

LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

2009 Renewal Application

1. **Entity Name:** mbaif - City of Gonzales
2. **Address:** 144 montclair --
P.O. Box 647, Gonzales, CA 93926
3. **Name of JPA (if Entity is a member of LAWCX through a JPA)** dr mbaif
4. **Type of Public Entity:** jpa
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
147 Fourth Street	Administration Finance	12	1	D	1960's	1996	5,700	93926
425 Alta Street	Police Department	17	1	D			4,000	93926
201 C Street	Public Works Yard	10	1	S	1987		7,000	93926

***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: 4850 Benefits as allowed by law for Safety Employees.

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: _____

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.

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?

Yearly

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

Yes No

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

City Manager, along with all the Department Heads. The review is incorporated into one of the weekly staff meetings at least once a quarter.

iii) How often are safety inspections performed? Quarterly

By whom?

Public Works Director, Chief Building Inspector, and the Recreation Coordinator, who is a Certified Playground Inspector

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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? 2005

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 Integrated Resources, 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:

No facilities per say. All locations have First Aid Kits and the appropriate equipment like eye wash stations, defibrillators, etc.

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 often used	# of employees
1		Livington	7	Check of Equipment	Every 6 mos.	2

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: _____

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 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:

Common exposures for Public Safety employees and also Public Works employees. In addition, exposure because of the operation of the Sewage Treatment Plant.

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:

5-10 gallons of stored gasoline.

19. Do the operations of the applicant involve exposure to heights? Yes No

If yes, provide details:

Only heights as it pertains to the maintenance work on roofs, trees, and other Public Works functions, as well as use of a ladder in Public Works and Fire.

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

If yes, provide details:

City has a Joint Fire Department with the Gonzales Volunteer Fire Department.

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):

Employees are required to evacuate to a designated location and check to see if the building is empty on the way out. Also, employees are all required to check in at the start of the work day.

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:	16
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:	0

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

A. Private Passenger	<u>13</u>	B. Heavy Trucks & Vans (over 1.5 tons)	<u>2</u>
C. Ambulances	<u>0</u>	D. Light Trucks & Vans (.5 to 1.5 ton)	<u>17</u>
E. Fire Trucks	<u>5</u>	F. Pumpers	<u>2</u>
G: *Buses (by capacity):	0-16: <u>N/A</u>	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:

Includes one new electric utility vehicle.

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Please complete:

City of Gonzales

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

September 9, 2009

Date

Rene L. Mendez

Print Name

(831) 675-5000

Phone Number

City Manager

Title

rmendez@ci.gonzales.ca.us

E-mail

City of Gonzales

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)