

City of Weslaco  
WORKERS' COMPENSATION  
INSURANCE

GUARANTEE COST PROGRAM

RFP NO. 2014-15-27

WORKER'S COMPENSATION INSURANCE  
GUARANTEE COST PROGRAM  
RFP NO. 2014-15-27

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## Section

# 1

## A. General Information

1. City of Weslaco (hereafter referred to as the City) is requesting proposals for Workers' Compensation Guaranteed Cost Program. Texas Municipal League (TML) is the current carrier.
2. Each proposer is asked to submit quotations on the basis of the specifications contained herein. Proposers may quote several plan options as long as each option is fully explained. Deviations from the specifications must be clearly identified and explained in the appropriate proposal form. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.
3. Proposers are expected to examine the complete RFP document. Failure to do so will be at the proposer's risk.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an expressed or implied warranty. Request for additional information should be directed to Homer Rhodes (see information in C, Communication). The information contained in these specifications is confidential and is to be used only in connection with preparing proposal for insurance.

## B. Timetable

1. The specifications will be available for proposers on or about Friday, August 14, 2015, from Homer Rhodes, Weslaco City Hall Purchasing Department at 255 S. Kansas Ave., Weslaco, TX 78596. As an alternative, the specifications can be downloaded from the City's website ([www.weslacotx.gov](http://www.weslacotx.gov)).
2. Written Questions about this RFP and requests for additional information shall be provided no later than Wednesday, August 26, 2015 (see information in C, Communication). The City will not respond to verbal inquires.
3. Valley Risk Consulting, Inc. will make recommendations to the City Manager.
4. Proposers must submit **one (1) original and two (2) copies** (3 complete sets) of the proposal. Proposals should be delivered to Weslaco City Hall Purchasing Department, 255 S. Kansas Ave., Weslaco, TX 78596, by no later than 3:00 P.M. CST on Wednesday, September 2, 2015, in a sealed envelope. Each envelope should be clearly labeled "RFP No. 2014-15-27 Workers' Compensation-Insurance & Employer's Liability Policy".
5. Selected proposers will be notified of interviews no later than the week of September 15, 2015.

## C. Communication

1. Requests for clarification or interpretation of the specifications should be submitted, in writing via email or fax to:

Homer Rhodes, Buyer II  
City of Weslaco  
E-mail: [hrhodes@weslacotx.gov](mailto:hrhodes@weslacotx.gov)  
Fax: 956-968-9164

## D. Qualifications

### A. Agent/Agency

All agents submitting proposals for this insurance must meet the following minimum qualifications:

- a. The agent/agency must be duly licensed to do business in the State of Texas, or approved non-admitted carriers, and comply with all applicable state insurance laws and requirements. Submitter must have at least five (5) years of experience in writing Texas Workers' Compensation.
- b. The proposer must provide a certificate of insurance that complies with the following insurance requirements:
  - Proposer agrees to obtain a fidelity bond insuring against criminal conduct and fraud by the proposer or any of its employees. The amount of the bond shall be at least \$1,000,000, at must be in a from approved by the City, be issued by a company that is A.M. Best rated A- or better, and be issued by a company duly authorized to do business in the State of Texas. The proposer agrees to post the bond at the time of contract execution, and assures that it will remain effective throughout the duration of the contract and for a period of at least two (2) years after expiration of its last contract with the City. City shall be named as a loss payee in the fidelity bond, as interests may appear.
  - Proposer must show evidence of errors and omissions (E&O) insurance at minimum limits of \$1,000,000 per claim from an admitted insurer that is A.M. Best rated A- or better. The proposer agrees to provide a certificate of insurance at the time of contract execution, and to maintain the E&O insurance during the term of the contract with the City. If the E&O coverage is claims-made, proposer agrees that the retro date will not be later than the inception date of the contract with the City.
- c. Plans organized under the terms of the Interlocal Cooperation Act (Chapter 791, Title 7, Government Code) shall be accepted provided that the program offers coverages that are equivalent to a fully insured program. Your most recent audited financial statement must be included with the proposal.
- d. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.

## E. Selection Criteria

The City reserves the right to award the subjects of the proposal, in whole or in part, to those proposers who demonstrate professional competence in submitting proposals that satisfy cost, coverage, and servicing criteria. Insurance proposals will be carefully evaluated in terms of cost effectiveness and

coverage, and for compliance with the insurance, risk financing, and servicing criteria as contained in the specifications. The insured will consider the merits of each proposal, whether in consolidated or fragmented basis. Award will be made to the proposer submitting the lowest, best, and most responsible proposal.

## F. Servicing Criteria

The City strongly desires to receive personalized and timely risk management services of the highest professional quality from the selected proposer. Proposers who demonstrate the professional capability, expertise, and experience in handling an account the size of the City will receive favorable consideration. Servicing criteria will be evaluated in terms of considers such as:

1. Number of years in business.
2. Size of agency and staff.
3. Experience of claims adjusters.
4. Professional servicing capability: i.e., loss control, claims management, information storage systems, underwriting, exposure and hazard identification, etc.
5. Capability and willingness of agency resources to personally respond to the professional needs of the City in a timely manner.

