

# LAWCX

## LOCAL AGENCY WORKERS' COMPENSATION EXCESS JOINT POWERS AUTHORITY (LAWCX)

A California Public Agency  
PROSPECTIVE NEW MEMBER APPLICATION  
CHECKLIST

Thank you for your interest in the LAWCX program. To assist you in the underwriting process, below is a checklist of documents that needs to be completed and returned to LAWCX.

<input type="checkbox"/>	Completed Application (FORM A)
<input type="checkbox"/>	Payroll <ul style="list-style-type: none"><li>- Include copies of entity's State Forms DE-9 or De-166 for last six quarters</li><li>- State Forms DE-9 or DE-166 must show Total Subject Wages.</li></ul>
<input type="checkbox"/>	Loss History <ul style="list-style-type: none"><li>- For the period of 2009/10 through current</li><li>- Reported per the requirements set forth in Attachment 1</li></ul>
<input type="checkbox"/>	Resolution providing coverage for volunteers (if applicable)
<input type="checkbox"/>	Claims audit (most recent)
<input type="checkbox"/>	Financial audit (most recent)
<input type="checkbox"/>	Actuarial study (most recent)
<input type="checkbox"/>	Return to Work policy (if applicable)
<input type="checkbox"/>	JPA Applicants only: <ul style="list-style-type: none"><li>• Joint Powers Agreement and Bylaws.<ul style="list-style-type: none"><li>○ If the prospective entity has been accredited by the California Association of Joint Powers Authorities (CAJPA), these documents do not need to be included</li></ul></li></ul>

PLEASE MAIL COMPLETED APPLICATION TO:

LAWCX  
ATTN: BETH LYONS  
c/o BICKMORE  
1750 CREEKSIDE OAKS DRIVE, SUITE 200  
SACRAMENTO, CA 95833

## **PROSPECTIVE NEW MEMBER APPLICATION INSTRUCTIONS**

### **PROCEDURES AND REQUIREMENTS**

Prospective members must complete the LAWCX prospective member application (Form A), and data requirements (Attachment 1). Questions should be directed to the LAWCX Executive Director. The completed application should be sent to LAWCX, attention Beth Lyons, c/o Bickmore, 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.

All prospective members must be approved for membership in accordance with the LAWCX Bylaws, which state the following:

#### **APPROVAL OF PROSPECTIVE NEW PARTY APPLICANT**

- A. The Board of Directors shall have the authority to approve or disapprove the application of a New Party Applicant.
- B. After the New Party Applicant's application has been reviewed and approved for membership, the Board of Directors will instruct the Executive Director to bind the required coverage, but coverage shall not commence until the date requested on the application or such other date as determined by the Board of Directors. Additionally, the New Party Applicant must comply with the following requirements:
  - (1) Submit applicant's signed resolution memorializing its approval of the Agreement, commitment to become a Party of the Authority and comply with the Governing Documents, as the same may be amended from time to time, and agreement to participate as a Party for at least three full consecutive fiscal years after commencement of membership;
  - (2) Execute the Agreement then in effect and agree to be bound by any subsequent duly approved amendments to the Agreement;
  - (3) The new Party must appoint a representative and one alternate to the Board of Directors as provided in Article II; and
  - (4) Ensure all representatives (delegate and alternate) file with the Executive Director the required Fair Political Practices Commission (FPPC) forms upon assuming office, during office, and upon termination of office.
- C. Each new Party's Deposit Premium will be pro-rated from date of binding of coverage to the end of the Program Year.

#### **PROSPECTIVE NEW PARTY JPA APPLICANT APPLICATION PROCEDURE**

- A. A joint powers authority Party shall not add a new underlying member agency unless that New Party JPA Applicant is approved for membership pursuant to this section. Each New Party JPA Applicant will fully complete the Authority's Prospective New Party Application and return it to the Executive Director. The Executive Director is authorized to approve or disapprove the application within the limits prescribed in subsection D below. Otherwise, the Underwriting Committee shall approve or

disapprove the application after considering the recommendation of the Executive Director.

