CSAC EXCESS INSURANCE AUTHORITY (CSAC EIA)

2011/12 WORKERS' COMPENSATION RENEWAL APPLICATION

Entity Name: **MBASIA - CITY OF HOLLISTER**

Phone:

E-Mail Address: obert.galvan@hollister.ca.gov , hydie.mcdonald@hollister.ca.gov

Federal Employer Identification Number: 94-6000348

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

Firefighters:	10
Police/Sheriff:	17
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:** $10,437,407
3. **Budgeted Payroll for the 2010/11 Fiscal Year:** $9,779,274
4. **Estimated Payroll for the 2011/12 Fiscal Year:** $9,974,859

2011/12 Estimated Payroll by WCIRB Classification Code

Employee Classification		2011/12 Estimated Payroll	Full Time Equivalent (FTE) Employees
Aircraft Operation (7424)(1)	☒ N/A	$	
Airport Law Enforcement Officers (7720)	☒ N/A	$	
Airport Operator (7429)	☒ N/A	$	
Animal Care (8831)	☒ N/A	$	
Animal Control (7721)	☒ N/A	$	
Bus Operators (7382)	☒ N/A	$	
Clerical Office (8810)(1)	☐ N/A	$2,032,396	53
County Probation Officers, Group Counselors, or Juvenile Services Officers (9410)	☒ N/A	$	
District Attorney Inspectors (9410)	☒ N/A	$	
Electrical Light or Power Line Construction		$	

Employee Classification		2011/12 Estimated Payroll	Full Time Equivalent (FTE) Employees
(7538)	☒ N/A		
Electrical Light or Power Companies (7539)	☒ N/A	$	
Fire Fighters – Regular (7706)	☐ N/A	$2,423,330	34
Harbor or Port Police Officers (7720)	☒ N/A	$	
Hospitals (9043)	☒ N/A	$	
Housing Authorities (9033)	☒ N/A	$	
Institutional (8830)	☒ N/A	$	
Libraries (8810)(4)	☒ N/A	$	
Lifeguards (9420)	☒ N/A	$	
Medical Center Employees (8830)(M)	☒ N/A	$	
Municipal – Non-Manual Labor (9410)	☐ N/A	$865,841	14
Municipal – Manual Labor (9420)	☐ N/A	$745,762	22
Museum Curators (8838)	☒ N/A	$	
Paramedics (7706)	☒ N/A	$	
Police/Sheriffs/Peace Officers (7720)	☐ N/A	$2,452,450	31
Public Colleges or Schools (8875)(1)	☒ N/A	$	
Sanitation Employees (7580)	☐ N/A	$840,680	9
Transportation Employees (All) (9422)	☒ N/A	$	
Waterworks (7520)	☐ N/A	$614,399	8
Other (Describe:)		$	
	GRAND TOTAL	$ 9,974,859	

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) 1321 South Street	13	1	13			95023	
2) 1291 South Street	22	1	22	mod bldg		95023	
3) 395 Apollo	31	1	31	masonry	1993	95023	
4) 110 Fifth St Fire #1	20	1	20		1930	95023	2003

5) 375 Fifth	11	2	5			95023	
6) 1000 Union Rd Fire #2	10	1	10	Masonry	2004	95023	
7) 550 Monterey St	4	2	2	wood		95023	
8) 300 West St	4	1	4			95023	
9) Veterans Bldg	2	1	1	masonry		95023	
10) Airport	5	1	5			95023	
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	☐	Cable Operations	☐	Chemical Manufacturing	☐	Lead	☐
Explosives	☐	Exterminators	☐	Gas, Oil or Petroleum	☐	Roofing Contractors	☐
Mining	☐	Nuclear Operations	☐	Railroad Operations	☐	Sawmills	☐
Sub Aqua Operation	☐	Trucking	☐	Demolition or Tunneling	☐	Logging	☐
Elevator installation, Inspection, service or Repair	☐	None of the operations listed are more than 10% of the total payroll	☐				

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?**	☐ Yes ☒ No
# of Aircraft:	
Type of Aircraft:	
Primary Use:	
11. **Watercraft?**	☐ Yes ☒ No

# of Vessels:	
Primary Use:	
12. **Do you have a 'dial-a-ride' or Public Transit Exposure?**	☐ Yes ☒ No
13. **Complete the following information on owned or leased vehicles:**	
Number of passenger cars:	68
Number of Trucks:	87
Number of Buses:	87
14. **Does your entity transport chemicals, hazardous materials, explosive materials, or flammable materials?**	☐ Yes ☒ No
If Yes, please describe:	
15. **Do you provide any means of transportation for employees to or from the workplace?**	☒ Yes ☐ No
If Yes, please describe the type of conveyance, frequency of trips and number of employees (total number and number per conveyance involved):	9 employees take vehicles home daily for on-call, frequency varies on being called out

Claims Administration **(response optional)**

22. **Claims administered by:**	JT2 Integrated Resources

If your claims administrator has changed, complete the "Self-Administration & Third Party Questionnaire".

Comments: