



Administration

McGriff, Seibels, & Williams, Inc.
P.O. Box 1539
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**Property and Liability Pool
Workers' Compensation Coverage Application**

General Information

District Legal Name: _____

District Physical Address: _____

City, County, State, Zip: _____

PO Box Address: _____

District Work Comp Contact: _____ **Position/Title:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

District's Management Company Name and Address (if applicable):

(This information will be used as the main mailing address unless otherwise advised by the district)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact Person: _____ **Position:** _____

District's Insurance Agent Name and Address (if applicable):

Name/Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact Person: _____ **Position:** _____

Other:

Is your district currently a member of the Colorado Special District Association? _____ **Yes** _____ **No**

Year district was formed: _____

** For a coverage comparison please enclose a complete copy of all your current insurance policies.*

Workers' Compensation & Employer's Liability Coverage

1. Quote desired: _____ (Yes, No) Quote needed by (Date): _____
2. Federal Employer Identification Number (F.E.I.N.): _____
3. NCCI Identification Number: _____
4. Optional Deductible quote desired: _____ (Yes, No) Level desired: \$ _____

Complete the attached Policy Information/Rating Schedule and include with submission

5. Concentration of Risk (COR) Form, Must be completed by all employers.
6. Fill in the following information about your current insurance policy or send us a complete copy of your policy and we will provide a coverage comparison for you.

<i>Current Policy</i>	<i>Fill-in the blanks</i>
<i>Insurance Company Name</i>	
<i>Expiration Date</i>	
<i>Term – (circle one)</i>	<i>Annual / Multi-year</i>
<i>Deductible(If applicable)</i>	
<i>Annual Subject Premium</i>	
<i>Employer's Liability Limits</i>	

District Board Member Information

1. Board Member coverage will be automatically included as part of the Pool's policy unless an *Exclusion of Board Member Form is attached.
2. Complete the following information regarding your district Board Members.

<i>Current Information</i>	<i>Fill-in the blanks</i>
<i>Number of Board Members</i>	
<i>Coverage Desired</i>	<i>Include or Exclude (Circle one)</i>
<i>Amount of Annual Stipend Budgeted</i>	
<i>Optional quote to include for coverage</i>	<i>Yes or No (Circle one)</i>

***Attach a copy of appropriate Form**

Historical Premium, Claim, & Experience Modification Information

1. Please complete the attached Historical Information Schedule and provide a detailed description on all claims with a total incurred value equal to or greater than \$25,000 within the past five years.



Workers' Compensation Supplemental Application

Nature of Business / Description of Operations:

General Information about the District

1. Is there a Formal Safety Program in place? Yes / No

2. District's **two** Preferred Medical Providers are:
Provide the following information: Name of Doctor, Facility, Address, Facility Phone & Fax No.:
 1. _____
 2. _____

3. Does the District participate in the State's Premium Cost Containment Program? Yes / No
If yes, Attach a copy of the Certificate indicating compliance.

4. Is the District Experience Rated? Yes / No
If yes, Attach a copy of the current and expired Experience Rating Worksheet

5. Has the District completed the Pool's Best Practices Survey? Yes / No
If yes and renewing, attach updated copy; If no, complete and return with application.

Rating Information, or attach a copy of your current policy:

Class Code	Description of Duties, Classification	No. of Volunteers	No of Employees		Estimated Payroll	Current Rate	Estimated Premium
			Full-Time	Part-Time			

6. Total Number of Annual Full-Time Equivalent Employees: _____
1 FTE = 2,080 annual hours paid (including paid vacations, sick time, etc.)

[For example, one 20-hour per week (or 1,040 annual hours) annual employee would be an FTE of 0.5. Seasonal employees' total annual hours are divided into 2080 to come up with their FTE. All employees (full-time, part-time, seasonal, etc) need to be included when calculating the FTE.]



WORKERS' COMPENSATION General Information Questionnaire

DISTRICT NAME: _____

ANSWER
YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you own, operate or lease aircraft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you own, operate or lease watercraft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do your past, present or discontinued operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials (IE: landfills, waste, fuel tanks, chemicals, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any work performed underground or above 15 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is any work performed on barges, vessels, docks or a bridge over water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you engaged in any other type of business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you use sub-contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If sub-contractors are used, is any work sublet without Certificates of Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is any group transportation provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you employees under age 16 or over age 60? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you employ part time or seasonal employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you sponsor athletic teams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you require physicals after an offer of employment is made? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are employee health plans provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there an interchange of labor with any other business entity/subsidiary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you lease employees to or from other employers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do any employees predominantly work from home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do employees travel out of state? If yes, under what circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do any employees have physical handicaps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is there any volunteer or donated labor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has any prior coverage been declined, cancelled or non-renewed within the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details on all "yes" answers.