- B. Upon receipt of a completed application, the underwriting information shall be processed for review by the Executive Director.
- C. The Executive Director will review the application and apply the same criteria as for a New Party Applicant.
- D. The Executive Director may approve or disapprove the New Party JPA Applicant if all of the following conditions are satisfied:
  - (1) With the inclusion of the New Party JPA Applicant, the five year loss rate for the Authority is increased less than five percent.
  - (2) With the inclusion of the New Party JPA Applicant, the five year loss rate for the joint powers authority Party is increased less than ten percent.
  - (3) The experience modifier for the New Party JPA Applicant is less than the joint powers authority Party or the five year loss rate for the New JPA Party Applicant is zero.
  - (4) The payroll for the New Party JPA Applicant is less than 25 percent of the joint powers authority Party.
- E. If the application is outside the conditions set forth in subsection D or the Executive Director otherwise decides to forward the application to the Underwriting Committee, the Executive Director will forward the submission to the Underwriting Committee along with a recommendation to the Underwriting Committee, and the Underwriting Committee shall approve or disapprove the application applying the criteria in subsection D.
- F. The Underwriting Committee annually shall review the applications from New Party JPA Applicants that were approved or disapproved by the Executive Director in the prior year and report to the Executive Committee concerning the action on those applications and the operation and effectiveness of this Article XII(3).

In addition, LAWCX's excess coverage provider, California State Association of Counties – Excess Insurance Authority (CSAC–EIA), also requires that all prospective members be approved by its excess workers' compensation underwriter. After the prospective member has been evaluated and approved for membership, the LAWCX Executive Director will bind the required coverage. If necessary, the new member's contribution will be pro-rated from the date of binding of coverage to the end of the program year (June 30th).

If you have any questions, please contact our office at (800) 541-4591, ext. 8529 or [administrator@lawcx.org](mailto:administrator@lawcx.org).

**Local Agency Workers' Compensation Excess Joint Powers Authority (LAWCX)**  
**PROSPECTIVE NEW MEMBER APPLICATION (FORM A)**

1. Entity/JPA Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ County: \_\_\_\_\_
2. Entity/JPA Address: \_\_\_\_\_
3. Entity/JPA Representative (Name and Title): \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Type of Entity: \_\_\_\_\_
7. Description of Operations (include any unique risks or exposures): \_\_\_\_\_
8. Current Insurance Provider: \_\_\_\_\_
9. Current Coverage Period: \_\_\_\_\_
10. Current Coverage Limits: \_\_\_\_\_
11. Current Retained Limit: \_\_\_\_\_
12. Reason(s) Prospective Member is Applying for Coverage Through LAWCX: \_\_\_\_\_
13. Retained Limit Requested:  \$150,000  \$250,000  \$350,000  \$500,000  \$1,000,000
14. Date of Coverage Requested: \_\_\_\_\_
15. Certificate of Consent to Self-Insure: \_\_\_\_\_
- A) If your entity *is* currently self-insured, please complete the following questions. Otherwise, skip to question 15 (B).
- i) What is your entity's Self-Insured Certificate Number? \_\_\_\_\_
- ii) What is the effective date of becoming a qualified self-insured? \_\_\_\_\_
- iii) What is the coverage period? \_\_\_\_\_
- iv) Is your entity currently a member of a joint powers authority for workers' compensation coverage?  Yes  No
- B) If your entity *is not* currently self-insured, please provide the date your entity applied (or will apply) to become a qualified self-insurer: \_\_\_\_\_
16. During the last five years, has any insurer (or reinsurer) canceled or refused to renew your agency's workers' compensation or employer's liability insurance?  Yes  No
- A) If yes, state company's name and reason(s): \_\_\_\_\_

17. Payroll:

A) Estimated Fiscal Year 2015/16 Payroll (Please refer to Attach. 2-Payroll Classification and Definition)

Code	Classification	No. of Employees	Estimated Payroll
8810	Clerical		
7382	Bus Operators		
7706	Firefighter - Non Volunteers		
7707	Firefighter - Volunteers		
9410	Municipal - Non-Manual Labor *		
9420	Municipal - Manual Labor		
7720	Police & Sheriffs - Non-Volunteers		
7722	Police & Sheriffs - Volunteers		
9031	Pest Control		
9033	Housing Authorities		
(other – list codes)			
	<b>TOTAL:</b>		

B) Estimated Fiscal Year 2014/15 Payroll (Please refer to Attach. 2-Payroll Classification and Definition).

Code	Classification	No. of Employees	Estimated Payroll
8810	Clerical		
7382	Bus Operators		
7706	Firefighter - Non Volunteers		
7707	Firefighter - Volunteers		
9410	Municipal - Non-Manual Labor *		
9420	Municipal - Manual Labor		
7720	Police & Sheriffs - Non-Volunteers		
7722	Police & Sheriffs - Volunteers		
9031	Pest Control		
9033	Housing Authorities		
(other – list codes)			
	<b>TOTAL:</b>		

\*This classification includes employees engaged in laboratory work, inspectors of the Board of Health, electrical inspectors, building inspectors, meter readers, and engineers not engaged in actual construction or operation.