Appropriate emphasis will be placed on these consideration with respect to the evaluations of the insurance proposals.

## G. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification of the proposer or rejection of the insurance proposal. The City reserves the right to reject a proposal if the proposer is in arrears on existing contracts or city taxes.

## H. Legal

All proposers are expected to comply with all federal, state, and local insurance laws and regulations relative to the preparing and submission of insurance proposals. All proposals that are submitted will be presumed to be in compliance with all applicable laws

## I. Authorized Signature

All proposal forms must be signed by person who have the legal authority to bind the insurer to the insurances proposed.

## J. Contract

All agents or service providers will be required to execute a mutually acceptable contract with the City.

## Section

# 2

### A. Term, Fee and Serving Requirements

1. Quote \$1,000,000 coverage for employers' liability.
2. Coverage should be written on a "pay-on-behalf-of" basis.
3. The date of occurrence shall be defined as the date established by the laws of the appropriate jurisdiction. For occupational disease, coverage is triggered on the date established by the appropriate jurisdiction.
4. There shall be no time limit restriction on the time during which a claim must be filed.
5. There shall be no penalty for late reporting.
6. Regarding subrogation, the City shall be reimbursed for its collection expenses first. Additional amounts are then allocated first to the insurer (up to its extent of loss participation), with any remaining balance going to the City. It should also be stated that "If no subrogation recovery is made, the insurer is responsible for the collection of costs."
7. Insuring agreements should read as follows:
  - a. With respect to workers compensation losses paid by the City, because of liability that may be imposed on the City by the workers compensation laws of any state other than Texas, Part One of the workers compensation policy also applies to liability imposed on the workers compensation laws of any state other than Texas.
  - b. With respect to employer liability losses paid by the City for damages imposed upon the City by the laws of any other state other than Texas, Part Two of the workers compensation policy also applies to damages imposed on the City by the laws of any state other than Texas.
8. Volunteers are to be included within the definition of covered employee, as indicated in the Underwriting Section.

**Section**

**3**

**QUESTIONNAIRE**

1. Name of Carrier/Pool:

\_\_\_\_\_

2. Please show premiums for the following:

- a. Guaranteed Cost \_\_\_\_\_
- b. Basic program with no annual aggregate stop-loss feature:

Limits
Employers Liability \$1,000,000
Workers Comps Texas Statutory Benefits
Total:

c. Are any of the premiums subject to audit?  Yes  No  
If so, please indicate on what basis.

\_\_\_\_\_  
\_\_\_\_\_

d. Do any of the premiums have a minimum?  Yes  No  
If so, please indicate.

\_\_\_\_\_  
\_\_\_\_\_

3. The date of occurrence is define as the date established by the laws of the appropriate jurisdiction.  Yes  No

4. Occupational disease coverage is triggered by the date established by the appropriate jurisdiction.  Yes  No

5. Is there a time limit for reporting claims?  Yes  No  
Please indicate any penalty for later reporting.

\_\_\_\_\_  
\_\_\_\_\_

6. For any claim involving subrogation:
- a. The insurer agrees to reimburse the City for collection expenses first.  Yes  No
  - b. The insurer is responsible for collection expenses, if no recover is made.  Yes  No

7. Please indicate location of claims servicing office. \_\_\_\_\_

8. Are volunteers included as covered employees?  Yes  No  
 If no, what is the additional premium to include coverage for volunteers? \_\_\_\_\_

9. Please indicate method of premium payment (monthly, quarterly, annually, etc.) \_\_\_\_\_

10. Indicate the term of the coverage. \_\_\_\_\_  
 If more than one (1) year, are rates fixed?  Yes  No  
 If your answer is no, explain how your rates will be determined.  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Is your quote contingent on writing any other lines?  Yes  No  
 If yes, what line(s)? \_\_\_\_\_  
 \_\_\_\_\_

12. Please attach a schedule showing the rating and applicable rates.

Company	Authorized Signature
Agent Name	Phone Number
Email	Fax Number

SEE EXHIBIT 1  
CLAIMS HISTORY

SEE EXHIBIT 2  
Workers' Compensation Payroll Schedule 2014-2015

Section

5

FORMS

NOTICE OF INTENT TO SUBMIT A STATEMENT OF QUALIFICATION

If you intend to submit a statement of qualification for **WORKERS' COMPENSATION INSURANCE RFP No.: 2014-15-27** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form so that you may receive any addendums to the specifications should the need arise.

