/11 Fiscal Year:** \$5,373,100
- 4. **Estimated Payroll for the 2011/12 Fiscal Year:** \$5,373,100

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 type="checkbox"/> N/A....	\$1,946,500	23.74
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 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 type="checkbox"/> N/A \$39,500	.50
Medical Center Employees (8830)(M).....	<input checked="" type="checkbox"/> N/A.... \$	
Municipal – Non-Manual Labor (9410)	<input type="checkbox"/> N/A.... \$471,100	6.00
Municipal – Manual Labor (9420)	<input type="checkbox"/> N/A.... \$677,500	11.00
Museum Curators (8838).....	<input type="checkbox"/> N/A.... \$	
Paramedics (7706).....	<input checked="" type="checkbox"/> N/A.... \$	
Police/Sheriffs/Peace Officers (7720).....	<input type="checkbox"/> N/A.... \$2,238,500	22.00
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:)	\$	
GRAND TOTAL	\$	

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) 420 Capitola Ave	21	1	21			95010	
2) PD		1				95010	
3) Pw		1				95010	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Complete the following information on owned or leased vehicles:	
Number of passenger cars:	
Number of Trucks:	
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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