C) Total actual payroll for last five fiscal years, broken down by safety/non-safety:

**Payroll total below must match the total of the Subject Wages on the State forms for the fiscal year ended.**

2013/2014:	Safety \$ _____	Non-Safety \$ _____	Total \$ _____
2012/2013:	Safety \$ _____	Non-Safety \$ _____	Total \$ _____
2011/2012:	Safety \$ _____	Non-Safety \$ _____	Total \$ _____
2010/2011:	Safety \$ _____	Non-Safety \$ _____	Total \$ _____
2009/2010:	Safety \$ _____	Non-Safety \$ _____	Total \$ _____

D) If your entity utilizes volunteer labor, list the number of volunteer personnel by safety/non-safety:

**VOLUNTEER SAFETY PERSONNEL**

2013/2014:	Safety Police # _____	Safety-Firefighters # _____	Total: _____
2012/2013:	Safety Police # _____	Safety-Firefighters # _____	Total: _____
2011/2012:	Safety Police # _____	Safety-Firefighters # _____	Total: _____
2010/2011:	Safety Police # _____	Safety-Firefighters # _____	Total: _____
2009/2010:	Safety Police # _____	Safety-Firefighters # _____	Total: _____

**VOLUNTEER NON-SAFETY PERSONNEL**  None

2013/2014:	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
2012/2013:	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
2011/2012:	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
2010/2011:	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____

	Department: _____	Description of Duties: _____	No. of Volunteers: _____
2009/2010:	Department: _____	Description of Duties: _____	No. of Volunteers: _____
	Department: _____	Description of Duties: _____	No. of Volunteers: _____

18. If your entity utilizes volunteer or donated labor, please answer:

A) Has your entity adopted a resolution covering non-safety volunteer labor for workers' compensation?

Yes (If yes, please attach a copy of the resolution.)  No

19. Average number of employees for your organization and/or each member entity over the past three years (attach additional sheet if necessary).

A) 2013/2014: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
 B) 2012/2013: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
 C) 2011/2012: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Volunteers: \_\_\_\_\_

20. Financial Evaluation – List operating budget for the current year and the past two years:

Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Year Prior: \_\_\_\_\_

21. What is your entity's philosophy on risk sharing losses? \_\_\_\_\_

22. Does your entity have enough workers' compensation reserves set aside to pay up to your anticipated self-insured retention?

Yes  No Please explain: \_\_\_\_\_

23. Does your budget include Incurred But Not Reported (IBNR) reserves?  Yes  No

24. Highest Occupancy Location. Please provide the following information for all locations with more than fifty (50) employees. If you need more space, please complete Attachment 3, Property Information (page 16).

Physical Location Address	Occupied As	Max # of Emp. at any time	Floor #'s Occupied /Avg # of Emp. per floor	Const Type*	Year Built	Year Retrofit	Square Footage	Zip Code

\*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

25. Does your entity and/or any member entities own, charter, or lease any aircraft?  Yes  No

Aircraft Make	Model	Year	Type (Jet, Prop, Helicopter, Other)	Monthly Avg. Hours/Trips	Aircraft purpose?	Avg. passengers per trip
Pilot Information	FAA Certificate Valid Ratings Held & Certificate #	Date Issued	Single Engine Time	Multi-Engine Time	Retractable Time	Time Last 90 Days
Name						

Any violations?  Yes (if yes, please explain below)  No

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Any aircraft loss?  Yes (if yes, please explain below)  No

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26. Does your entity and/or any member entities own any watercraft?  Yes  No

How Many?	Purpose

27. Has your entity adopted a Return to Work Policy?  Yes  No

A) If yes, are return to work potential and target dates included in the medical treatment plan?  Yes  No

B) Title of person responsible for ensuring enforcement: \_\_\_\_\_

**Please include a copy of your entity's policy with the application.**

28. Do you provide temporary modified duty assignments to return injured employees to work?  Yes  No

A) Is your temporary modified duty program successful in minimizing lost time from work?  Yes  No

B) How do you measure the effectiveness of returning employees to work on a temporary modified basis (i.e., comparison of monthly loss reports, benchmarking reports, etc.)?