Homer Rhodes  
Purchasing Agent  
City of Weslaco  
Purchasing Department  
255 S. Kansas  
Weslaco, Texas 78596  
Phone: (956) 447-2240  
Fax: (956) 969-8452  
hrhodes@weslacotx.gov

Name: _____ (print)	Signature: _____
Title: _____	Company/Agency: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	

City of Weslaco

**WORKERS' COMPENSATION INSURANCE**

RFP Opening: Friday, September 2, @ 3:00 p.m.

Any and all questions concerning this proposal should be addressed on this form.

Proposal Name: \_\_\_\_\_

Proposal Number: \_\_\_\_\_

Page#: \_\_\_\_\_ Section: \_\_\_\_\_ Paragraph: \_\_\_\_\_

Question: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**RFP NO. 2014-15-27**  
**PROFESSIONAL CONSULTANT SERVICES FOR INSURANCES**

**ANTI-COLLUSION CERTIFICATION**

By submission of this proposal, the Proposer certifies that:

1. This request for qualifications has been independently arrived at without collusion with any other Proposer or with any competitor;
2. This request for qualifications has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;
3. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;
4. The person signing this request for qualifications certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Date Submitted: \_\_\_\_\_

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Type Signatory's Name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b>	<b>FORM CIQ</b>
For vendor or other person doing business with local governmental entity	

<p>This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176 Local Government Code by a person who has a business relationship as defined by section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offensive under this section is a Class C misdemeanor.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;"><b>OFFICE USE ONLY</b></td> </tr> <tr> <td style="padding: 2px;">Date Received</td> </tr> </table>	<b>OFFICE USE ONLY</b>	Date Received
<b>OFFICE USE ONLY</b>			
Date Received			

<b>1</b>	Name of person who has a business relationship with local governmental entity.
----------	--

<b>2</b>	<input type="checkbox"/> Check this box if you are filling an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7 <sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)
----------	--

<b>3</b>	Name of local government officer with whom filer has employment or business relationship. <div style="text-align: center; margin: 10px 0;">           _____            Name of Officer         </div> <p>This section, (item 3 including subparts A, B, C &amp; D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government officer named in this section.</p>
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<b>4</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature of person doing business with the governmental entity</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	Signature of person doing business with the governmental entity	Date
_____	_____				
Signature of person doing business with the governmental entity	Date				

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM  
CIQ

This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176 Local Government Code by a person who has a business relationship as defined by section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offense under this section is a Class C misdemeanor.

1 Name of person who has a business relationship with local governmental entity.  
NONE

2  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

NONE

Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes  NA No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes  NA No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes  NA No

D. Describe each employment or business relationship with the local government officer named in this section.

4 COMPANY NAME, SIGNATURE OF BIDDER OR PROPOSER DATE

Signature of person doing business with the governmental entity

Date

\*THIS SAMPLE FORM IS ONLY TO BE USED IF THERE IS NO BUSINESS RELATIONSHIP WITH A CITY OR WITH A CITY OFFICIAL.

# Certification Regarding Debarment and Suspension

U.S. Department of Housing  
and Urban Development

## Certification A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;
  - b. Have not within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### Instructions for Certification (A)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.

**Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Instructions for Certification (B)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant	Date
Signature of Authorized Certifying Official	Title

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) >	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

*Note.* If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number								

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person >	Date >
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1963 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

##### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-9.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8932 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 408(b)(7) if the account satisfies the requirements of section 401(f)(2).
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-929-3876).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup>  The actual owner <sup>4</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(ii)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not disregarded in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft: Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4336).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