Workers' Compensation

Historical Premium, Claim & Experience Modification Information

District Name:

Claims Valued as of:

Coverage Term:	2009-2010	2008-2009	2007-2008	2006-2007	2005-2006	5 YR Total	
Audited Annual Premium							
Total No. of Claims							
Total Amount Paid Claims							
Total Amunt Reserve Claims							
Total Net Incurred Claims							
Experience Mod. Factor (Include NCCI Worksheets)							
Loss Ratio							

Completing the Premium & Claim History for the last four years will enable the Pool to afford the maximum credits allowed for your district.

***Please attach copies of currently dated loss reports and a description of individual large losses (\$25,000=/+)** for the above listed years.



WORKERS' COMPENSATION SUPPLEMENTAL VEHICLE APPLICATION

1. District Name: _____
2. Number of employee drivers: _____
3. Total no. Owned Vehicles: _____ Total no. Leased Vehicles: _____ # Ambulances: _____
Passenger Cars: _____ # Vans/Trucks: _____ # Buses: _____ # Fire Trucks: _____
Type Maintenance Vehicles (ie: Lawnmowers): _____ # Tractors: _____ # Other: _____
4. Does the District provide transportation of employees to or from the workplace? Yes No

5. Describe District's use of vehicles listed: _____
 - a. Is there any transportation of hazardous materials? Yes No
 - b. If yes, describe: _____
6. What is the average radius of travel? _____
 - a. Interstate only? (if no, list other states and reason for travel): _____
 - b. Frequency of trips (annual basis): _____
 - c. Average No. of employees per vehicle: _____
7. What is the maximum radius of travel annually? _____
8. Does the District hold intrastate and/or interstate licenses to haul for others? Yes No
9. Does the District haul for any other District? Yes No
 - a. If yes, give frequency of trips and type of items hauled: _____
10. Describe District's vehicle maintenance program: _____

11. If requested, provide copies of written procedures on driver training, DOT certification, MVR checks, disciplinary



Workers' Compensation Best Practices Survey

CSDP&LP has provided below a list of “best practices” that can be used by members to evaluate their own operations in comparison to what their peers have identified as the best practices for managing workers’ compensation risk. This survey is intended as a tool that districts can use to measure their progress. We realize that many districts are poorly funded and do not have the resources to fully implement all of these practices. That is why we have a statewide association to assist with identifying what you are not able to accomplish on your own and help you figure out what we and the other members of CSDP&LP can do to help.

Please rate the following best practices in relation to your own operations. This information will be used to assist CSDP&LP in designing education programs and tailoring its loss control and management consulting services to meet the needs of your district.

Written Policies and Procedures Manuals reviewed by legal counsel and available to the directors and employees including:	Rating System				
	1 = Not Implemented 5 = Fully Implemented				
Written Procedures - Loss Control					
01. Job Safety Analysis (all tasks, all employees)	1	2	3	4	5
02. Personal Protective Equipment Program	1	2	3	4	5
03. Safety Awareness and Loss Prevention Training	1	2	3	4	5
04. Hazard Communication & Material Safety Datasheet Program	1	2	3	4	5
Written Procedures – Claims					
05. Claims Management and Accident Investigation Procedures	1	2	3	4	5
06. Drug/Alcohol Testing Program	1	2	3	4	5
07. Designation of two Medical Providers	1	2	3	4	5
08. Early Return to Work Program (employees and volunteers)	1	2	3	4	5
Written Procedures - Other					
09. American’s with Disabilities Act (ADA) and Family Medical Leave Act (FMLA)	1	2	3	4	5
10. Employee Assistance Program (EAP)	1	2	3	4	5
11. Employment Related Practices	1	2	3	4	5
12. Handling Workplace Violence	1	2	3	4	5
13. All premises maintained free of hazards to visitors and employees (duty to inspect & correct)	1	2	3	4	5
14. Claims, accidents and near miss reviews are conducted to prevent recurrences	1	2	3	4	5
15. Safety Committee meets quarterly (recommended for districts with 10 or more employees)	1	2	3	4	5
16. Volunteer Policy (only answer if your district has volunteers)	1	2	3	4	5
17. Safety Rules are posted	1	2	3	4	5
18. Required State Notices are posted	1	2	3	4	5
District Name:	Phone:				
Completed by:	Title:				

Colorado Special District Property and Liability Pool Workers' Compensation Best Practices Reference Guide

For assistance in creating manual or procedures identified below, contact Jenniffer Alvarado at 1-888-313-7322 Ext. 4. (Numbers match corresponding survey questions.)

