

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

Entity Name: MBASIA - CITY OF GREENFIELD

Phone:

E-Mail Address: arathbun@ci.greenfield.ca.us

Federal Employer Identification Number: 94-6000343

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

Firefighters: 0
Police/Sheriff: 1
Other:
If other, please describe:

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:** \$4,662,185.60
- 3. **Budgeted Payroll for the 2010/11 Fiscal Year:** \$4,381,600.00
- 4. **Estimated Payroll for the 2011/12 Fiscal Year:** \$4,401,200.00

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....	\$648,695.00	10
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 checked="" type="checkbox"/> N/A \$	
Medical Center Employees (8830)(M).....	<input checked="" type="checkbox"/> N/A.... \$	
Municipal – Non-Manual Labor (9410)	<input type="checkbox"/> N/A.... \$748,200	5
Municipal – Manual Labor (9420)	<input type="checkbox"/> N/A.... \$730,105	11
Museum Curators (8838).....	<input checked="" type="checkbox"/> N/A.... \$	
Paramedics (7706).....	<input checked="" type="checkbox"/> N/A.... \$	
Police/Sheriffs/Peace Officers (7720).....	<input type="checkbox"/> N/A.... \$2,194,100	18
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 type="checkbox"/> N/A.... \$55,200	1
Waterworks (7520).....	<input checked="" type="checkbox"/> N/A.... \$	
Other (Describe: City Councilmembers)	\$24,900	5
GRAND TOTAL	\$ 4,401,200	50

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) N/A							
2)							
3)							
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. None					
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:	15
Number of Trucks:	31
Number of Buses:	2
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 checked="" type="checkbox"/> Yes <input 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):	The on-call Public Works person takes a vehicle home to respond to any emergency calls and to check on the waste water plant and water wells. The Chief takes drives his vehicle to and from work.

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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