EXHIBIT 1  
CLAIMS HISTORY

## 5 YEAR HISTORY

Claim State	Loss Date - Date Value	Severity	Loss Cause	Total Incurred	Medical Incurred	Indemnity Incurred
Closed	Oct 1, 2011	5 = More than 7 days of Lost Time	Strain or injury by	\$6,068.03	\$2,029.19	\$4,038.84
Closed	Oct 8, 2011	1 = No Lost Time	Fall, slip, or trip injury	\$0.00	\$0.00	\$0.00
Closed	Oct 13, 2011	5 = More than 7 days of Lost Time	Struck or injured by	\$185.00	\$185.00	\$0.00
Closed	Oct 13, 2011	1 = No Lost Time	Cut, puncture, scrape, injured by	\$0.00	\$0.00	\$0.00
Closed	Oct 17, 2011	5 = More than 7 days of Lost Time	Strain or injury by	\$961.89	\$961.89	\$0.00
Closed	Oct 18, 2011	5 = More than 7 days of Lost Time	Strain or injury by	\$2,036.53	\$1,789.93	\$246.60
Closed	Oct 22, 2011	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00
Closed	Oct 26, 2011	5 = More than 7 days of Lost Time	Strain or injury by	\$7,010.19	\$2,767.26	\$4,242.93
Closed	Nov 1, 2011	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00
Closed	Nov 2, 2011	1 = No Lost Time	Fall, slip, or trip injury	\$0.00	\$0.00	\$0.00
Closed	Nov 2, 2011	1 = No Lost Time	Struck or injured by	\$108.66	\$108.66	\$0.00
Closed	Nov 10, 2011	1 = No Lost Time	Fall, slip, or trip injury	\$0.00	\$0.00	\$0.00
Closed	Nov 17, 2011	1 = No Lost Time	Strain or injury by	\$0.00	\$0.00	\$0.00
Closed	Nov 19, 2011	1 = No Lost Time	Strain or injury by	\$0.00	\$0.00	\$0.00
Closed	Nov 24, 2011	1 = No Lost Time	Motor vehicle	\$396.73	\$396.73	\$0.00
Closed	Nov 27, 2011	1 = No Lost Time	Strain or injury by	\$0.00	\$0.00	\$0.00
Closed	Nov 28, 2011	5 = More than 7 days of Lost Time	Miscellaneous causes	\$43,655.67	\$22,090.67	\$21,565.00
Closed	Dec 13, 2011	5 = More than 7 days of Lost Time	Burn or scald - heat or cold exposures - contact with	\$2,522.85	\$2,522.85	\$0.00
Closed	Dec 16, 2011	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00
Closed	Dec 16, 2011	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00
Closed	Dec 19, 2011	1 = No Lost Time	Struck or injured by	\$0.00	\$0.00	\$0.00
Closed	Jan 4, 2012	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00

Closed	Jan 7, 2012	1 = No Lost Time	Cut, puncture, scrape, injured by	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jan 7, 2012	1 = No Lost Time	Cut, puncture, scrape, injured by	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jan 18, 2012	1 = No Lost Time	Struck or injured by	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jan 28, 2012	1 = No Lost Time	Miscellaneous causes	\$314.54	\$314.54	\$314.54	\$0.00
Closed	Feb 3, 2012	1 = No Lost Time	Striking against or stepping on	\$349.08	\$349.08	\$349.08	\$0.00
Closed	Feb 14, 2012	5 = More than 7 days of Lost Time	Striking against or stepping on	\$1,460.75	\$1,460.75	\$577.23	\$883.52
Closed	Feb 17, 2012	1 = No Lost Time	Struck or injured by	\$80.00	\$80.00	\$80.00	\$0.00
Closed	Feb 21, 2012	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Feb 27, 2012	1 = No Lost Time	Strain or injury by	\$15.21	\$15.21	\$15.21	\$0.00
Closed	Mar 2, 2012	5 = More than 7 days of Lost Time	Strain or injury by	\$5,993.68	\$5,993.68	\$4,065.65	\$1,928.03
Closed	Mar 16, 2012	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$10,897.28	\$10,897.28	\$7,646.28	\$2,361.00
Closed	Mar 26, 2012	1 = No Lost Time	Miscellaneous causes	\$1,387.29	\$1,387.29	\$1,387.29	\$0.00
Closed	Mar 27, 2012	5 = More than 7 days of Lost Time	Cut, puncture, scrape, injured by	\$294.76	\$294.76	\$294.76	\$0.00
Closed	Mar 30, 2012	5 = More than 7 days of Lost Time	Strain or injury by	\$1,652.97	\$1,652.97	\$1,652.97	\$0.00
Closed	Apr 5, 2012	1 = No Lost Time	Strain or injury by	\$3,844.00	\$3,844.00	\$3,669.00	\$0.00
Closed	Apr 18, 2012	5 = More than 7 days of Lost Time	Striking against or stepping on	\$4,393.96	\$4,393.96	\$1,863.88	\$2,530.08
Closed	Apr 29, 2012	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$7,260.33	\$7,260.33	\$1,138.72	\$6,176.88
Closed	May 2, 2012	5 = More than 7 days of Lost Time	Strain or injury by	\$19,002.27	\$19,002.27	\$6,042.06	\$11,345.21
Closed	May 6, 2012	1 = No Lost Time	Miscellaneous causes	\$198.21	\$198.21	\$198.21	\$0.00
Closed	May 6, 2012	1 = No Lost Time	Miscellaneous causes	\$198.30	\$198.30	\$198.30	\$0.00
Closed	May 6, 2012	1 = No Lost Time	Miscellaneous causes	\$254.64	\$254.64	\$254.64	\$0.00
Closed	May 7, 2012	1 = No Lost Time	Caught in, under, or between	\$213.04	\$213.04	\$213.04	\$0.00
Closed	May 10, 2012	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00	\$0.00
Closed	May 17, 2012	5 = More than 7 days of Lost Time	Motor vehicle	\$4,141.72	\$4,141.72	\$2,535.94	\$1,605.78
Closed	May 25, 2012	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury	\$314.20	\$314.20	\$314.20	\$0.00
Closed	May 26, 2012	1 = No Lost Time	Miscellaneous causes	\$310.65	\$310.65	\$310.65	\$0.00
Closed	May 26, 2012	1 = No Lost Time	Miscellaneous causes	\$3,970.05	\$3,970.05	\$3,970.05	\$0.00
Closed	Jun 4, 2012	5 = More than 7 days of Lost Time	Strain or injury by	\$10,654.67	\$10,654.67	\$2,728.61	\$7,926.06
Closed	Jun 11, 2012	1 = No Lost Time	Burn or scald - heat or cold exposures - contact with	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jun 12, 2012	1 = No Lost Time	Fall, slip, or trip injury	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jun 14, 2012	1 = No Lost Time	Struck or injured by	\$167.26	\$167.26	\$167.26	\$0.00
Closed	Jun 15, 2012	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jun 21, 2012	1 = No Lost Time	Burn or scald - heat or cold exposures - contact with	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jun 26, 2012	1 = No Lost Time	Strain or injury by	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jul 13, 2012	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jul 13, 2012	5 = More than 7 days of Lost Time	Strain or injury by	\$1,908.68	\$1,908.68	\$590.26	\$1,318.42
Closed	Jul 17, 2012	1 = No Lost Time	Striking against or stepping on	\$255.77	\$255.77	\$255.77	\$0.00
Closed	Jul 19, 2012	1 = No Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00	\$0.00