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29. Do you provide permanent modified duty assignments to return injured employees to work?  Yes  No

A) Is your permanent modified duty program successful in minimizing lost time from work?  Yes  No

B) How do you measure the effectiveness of returning employees to work on a permanent modified basis (i.e. comparison of monthly loss reports, benchmarking reports, etc.)?

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30. Do non-safety employees receive supplemental benefits, in addition to workers' compensation benefits that exceed the temporary disability amount due under the labor code (e.g. salary continuation under bargaining agreement)?

Yes  No *If yes, describe:* \_\_\_\_\_

31. Describe employer's medical and first aid facilities:

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32. Does your entity have a safety and loss control program? *(If yes, describe below including the type and frequency of loss prevention services furnished either in-house or by an outside vendor. If services are performed by an outside vendor, include the vendor's name. In lieu of a description of the program, a copy of the policy may be attached.)*  Yes  No

33. Provide details of any OSHA violation(s) within the past five years. (If more space is required, please attach additional pages). Please list date, violation, department, fine and status.

34. Describe occupational disease exposures and the steps taken to control these exposures: (refers to silica, dusts, injurious or hazardous chemicals, caustics, fumes, radiation, communicable diseases, mold, etc.):

35. Identify unusual exposures - power utilities, airports, hospitals, longshoreman/harbor workers, aircraft/helicopter/boat exposures. Describe operations:

36. Identify unusual rescue capabilities within Police/Fire Departments – Diving Team, Helicopter Rescue, etc:

37. Do the operations of the applicant include wrecking or demolition of structures?  Yes  No

*If yes, describe:* \_\_\_\_\_

38. In addition to the exposures identified above, please complete the checklist below, noting the percentage of payroll involved in each operation:

Operations involving:	Yes	No	< 10% of payroll	> 10% of payroll
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition or Tunneling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Installation, Inspection, Service, or Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterminators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas, Oil, or Petroleum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sawmills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub Aqua Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Do the operations of the applicant involve exposure to heights?  Yes  No

40. Do the operations of the applicant involve exposure to burns?  Yes  No

41. Please furnish information on any substantial or unusual changes (increase or decrease) in operations under consideration that are planned or have taken place in the last five years:

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42. Will your claims be handled in-house or by a third party claims administrator (TPA)? \_\_\_\_\_

A) If by a TPA, provide name of firm: \_\_\_\_\_

B) Address: \_\_\_\_\_

C) How long has your entity been with this firm? \_\_\_\_\_

If less than three years, please list prior TPA  
D) or insurance company: \_\_\_\_\_

43. If your entity is a city, county, etc, please complete the following:

A) Describe the status of your management team:

i) Who represents the entity with respect to risk management? \_\_\_\_\_

B) Describe the political climate within the entity:

i) Has there been stability within your entity?  Yes  No

ii) Has the entity been faced with any divisive issues during the past five years?  Yes  No

ii) If yes, please explain below:

iv) If yes, were these issues resolved?  Yes  No

44. If your entity is a JPA, please complete the following:

A) Describe the status of your management team:

i) What is the makeup of the Board? \_\_\_\_\_

ii) How is the membership represented on the Board? \_\_\_\_\_

iii) What is the primary position board members hold within their respective entities? \_\_\_\_\_

iv) Are staff JPA employees or contract employees? \_\_\_\_\_

v) How does staff interact with the Board? \_\_\_\_\_

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B) Describe the political climate within the entity:

- i) Has there been stability within your entity?  Yes  No
- ii) Has the entity been faced with any divisive issues during the past five years?  Yes  No
- iii) If yes, were these issues resolved?  Yes  No
- iv) Has there been turnover within the board outside of ordinary attrition?  Yes  No
- v) Have the dynamics of the membership changed over the past few years?  Yes  No
- vi) How many members have left the JPA over the past three years? \_\_\_\_\_
- vii) Are any members currently considering withdrawal?  Yes  No

45. List other JPAs of which you are a member: \_\_\_\_\_

46. If your entity was formerly a member of a JPA, please indicate why your entity has terminated membership in that JPA:

***I certify that I am duly authorized to sign this application on behalf of the entity described above and that this application and all of its information and attachments are true, accurate, and complete.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

FOR USE BY LAWCX:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Approved by Underwriting Comm.