01. Each job analysis should incorporate not only the job description but also the functional capacity of each task to comply with ADA regulations as well as to improve the overall safety of each position. Descriptions should include safety requirements, i. e.: personal protective equipment, ergonomic standards, etc. Finally, an analysis involves conducting a survey of employees to determine if they have received safety education for their specific job tasks.
02. A Personal Protective Equipment Program should address requirements of any attire or gear necessary to protect an employee from injury. Equipment requirements should be tailored to the job function. Steel-toed boots, protective eyewear, and hearing protection are examples of personal protective equipment. Your local office of OSHA can provide you with a pamphlet that will assist in writing your procedures.
03. Safety Awareness and Loss Prevention Training are imperative in achieving a safe work environment. Safety training focuses on clear instructions and directions that show employees how to perform their jobs safely. Your manual should outline the types of training programs available and the frequency with which they are offered.
04. Many special districts have hazardous material training requirements imposed by governmental agencies. Written procedures of the required training and documentation of completion is critical. A manual containing all Material Safety Datasheets must be readily accessible to employees and review of the manual should be part of your new hire orientation and ongoing education.
05. Claims Management and Accident Investigation Procedures implemented will be dependent upon the size of your district. All districts should have a manual outlining who is responsible for completion of claim forms and reporting of claims to the Third Party Administrator (TPA). Your designated provider should be identified. Responsibility for investigation of the incident/accident should also be addressed. Creation of light duty or modified return-to-work should be delegated. Authority surrounding litigation and settlement issues should also be outlined.
06. Districts subject to USDOT regulations must comply with USDOT Drug and Alcohol Testing policies for all subject drivers. Drug and alcohol policies can be designed to apply to all employees and can incorporate pre-employment, post accident and for cause testing. Review of the program by an attorney who is familiar with laws in this area is recommended.

07. Designation of two medical providers is required by statute. It allows a district to select two physicians who are familiar with your district's operations. A good working relationship with a network of quality medical providers assures the best medical treatment for your injured workers at reasonable pre-negotiated fees. A physician who is proactive in returning employees to gainful employment including light duty will reduce your ultimate costs.
08. An Early Return to Work program is the most critical step in cost reduction for claims management. Early Return to Work programs should be viewed primarily as *transitional* duty programs, in that they are designed to bring employee back to their original job (or close to it), either immediately or over a short period of time. Teamwork, communication, and early intervention between the special district, the medical provider, and the claims administrator are required for a program to be effective. This procedure can be done in a separate manual or incorporated into your Claims Management and Accident Investigation Procedures.
09. Compliance with the American with Disabilities Act (ADA) and the Family & Medical Leave Act (FMLA) are mandatory. While all employers take care to follow ADA guidelines in initial hiring practices, care should also be taken when offering light duty or modified work after an injury so that these guidelines continue to be met. Occasionally a job intending to be temporary for a recovering employee becomes permanent because of ADA rules. Or, a temporarily disabled employee may choose to stay out of work on unpaid leave (not workers' comp) under the FMLA rules. For assistance in writing job offers, contact CTSI at 1-888-559-6829 or, 303-861-0507.
10. Injured workers often have issues that may not be addressed by the workers' compensation system, but can be offered through an Employee Assistance Program (EAP). A well-designed EAP can help employees cope with a range of personal problems that may lead to decreased productivity, or increased medical problems. A successful EAP can help resolve or diminish the effects of such problems, creating a win-win situation for the employer and employee. Through the reduction of absenteeism and healthy, productive employees, your district benefits. Formally notify employees of your district's Employee Assistance Program.
11. One of the most costly types of claim a district can have is an employment practices related claim such as a suit for wrongful termination of benefits. These claims can be avoided by ensuring that appropriate procedures are in place and followed. Protect your district by accurately documenting your personnel files.
12. Educating employees on how to avoid incidents is key to preventing workplace violence. The district management and its' employees must learn to notice the signs, not to ignore them, and to deal with actions that may escalate to violence. Training employees to be prepared for potentially violent situations is taking a proactive step in being able to respond appropriately to diffuse a situation before it becomes a critical or even deadly incident. Prevention programs, security audits, workplace conduct, and both personal safety and business training can be an integral part of your District's Preventative Program Manual.

13. Districts should conduct a physical audit of the facilities to identify hazards for business invitees. One of the most common types of claims is from visitors or employees slipping, tripping, or falling on a district's premises as the result of a hazard. These claims can be expensive but easy to prevent through a regular safety audit and maintenance program. If your district would like to talk to a consultant about creating a walkthrough checklist that fits your needs, please contact CTSI.
14. Each District must take responsibility for investigating accidents proactively in order to minimize preventable recurrences. Your district should be incorporating measures to alleviate incidents by reviewing what went wrong. A meeting of the safety committee should be conducted to discuss the cause of the accident followed by an action plan addressing the problem before it happens again.
15. Every district with 10 or more employees should hold regular safety committee meetings. The purpose is to review safety procedures, identify hazards, and make recommendations. Even if your district does not have 10 employees, having a safety committee can go a long way toward reducing accidents and improving employee safety.
16. Districts that regularly receive assistance from volunteers should have a policy to guide volunteer duties and responsibilities. Volunteers should be required to review other district policies and procedures, which relate to their activities. Volunteers include anyone your district names, who performs a job without receiving wages or benefits.
17. Safety rules should outline district procedures that are to be followed in order to make specific areas and types of equipment safe and hazard free. Clear and concise written procedures are the best protection you can provide to your employees.
18. By statute, Colorado requires the posting of specific forms in a conspicuous area where all employees can view them. Failure to post these notices subjects your district to potential fines and penalties. The two required Postings are: *Notice to Employees* and *Notice to Employer of Injury*.