Closed	Jul 24, 2012	1 = No Lost Time	Miscellaneous causes		\$2,261.08	\$2,261.08	\$0.00
Closed	Jul 27, 2012	1 = No Lost Time	Struck or injured by		\$217.38	\$217.38	\$0.00
Closed	Aug 6, 2012	1 = No Lost Time	Burn or scald - heat or cold exposures - contact with		\$0.00	\$0.00	\$0.00
Closed	Aug 15, 2012	1 = No Lost Time	Strain or injury by		\$0.00	\$0.00	\$0.00
Closed	Aug 26, 2012	1 = No Lost Time	Miscellaneous causes		\$770.53	\$770.53	\$0.00
Closed	Sep 27, 2012	1 = No Lost Time	Strain or injury by		\$2,383.91	\$2,383.91	\$0.00
Closed	Oct 11, 2012	1 = No Lost Time	Cut, puncture, scrape, injured by		\$152.16	\$152.16	\$0.00
Closed	Oct 12, 2012	5 = More than 7 days of Lost Time	Miscellaneous causes		\$2,460.58	\$2,460.58	\$0.00
Closed	Oct 12, 2012	1 = No Lost Time	Struck or injured by		\$152.69	\$152.69	\$0.00
Closed	Oct 12, 2012	5 = More than 7 days of Lost Time	Miscellaneous causes		\$12,286.71	\$4,167.60	\$8,119.11
Closed	Oct 27, 2012	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury		\$668.11	\$668.11	\$0.00
Closed	Nov 1, 2012	1 = No Lost Time	Cut, puncture, scrape, injured by		\$655.11	\$655.11	\$0.00
Closed	Nov 1, 2012	1 = No Lost Time	Struck or injured by		\$110.00	\$110.00	\$0.00
Closed	Nov 5, 2012	5 = More than 7 days of Lost Time	Miscellaneous causes		\$388.92	\$388.92	\$0.00
Closed	Nov 15, 2012	7 = 7 or less than 7 days of Lost Time	Strain or injury by		\$522.16	\$522.16	\$0.00
Closed	Nov 20, 2012	1 = No Lost Time	Fall, slip, or trip injury		\$2,454.26	\$2,204.26	\$0.00
Closed	Nov 30, 2012	1 = No Lost Time	Burn or scald - heat or cold exposures - contact with		\$1,102.49	\$1,102.49	\$0.00
Closed	Dec 11, 2012	5 = More than 7 days of Lost Time	Striking against or stepping on		\$5,536.73	\$2,349.23	\$3,187.50
Closed	Dec 11, 2012	1 = No Lost Time	Struck or injured by		\$2,093.09	\$1,911.68	\$0.00
Closed	Jan 8, 2013	1 = No Lost Time	Miscellaneous causes		\$0.00	\$0.00	\$0.00
Open	Jan 16, 2013	5 = More than 7 days of Lost Time	Striking against or stepping on		\$7,138.51	\$2,697.94	\$4,440.57
Closed	Jan 23, 2013	7 = 7 or less than 7 days of Lost Time	Cut, puncture, scrape, injured by		\$1,182.73	\$1,182.73	\$0.00
Closed	Feb 27, 2013	5 = More than 7 days of Lost Time	Striking against or stepping on		\$15,018.48	\$3,937.06	\$11,081.42
Closed	Feb 28, 2013	7 = 7 or less than 7 days of Lost Time	Striking against or stepping on		\$613.60	\$613.60	\$0.00
Open	Mar 2, 2013	5 = More than 7 days of Lost Time	Striking against or stepping on		\$13,592.85	\$3,444.85	\$10,148.00
Closed	Mar 4, 2013	5 = More than 7 days of Lost Time	Strain or injury by		\$2,785.77	\$1,392.45	\$1,393.32
Closed	Mar 6, 2013	5 = More than 7 days of Lost Time	Strain or injury by		\$1,359.27	\$1,359.27	\$0.00
Closed	Mar 11, 2013	1 = No Lost Time	Fall, slip, or trip injury		\$244.06	\$244.06	\$0.00
Closed	Mar 13, 2013	1 = No Lost Time	Strain or injury by		\$397.97	\$397.97	\$0.00
Closed	Apr 9, 2013	1 = No Lost Time	Strain or injury by		\$111.68	\$111.68	\$0.00
Closed	Apr 10, 2013	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury		\$437.90	\$437.90	\$0.00
Closed	Apr 24, 2013	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury		\$273.27	\$273.27	\$0.00
Open	May 2, 2013	7 = 7 or less than 7 days of Lost Time	Struck or injured by		\$1,179.42	\$1,179.42	\$0.00
Open	May 2, 2013	7 = 7 or less than 7 days of Lost Time	Struck or injured by		\$699.90	\$699.90	\$0.00
Closed	May 6, 2013	5 = More than 7 days of Lost Time	Strain or injury by		\$12,532.83	\$5,037.53	\$7,495.30
Closed	May 8, 2013	7 = 7 or less than 7 days of Lost Time	Strain or injury by		\$328.47	\$328.47	\$0.00
Closed	May 21, 2013	1 = No Lost Time	Miscellaneous causes		\$388.79	\$388.79	\$0.00
Closed	May 22, 2013	1 = No Lost Time	Struck or injured by		\$223.36	\$223.36	\$0.00