\_\_\_\_\_  
Date Approved by Board

# ATTACHMENT 1

## Request for Detail Information – Universal Electronic Loss Data Submission Workers’ Compensation Claims Information Specifications

The data outlined in this request will be utilized for the member’s and excess carrier’s underwriting process, loss analysis, benchmarking, and actuarial study. **Please provide an electronic data file in Microsoft Excel format.** If you are submitting data for more than one member, please combine the data into one Excel file. The requested file is a data file only, and should not contain any formatting, macros, formulas, hidden columns or rows, report headers, blank rows, or any other Excel “features”. Files will be accepted in Excel 1997-2003, 2007-2009, and 2010 formats.

If you need any help generating the loss data file in the required format, please contact the Bickmore IS team at (916) 244-1100.

When compiling your data, please pay careful attention to the following:

- Data must be evaluated as of the last day of the month being reported.
- If the data is being provided for a Joint Powers Authority (JPA), please use the member/entity’s name in the Entity Name Field (described below) and not just the JPA’s name.
- Workers’ compensation claims data should be provided for the entire claim history – all the years you maintain in your risk management/claims information system.
- Workers’ compensation claims data transferred from any prior third party administrators (TPA) shall be incorporated into the data submission.
- Loss amounts should include the full amount of the claim and not be limited to any excess insurance recovery (please do not cap payment, reserve, or recovery amounts).
- Losses should be detailed on a per claim basis.
- The file should include all open and closed workers’ compensation claims including “Incident Only” (also known as “Information Only”, “Record Only”, or “Notice Only”) and “First Aid” claims. Incident Only and First Aid claims must be identified using the “Claim Type” field (described below.)
- Medical Management, Bill Review, and/or Cost Containment fees incurred prior to July 1, 2012 should be included in the individual claim paid and reserved medical loss amounts rather than as a separate claim record. Claims coded as “Bill Review”, “Cost Containment”, “Dummy”, or “Ouch” will not be accepted.
- Medical Management, Bill Review, and/or Cost Containment fees incurred after July 1, 2012 should be included in the individual claim paid and reserved ALAE loss amounts rather than as a separate claim record. Claims coded as “Bill Review”, “Cost Containment”, “Dummy”, or “Ouch” will not be accepted.
- For claims involving Labor Code (LC) 4850 and LC 4856 benefits, please be sure to include the claim information and show separately any payments and reserves specifically designated for LC 4850 and LC 4856 (“Paid 4850” and “Reserve 4850”). Do not include

these amounts in the “Paid Indemnity” or “Reserve Indemnity” columns.

- Closed claims cannot have reserve amounts included. By definition, a closed claim cannot have case reserves. Therefore, closed claims with reserve amounts will not be accepted.
- All paid, reserve, and incurred amounts must be “positive” numbers. A negative amount may be listed only if it pertains to a subrogation or excess recovery (“Subro Recovery Amount” and “Excess Recovery Amount”).
- Per the group’s governing documents, members are required to submit loss data. If the data is not submitted in a timely fashion, the member may be penalized. Please note that if the data is not submitted in the proper format or the record layout does not match the following criteria the submission will not be accepted. Should the submission be rejected, the member may be penalized.

### **ELECTRONIC DATA FILE LAYOUT**

This information will only be accepted via the LAWCX web site (<http://www.lawcx.org>) or via our Secure Insurance data transfer web site accessible at <https://si.brsrisk.com>. Please do not send files through the e-mail system. You may use whichever site you prefer.

To upload the files using the LAWCX site, go to “Data Submission” on the main menu (<http://www.lawcx.org/DataSubmission.aspx>) and click on “Enter”. Follow the instructions listed to upload the loss data file(s). To use the LAWCX site you must already have site login credentials which should have been previously provided to you. If you do not have credentials, or have forgotten your user ID or password, please contact the Bickmore Information Services Team at (916) 244-1100 for assistance.

To upload the files using Secure Insurance (<https://si.brsrisk.com>) (*note that this is an SSL (secure) site and the prefix is https and not http*), login to the site using your e-mail address and password. If you have not previously used the site, you can easily register by clicking on the registration link (<https://si.brsrisk.com/secureinsurance/UserRegister.do>) on the home page and following the registration instructions. LAWCX files sent using Secure Insurance should be delivered to [lawcxdata@bickmore.net](mailto:lawcxdata@bickmore.net). If you need any assistance registering or submitting the data, please contact Bickmore at (916) 244-1100.

If for any reason you are unable to use either of the data transfer sites, please contact us for alternative electronic transfer solutions, or you can send the data via CD or DVD media through overnight shipping or the U.S. mail.

