

# LAWCX

## LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY

### 2009 Renewal Application

1. **Entity Name:** mbaif - city of Capitola
2. **Address:** 144 montclair  
420 Capitola Ave Capitola ca 95010
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
420 Capitola Ave	office	22	1	m	1976		7,200	95010
422 Capitola Ave	office	25	1	m	1976		3,400	↓
411 Capitola Ave	office	6	1	m			900	
430 Kennedy	corp yard	13	1	m	1973		4,600	
4400 Jade ST	office/recreation	6	1	m			5,400	

\*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

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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:

LISA MURPHY, ASSISTANT TO CITY MANAGER

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.

N/A

- 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?

1 year

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

Yes

No

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

Safety Committee

- iii) How often are safety inspections performed?

Annual

By whom?

Safety Committee

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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? \_\_\_\_\_

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:

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

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

JTZ PO Box 8021 Pleasanton Ca 94588 (800) 582-7671

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 on-site facilities - first Aid Supplies @ each facility

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						

**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.*

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15. Does applicant lease, own, operate, or maintain light rail equipment?

Yes

No

*If yes, provide details:*

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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:*

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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:

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19. Do the operations of the applicant involve exposure to heights?

Yes

No

If yes, provide details:

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20. Do the operations of the applicant involve exposure to burns?

Yes

No

If yes, provide details:

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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):

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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	<u>17</u>	B. Heavy Trucks & Vans (over 1.5 tons)	<u>12</u>
C. Ambulances	<u>0</u>	D. Light Trucks & Vans (.5 to 1.5 ton)	<u>7</u>
E. Fire Trucks	<u>0</u>	F. Pumpers	<u>        </u>
G: *Buses (by capacity):	0-16: <u>0</u>	17-32: <u>0</u>	
	32-66: <u>0</u>	Over 66: <u>0</u>	

**\*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):
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25. Additional information, if applicable:

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Please complete:

<u>City of Capitola</u> Entity Name (if a member of a JPA, please list JPA affiliation as well)	<u>Jpa = Monterey Bay Self Insurance Authority</u> Authority
<u>8/27/09</u> Date	<u>LISA MURPHY</u> Print Name
<u>831 475-7300</u> Phone Number	<u>ASSIST. to the City manager</u> Title
<u>Lmurphy@ci.capitola.ca.us</u> E-mail	<u>City of Capitola</u> 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](mailto: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](mailto:biwafuchi@brsrisk.com) (e-mail)