Open	Jun 3, 2013	5 = More than 7 days of Lost Time	Strain or injury by	\$43,372.02	\$27,641.92	\$15,030.10
Closed	Jun 5, 2013	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury	\$2,690.89	\$2,690.89	\$0.00
Closed	Jun 17, 2013	7 = 7 or less than 7 days of Lost Time	Burn or scald - heat or cold exposures - contact with	\$482.76	\$482.76	\$0.00
Open	Jun 17, 2013	5 = More than 7 days of Lost Time	Strain or injury by	\$44,355.91	\$11,569.71	\$32,386.20
Closed	Jun 19, 2013	1 = No Lost Time	Struck or injured by	\$431.64	\$431.64	\$0.00
Closed	Jun 28, 2013	1 = No Lost Time	Strain or injury by	\$1,546.12	\$1,546.12	\$0.00
Open	Jul 9, 2013	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$97,248.06	\$63,585.42	\$30,612.64
Closed	Jul 10, 2013	7 = 7 or less than 7 days of Lost Time	Struck or injured by	\$234.53	\$234.53	\$0.00
Closed	Jul 10, 2013	5 = More than 7 days of Lost Time	Struck or injured by	\$47,591.36	\$25,213.77	\$20,902.59
Closed	Jul 15, 2013	5 = More than 7 days of Lost Time	Strain or injury by	\$3,396.72	\$2,615.52	\$781.20
Closed	Jul 18, 2013	7 = 7 or less than 7 days of Lost Time	Caught in, under, or between	\$182.76	\$182.76	\$0.00
Closed	Jul 27, 2013	1 = No Lost Time	Striking against or stepping on	\$0.00	\$0.00	\$0.00
Closed	Jul 30, 2013	5 = More than 7 days of Lost Time	Strain or injury by	\$279.20	\$279.20	\$0.00
Closed	Aug 11, 2013	7 = 7 or less than 7 days of Lost Time	Burn or scald - heat or cold exposures - contact with	\$2,001.93	\$2,001.93	\$0.00
Closed	Aug 16, 2013	1 = No Lost Time	Burn or scald - heat or cold exposures - contact with	\$117.77	\$117.77	\$0.00
Closed	Sep 27, 2013	1 = No Lost Time	Struck or injured by	\$2,094.12	\$2,094.12	\$0.00
Closed	Sep 28, 2013	1 = No Lost Time	Struck or injured by	\$1,759.22	\$1,759.22	\$0.00
Closed	Oct 30, 2013	1 = No Lost Time	Struck or injured by	\$3,711.96	\$3,711.96	\$0.00
Closed	Nov 3, 2013	5 = More than 7 days of Lost Time	Striking against or stepping on	\$2,839.68	\$336.56	\$2,503.12
Closed	Nov 4, 2013	1 = No Lost Time	Cut, puncture, scrape, injured by	\$12.55	\$12.55	\$0.00
Closed	Nov 6, 2013	1 = No Lost Time	Strain or injury by	\$0.00	\$0.00	\$0.00
Closed	Nov 8, 2013	5 = More than 7 days of Lost Time	Struck or injured by	\$23,828.11	\$13,895.61	\$9,732.50
Closed	Nov 14, 2013	1 = No Lost Time	Struck or injured by	\$430.14	\$430.14	\$0.00
Closed	Nov 16, 2013	1 = No Lost Time	Fall, slip, or trip injury	\$700.61	\$700.61	\$0.00
Closed	Nov 21, 2013	5 = More than 7 days of Lost Time	Miscellaneous causes	\$0.00	\$0.00	\$0.00
Open	Dec 4, 2013	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$27,594.67	\$12,721.67	\$13,573.00
Closed	Dec 5, 2013	1 = No Lost Time	Strain or injury by	\$558.71	\$558.71	\$0.00
Closed	Dec 6, 2013	5 = More than 7 days of Lost Time	Striking against or stepping on	\$26,500.69	\$14,725.83	\$11,624.86
Closed	Dec 18, 2013	5 = More than 7 days of Lost Time	Strain or injury by	\$1,756.12	\$1,756.12	\$0.00
Closed	Dec 26, 2013	5 = More than 7 days of Lost Time	Motor vehicle	\$2,422.74	\$2,422.74	\$0.00
Closed	Dec 26, 2013	5 = More than 7 days of Lost Time	Motor vehicle	\$4,871.93	\$4,871.93	\$0.00
Closed	Dec 26, 2013	5 = More than 7 days of Lost Time	Motor vehicle	\$12,151.60	\$6,471.14	\$5,680.46
Closed	Jan 10, 2014	1 = No Lost Time	Struck or injured by	\$303.94	\$303.94	\$0.00
Closed	Jan 16, 2014	1 = No Lost Time	Strain or injury by	\$596.25	\$596.25	\$0.00
Closed	Jan 16, 2014	5 = More than 7 days of Lost Time	Struck or injured by	\$3,482.99	\$1,078.49	\$2,404.50
Open	Jan 24, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$74,639.53	\$46,539.94	\$22,293.23
Closed	Jan 26, 2014	1 = No Lost Time	Struck or injured by	\$144.98	\$144.98	\$0.00
Closed	Feb 18, 2014	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$8,118.31	\$2,536.81	\$5,581.50