Please utilize the following specifications when submitting your information to us. Each record must consist of the 65 data fields described below. If there is no data for a specific field, please indicate by leaving blank (null); do not use spaces, “NULL”, “UNKNOWN”, or “ / / “ as placeholders. Note that only fields 3 (Location Name), 7 (Claimant First Name), 11 (Occupation Code), and 39 (Date Closed) can be left blank, and only under specific circumstances. All numeric (amount) fields must be coded as a dollar amount. If there is no amount, code as “\$0.00”; do not leave blank. If using dollar signs (“\$”) and/or commas (“,”) in a loss amount field causes problems with your submission process, they can be omitted. The first row of the file must contain a header identifying the columns **exactly** as specified below. If using spaces (“ ”) in column names

causes problems with your submission process, you may substitute underscores (“\_”) instead.

A template of the file with the correct header and a sample claim row is attached for your use/information. These specifications and the sample template are also available for download at the secure data transfer site.

### **SPECIFICATIONS:**

<b><u>No.</u></b>	<b><u>Field Name</u></b>	<b><u>Format</u></b>	<b><u>Description</u></b>
1.	Evaluation Date	mm/dd/yyyy	The date the loss data was evaluated, which should always be the last day of the month being reported
2.	Entity Name	text (80)	Name of the member entity, district, or employer. For members of a JPA or group, this field should contain the member/entity name, not the name of the JPA or group. The individual employer/entity name will be used to determine the group
3.	Location Name	text (80)	Name of the claimant’s assigned location, building, facility, school, or division (if the same as Department Name, then leave blank). Do not include location numbers
4.	Department Name	text (80)	Name of the claimant’s department. Do not include department numbers
5.	Claim Number	text (40)	Claim or file number
6.	Original Claim Number	text (40)	If the claim has been transferred from another TPA or entity, or is the excess or pool layer loss amount on another claim, include the original claim or file number. Otherwise code the same as 5 (Claim Number) above
7.	Claimant First Name	text (40)	First name of the claimant. Must be mixed case and only include the claimant’s first name
8.	Claimant Last Name	text (40)	Last name of the claimant. Must be mixed case and not include the claimant’s first name
9.	Date of Birth	mm/dd/yyyy	Claimant’s date of birth
10.	Gender	text (1)	Claimant’s gender. Code F for female or M for male
11.	Occupation	text (40)	Job title of claimant at time of injury/illness
12.	Safety Flag	text (1)	Code “Y” if the claimant is eligible for full salary benefits under Labor Codes (LC) 4850 and 4856 or “N” if not



13.	Class Code	text (4)	NCCI standard class code based on claimant's occupation at time of injury/illness. (If the code is not captured, then leave blank.)
14.	Date of Hire	mm/dd/yyyy	Claimant's hire date
15.	Avg. Weekly Wages	\$\$,###.##	Average weekly wages at time of injury/illness. If unknown, code \$0.00
16.	Claim Type	text (2)	Code as IO = Incident (or Record or Notice) Only, FA = First Aide, MO = Medical Only, TD = Temporary Disability, PP = Permanent Partial Disability, PT = Permanent Total Disability (100%), DC = Death Claim, or FM = Future Medical. No other codes will be accepted
17.	PD Rating	###.##	Percentage of rating established by the TPA, State, or independent rater
18.	PD Amount	\$\$,###.##	Amount of PD associated with percentage of rating established by the TPA, State, or independent rater
19.	Settlement Type	text (2)	Code as CR = Compromise and Release, FA = Findings and Award, ST = Stipulated Award, OS = Other Settlement Type, NS = Not Settled. No other codes will be accepted
20.	Settlement Amount	\$\$,###.##	Amount of settlement agreed by all parties and approved by a WCAB judge
21.	Settlement Date	mm/dd/yyyy	Date judge approved settlement
22.	FM Award Flag	text (1)	Code "Y" if the claim will remain open to monitor future medical care or "N" if the claimant is not entitled to future medical care
23.	Cause of Loss Code	text (3)	Alphanumeric Cause of Loss code
24.	Cause Description	text (80)	Ex.: Fall. Only include description (no codes accepted)
25.	Nature of Injury Code	text (3)	Alphanumeric Nature of Injury code
26.	Injury Description	text (80)	Ex.: Sprain. Only include description (no codes accepted)
27.	Body Part Code	text (3)	Alphanumeric Body Part code
28.	Body Part Description	text (80)	Ex.: Foot. Only include description (no codes accepted)
29.	Text Description	text (255)	Free form text description of the claim. This field should list the actual description of the injury or

