



Administration

McGriff, Seibels, & Williams, Inc.

P.O. Box 1539
 Portland, Oregon 97207-1539
 Toll Free Phone: 800-318-8870
 Fax: 1-503-943-6622

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 Claim Deductible quote desired: Yes No
- 5. If yes, desired Claim Deductible level(s) to be quoted:
 \$500 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000

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

- 6. Concentration of Risk (COR) Form. (Must be completed by all employers) *See page 4*
- 7. 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.

Current Policy	Fill-in the blanks
Insurance Company Name	
Expiration Date	
Term – (check one)	<input type="checkbox"/> Annual <input type="checkbox"/> Multi-Year
Deductible (If applicable)	\$
Annual Standard Premium	\$
Employer's Liability Limits	\$

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.

Current Information	Fill-in the blanks
Number of Board Members	
Coverage Desired	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Amount of Annual Stipend Budgeted	\$
Optional Quote to Include for Coverage	

*Attach a copy of appropriate Form

Historical Premium, Claim, & Experience Modification Information

- 1. Please complete the attached (*see page 5*) 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:
List Name of, Dr., Facility, Address, Facility Phone 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, volunteer, etc) need to be included when calculating the FTE.]

Workers' Compensation - Concentration of Risk Form

To be completed by All Districts

Pool Name: COLORADO SPECIAL DISTRICTS PROPERTY AND LIABILITY POOL

District Name: _____

PO Box: _____

Physical Address: _____

City/County/State/Zip Code: _____

Location No.	Physical Address	City	County	Zip Code	Total No. of Full-Time EE's @ Each Location	No. of Full-Time EE's per Shift @ Each Location	Division Name	No. of Stories in each Bldg.

Note: If the district runs multiple shifts at a single location please indicate the number of employees by shift. Make copies of this sheet if necessary.

**Workers' Compensation
Historical Premium, Claim, & Experience Modification Information**

District Name: _____ (Claims Valued as of: _____)

Coverage Term:	2013-2014	2012-2013	2011-2012	2010-2011	2009-2010	5 YR Total	5 YR Avg
Audited Annual Premium	\$	\$	\$	\$	\$	\$	\$
Total No. of Claims							
Total Amount Paid Claims	\$	\$	\$	\$	\$	\$	\$
Total Amount 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 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 employ 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"/> |
| 22. Does your District, or any district employees, participate in training exercises with SWAT, or a similar type tactical program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Does your District, allow any of your special district employees whether associated with a tactical type program or not to carry a firearm/weapon of any kind while on duty working for the District ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does your District allow any employees (Fire Marshal, Arson Investigator, etc.) not associated with a tactical type program to carry a firearm, or other type of weapon, while on duty working for the District? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide details on all "yes" answers.

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: _____

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

12. Do you have copies of written procedures on driver training, DOT certification, MVR checks, disciplinary policy?
 Yes No
 - a. If yes, are your policies available for review if requested? Yes No

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												
Written Procedures - Loss Control	1 = Not Implemented 5 = Fully Implemented												
	1	2	3	4	5								
01. Job Safety Analysis (all tasks, all employees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
02. Personal Protective Equipment Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
03. Safety Awareness and Loss Prevention Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
04. Hazard Communication & Material Safety Datasheet Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Written Procedures – Claims													
05. Claims Management and Accident Investigation Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
06. Drug/Alcohol Testing Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
07. Designation of two Medical Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
08. Early Return to Work Program (employees and volunteers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Written Procedures - Other													
09. American’s with Disabilities Act (ADA) and Family Medical Leave Act (FMLA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
10. Employee Assistance Program (EAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
11. Employment Related Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
12. Handling Workplace Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
13. All premises maintained free of hazards to visitors and employees (duty to inspect & correct)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
14. Claims, accidents and near miss reviews are conducted to prevent recurrences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
15. Safety Committee meets quarterly (recommended for districts with 10 or more employees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
16. Volunteer Policy (only answer if your district has volunteers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
17. Safety Rules are posted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
18. Required State Notices are posted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">District Name: _____</td> <td style="width: 50%;">Phone: _____</td> </tr> <tr> <td>Application Completed by: _____</td> <td>Sign: _____</td> </tr> <tr> <td style="padding-left: 20px;">(Print Name)</td> <td></td> </tr> <tr> <td>Title: _____</td> <td>Date: _____</td> </tr> </table>						District Name: _____	Phone: _____	Application Completed by: _____	Sign: _____	(Print Name)		Title: _____	Date: _____
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(Print Name)													
Title: _____	Date: _____												

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 1-800-318-8870 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*.