

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

2009 Renewal Application

1. **Entity Name:** mbaif - City of SAND CITY
2. **Address:**
1 Sylvan Park, Cand City, CA. 93955
3. **Name of JPA (if Entity is a member of LAWCX through a JPA)** dr mbaif
4. **Type of Public Entity:** City
5. **Date Entity Qualified as Self-Insured:** 1982 7/18/86
6. **Current Retention:** 500000 500,000

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
1 Sylvan Park	City Hall		1	mason wood	1965		3,666	93955

***Construction types:**

A: Non-combustible frame (Steel protected with fire-rated gunit).	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: _____

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: Chief Klein

If no, have you secured the services of a vendor?

Yes

No

If you have 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.

On-going/Quarterly Inspection

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?

Every 2 years

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

Yes

No

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

City Administrator &
Director of Administrative Services

iii) How often are safety inspections performed?

Monthly

By whom?

Chief of Police and Public Works

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D. Does your current program include early Return-To-Work or alternative modified duty for injured workers?

Yes No

We are a small agency and each case is reviewed individually.

A return to work program is looked at case to case.

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:

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

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

JT2 Janet Kirkpatrick (925) 452-1321 ext. 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:

First Aid Kit

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:

We have constructed an \$11.7 million desalination facility to be completed in the Fall of 2009.

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.

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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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):

All non-sworn staff are instructed to meet at a pre-designated location. Primary Department Heads will be responsible for obtaining a headcount at this location. Police officers will respond to the COM Center for a head count.

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

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

A. Private Passenger	Police 8 City 2	B. Heavy Trucks & Vans (over 1.5 tons)	0
C. Ambulances	0	D. Light Trucks & Vans (.5 to 1.5 ton)	3
E. Fire Trucks	0	F. Pumpers	0
G: *Buses (by capacity):	0-16: 0	17-32: 0	
	32-66: 0	Over 66: 0	

**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:

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Please complete:

City of Sand City

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

9-1-09

Date

Steve Matarazzo

Print Name

(831) 394-3054

Phone Number

City Administrator

Title

steve@sandcity.org

E-mail

City of Sand City

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)