		event as listed by the employer. Do not include quotes (‘), double quotes (“), or carriage return or end-of-line characters (CRLF)
30. Fatality Flag	text (1)	Code “Y” if the injury or illness caused or allegedly caused the claimant’s death or “N” if it did not
31. Litigated Flag	text (1)	Code “Y” if the claimant is or was represented by an attorney or the employer retained legal representation at any time or “N” if there are no attorneys involved
32. Accepted Date	mm/dd/yyyy	Date the claim or a portion of the claim is accepted
33. Delayed Date	mm/dd/yyyy	Date the claim or a portion of the claim was once or is currently delayed
34. Denied Date	mm/dd/yyyy	Date the claim or a portion of the claim is denied
35. Date of Loss	mm/dd/yyyy	Date the incident, injury, or illness occurred or was alleged. If cumulative trauma is alleged, the date of injury shall be listed as the last date of the injurious exposure
36. Date Reported	mm/dd/yyyy	Date claim was reported by the claimant to his or her employer. Also known as date of knowledge
37. Date Received	mm/dd/yyyy	Date claim was received/reported to the claims administrator/adjuster
38. Date Entered	mm/dd/yyyy	Date claim was entered into the risk management/claims information system. Also known as system date, open date, or registration date
39. Date Closed	mm/dd/yyyy	Date this claim was closed (if not closed then leave blank)
40. Status	text (2)	Code as follows: OP = Open, CL = Closed, RO = Re-opened, RC = Re-closed. No other codes will be accepted
41. Paid TD \$#,###.##		Amount paid to date on the claim for temporary benefits (does not include amount paid per LC 4850 and 4856 or Vocational Rehabilitation (VR)/supplemental job displacement benefits (SJDB))
42. Paid PD \$#,###.##		Amount paid to date on the claim for permanent benefits
43. Paid 4850	\$#,###.##	Amount paid to date for losses/injuries to public safety officers per LC 4850 and 4856. Do not include amount in field 41 (Paid TD)

44.	Paid Other Indemnity	\$\$,###.##	Amount paid to date for other indemnity benefits not including TD, PD, or LC 4850 benefits. This includes death benefits and/or penalties
45.	Paid Medical	\$\$,###.##	Amount paid to date for medical benefits and medical management fees (bill review, nurse case management, utilization review incurred prior to 07/01/12)
46.	Paid VR/SJDB	\$\$,###.##	Amount paid to date for VR/SJDB
47.	Paid ALAE	\$\$,###.##	Amount paid to date for all non-legal expenses (fees for copy service, surveillance/sub rosa, interpreters, indexing, witnesses, investigations, and expenses incurred after 06/30/12 for bill review, nurse case management, and utilization review services)
48.	Paid Legal Expenses	\$\$,###.##	Amount paid to date for legal expenses (fees for defense attorney and depositions)
49.	Total Paid	\$\$,###.##	Total paid on this claim to date. Must total the sum of fields 41+42+43+44+45+46+47+48
50.	Reserved TD	\$\$,###.##	Current case reserve for only temporary benefits (does not include amount reserved per LC 4850 and 4856 or VR/SJDB)
51.	Reserved PD	\$\$,###.##	Current case reserve for only permanent benefits (does not include amount reserved per LC 4850 and 4856 or VR/SJDB)
52.	Reserved 4850	\$\$,###.##	Current case reserves for losses/injuries to public safety officers per LC 4850 and 4856. Do not include this amount in field 50 (Reserved TD)
53.	Reserved Other Indemnity	\$\$,###.##	Current case reserves for other indemnity benefits not including TD, PD, or LC 4850 and 4856 benefits. This includes death benefits and/or penalties
54.	Reserved Medical	\$\$,###.##	Current case reserve for medical benefits and medical management fees (bill review, nurse case management, utilization review incurred prior to 07/01/12)
55.	Reserved VR/SJDB	\$\$,###.##	Current case reserve amount for VR/SJDB
56.	Reserved ALAE	\$\$,###.##	Current case reserves for non-legal expenses (fees for copy service, surveillance/sub rosa, interpreters, indexing, witnesses, investigations, and expenses incurred after 06/30/12 for bill review, nurse case management, and utilization review services)