Closed	Feb 21, 2014	1 = No Lost Time	Striking against or stepping on	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Mar 4, 2014	1 = No Lost Time	Motor vehicle	\$666.83	\$666.83	\$666.83	\$0.00
Closed	Mar 6, 2014	1 = No Lost Time	Cut, puncture, scrape, injured by	\$520.78	\$520.78	\$520.78	\$0.00
Closed	Mar 11, 2014	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$2,444.85	\$2,444.85	\$1,230.45	\$1,214.40
Closed	Mar 22, 2014	1 = No Lost Time	Struck or injured by	\$151.55	\$151.55	\$151.55	\$0.00
Closed	Mar 26, 2014	1 = No Lost Time	Cut, puncture, scrape, injured by	\$384.48	\$384.48	\$384.48	\$0.00
Closed	Mar 30, 2014	7 = 7 or less than 7 days of Lost Time	Miscellaneous causes	\$243.29	\$243.29	\$243.29	\$0.00
Closed	Mar 31, 2014	5 = More than 7 days of Lost Time	Cut, puncture, scrape, injured by	\$3,226.25	\$3,226.25	\$574.86	\$2,476.39
Closed	Apr 2, 2014	1 = No Lost Time	Miscellaneous causes	\$179.47	\$179.47	\$179.47	\$0.00
Closed	Apr 24, 2014	1 = No Lost Time	Fall, slip, or trip injury	\$1,305.48	\$1,305.48	\$1,305.48	\$0.00
Open	May 5, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$31,509.37	\$31,509.37	\$8,861.92	\$21,997.45
Closed	May 9, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$9,493.95	\$9,493.95	\$4,214.56	\$5,129.39
Closed	May 12, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$37,673.15	\$37,673.15	\$18,035.15	\$19,488.00
Closed	May 15, 2014	1 = No Lost Time	Cut, puncture, scrape, injured by	\$896.32	\$896.32	\$896.32	\$0.00
Closed	May 28, 2014	1 = No Lost Time	Striking against or stepping on	\$1,512.68	\$1,512.68	\$1,512.68	\$0.00
Closed	Jun 6, 2014	1 = No Lost Time	Miscellaneous causes	\$460.46	\$460.46	\$460.46	\$0.00
Closed	Jun 13, 2014	1 = No Lost Time	Strain or injury by	\$355.56	\$355.56	\$355.56	\$0.00
Closed	Jul 22, 2014	1 = No Lost Time	Fall, slip, or trip injury	\$3,268.97	\$3,268.97	\$3,093.97	\$0.00
Closed	Aug 6, 2014	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$4,462.59	\$4,462.59	\$3,133.99	\$1,328.60
Closed	Aug 13, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$1,475.63	\$1,475.63	\$1,475.63	\$0.00
Closed	Sep 3, 2014	7 = 7 or less than 7 days of Lost Time	Burn or scald - heat or cold exposures - contact with	\$322.66	\$322.66	\$322.66	\$0.00
Closed	Sep 7, 2014	1 = No Lost Time	Fall, slip, or trip injury	\$1,941.84	\$1,941.84	\$1,941.84	\$0.00
Closed	Sep 10, 2014	1 = No Lost Time	Struck or injured by	\$248.51	\$248.51	\$248.51	\$0.00
Closed	Sep 18, 2014	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$6,600.59	\$6,600.59	\$3,643.11	\$2,957.48
Open	Sep 22, 2014	7 = 7 or less than 7 days of Lost Time	Struck or injured by	\$1,837.80	\$1,837.80	\$1,837.80	\$0.00
Closed	Oct 2, 2014	7 = 7 or less than 7 days of Lost Time	Strain or injury by	\$112.45	\$112.45	\$112.45	\$0.00
Open	Oct 2, 2014	7 = 7 or less than 7 days of Lost Time	Cut, puncture, scrape, injured by	\$1,974.76	\$1,974.76	\$1,974.76	\$0.00
Closed	Oct 9, 2014	1 = No Lost Time	Cut, puncture, scrape, injured by	\$224.90	\$224.90	\$224.90	\$0.00
Closed	Oct 22, 2014	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury	\$3,052.72	\$3,052.72	\$3,052.72	\$0.00
Closed	Oct 28, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$2,134.12	\$2,134.12	\$1,282.42	\$851.70
Closed	Nov 2, 2014	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$9,759.03	\$9,759.03	\$3,646.56	\$5,937.47
Closed	Nov 9, 2014	1 = No Lost Time	Fall, slip, or trip injury	\$98.53	\$98.53	\$98.53	\$0.00
Closed	Nov 11, 2014	1 = No Lost Time	Struck or injured by	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Nov 17, 2014	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$13,988.89	\$13,988.89	\$5,427.09	\$8,486.80
Closed	Nov 17, 2014	1 = No Lost Time	Strain or injury by	\$2,845.86	\$2,845.86	\$2,845.86	\$0.00
Closed	Nov 24, 2014	1 = No Lost Time	Cut, puncture, scrape, injured by	\$184.63	\$184.63	\$184.63	\$0.00
Closed	Dec 3, 2014	1 = No Lost Time	Cut, puncture, scrape, injured by	\$500.60	\$500.60	\$500.60	\$0.00
Closed	Dec 11, 2014	1 = No Lost Time	Miscellaneous causes	\$962.22	\$962.22	\$962.22	\$0.00