57. Reserved Legal Expense	,\$,###.##	Current case reserves for legal expenses (fees for depositions and defense attorney)
58. Total Reserved	,\$,###.##	Total current case reserves on this claim. Must total the sum of fields 50+51+52+53+54+55+56+57
59. Total Incurred	,\$,###.##	Total Incurred losses for this claim. This amount shall be exclusive of any subro or excess recovery amounts. Must total the sum of fields 49 (Total Paid) and 58 (Total Reserved)
60. Subrogation Recovery	,\$,###.##	Amount recovered for subrogation recovery on this claim file. This amount shall not be deducted from the paid to date, reserve, or total incurred amounts
61. Excess Recovery	,\$,###.##	Amount recovered from excess carrier on this claim file. This amount shall not be deducted from the paid to date, reserve, or total incurred amounts
62. 4850 Days Paid	,###	Number of LC 4850/4856 days paid. Code as "0" if none has been paid. This field will contain the number of days and <u>not</u> the amount of benefits paid to the claimant per LC 4850 and 4856
63. Mod. Duty Days Worked	,###	Number of modified duty days claimant worked. Code as "0" if none worked. This field will contain the number of days and <u>not</u> the amount of salary paid to the claimant
64. OSHA Days Paid	,###	Number of OSHA days paid. Code as "0" if none paid. This field will contain the number of days and <u>not</u> the amount of temporary disability benefits paid to the claimant
65. TD Days Paid	,###	Number of temporary disability days paid. Code as "0" if none paid. This field will contain the number of days and <u>not</u> the amount of TD benefits paid

***Paper loss runs and/or Adobe Acrobat files are not acceptable***

## **ATTACHMENT 2**

### **PAYROLL CLASSIFICATION AND DEFINITIONS**

The class codes LAWCX uses are defined by the Workers' Compensation Insurance Rating Bureau as follows:

**8810** – Clerical office employees – Not otherwise classified

**7382** – Bus Operators

**7706** – Firefighters, not volunteers, including all safety employees of your Fire Department.

**7707** – Volunteer firefighters serving with or without remuneration. The exposure for this classification will be rated on a per capita basis.

**9033** – Housing Authorities

**9410** – Municipal, state or public agency employees, not engaged in manual labor, clerical office duties, or immediate charge of construction or erection work not otherwise classified. This classification includes mayors, city council members, elected officials, judges, hearing officers, district attorneys, courthouse clerks and public records clerks, employees engaged in laboratory work, inspectors of the Board of Health, electrical inspectors, building inspectors, engineers not engaged in actual construction or operation, salespersons, and similar occupations.

**9420** – All other municipal, state, or public agency employees not otherwise classified including laborers, mechanics, and storekeepers. New construction work, pest control operations, and electrical light or power department operations shall be separately classified. Marina or harbor operations shall be separately classified as 9016, amusement parks or exhibitions.

**7720** – Police, sheriffs, constables, marshals, animal control officers, game and fish wardens, and jailers, including deputies, not volunteers.

**7722** – Volunteer police, sheriffs, constables, marshals, animal control officers, game and fish wardens, and jailers, including deputies serving with or without remuneration. The exposure for this classification will be rated on a per capita basis.

**9031** - Pest Control - all operations including yard employees, salespersons, and estimators. This classification applies to operations involving the control and extermination of pests by the use of pesticides, rodenticides, and fumigants. Termite control and the spraying of orchards and farm crops shall be separately classified.

#### **What is the definition of payroll?**

LAWCX collects payroll based on the **Subject Wages** as reported to the State on the DE-9 or DE-166. Your estimated payroll should be based on this information.

When submitting actual payroll for the most recent fiscal year ended, DE-9 or DE-166 reports must accompany this application. *Example:* Actual payroll for fiscal year 2010/2011 should be the total of the Subject Wages submitted to the State for the quarters ending September 2010, December 2010, March 2011, and June 2011.

State Forms DE-9 or DE-166 must show Total Subject Wages for each quarter.

# **ATTACHMENT 3**

## **PROPERTY INFORMATION FOR ALL LOCATIONS EXCEEDING 50 EMPLOYEES**

Physical Location Address	Occupied As	Max # of Emp. at any time	Floor #'s Occupied /Avg # of Emp. per floor	Const Type*	Year Built	Year Retrofit	Square Footage	Zip Code
*Construction types:								
A: Non-combustible frame (Steel protected with fire-rated gunite).				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				

If additional space is needed, please attach an additional sheet.