Closed	Dec 11, 2014	1 = No Lost Time	Miscellaneous causes	\$869.26	\$869.26	\$869.26	\$0.00
Open	Dec 17, 2014	5 = More than 7 days of Lost Time	Strain or injury by	\$37,670.55	\$17,806.60	\$19,863.95	\$0.00
Closed	Dec 22, 2014	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury	\$164.56	\$164.56	\$0.00	\$0.00
Open	Jan 6, 2015	5 = More than 7 days of Lost Time	Strain or injury by	\$51,756.98	\$12,702.98	\$38,304.00	\$0.00
Closed	Jan 6, 2015	5 = More than 7 days of Lost Time	Strain or injury by	\$2,550.72	\$459.72	\$2,091.00	\$0.00
Closed	Jan 6, 2015	1 = No Lost Time	Struck or injured by	\$398.53	\$398.53	\$0.00	\$0.00
Closed	Jan 7, 2015	5 = More than 7 days of Lost Time	Cut, puncture, scrape, injured by	\$1,401.27	\$1,401.27	\$0.00	\$0.00
Closed	Jan 8, 2015	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$1,503.95	\$1,033.54	\$470.41	\$0.00
Closed	Jan 13, 2015	7 = 7 or less than 7 days of Lost Time	Fall, slip, or trip injury	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Jan 17, 2015	1 = No Lost Time	Strain or injury by	\$312.49	\$312.49	\$0.00	\$0.00
Closed	Jan 21, 2015	1 = No Lost Time	Strain or injury by	\$263.38	\$263.38	\$0.00	\$0.00
Closed	Jan 22, 2015	1 = No Lost Time	Cut, puncture, scrape, injured by	\$0.00	\$0.00	\$0.00	\$0.00
Closed	Mar 20, 2015	1 = No Lost Time	Miscellaneous causes	\$112.54	\$112.54	\$0.00	\$0.00
Closed	Mar 26, 2015	7 = 7 or less than 7 days of Lost Time	Miscellaneous causes	\$347.78	\$347.78	\$0.00	\$0.00
Open	Apr 7, 2015	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$24,463.95	\$13,000.00	\$11,463.95	\$0.00
Closed	May 5, 2015	7 = 7 or less than 7 days of Lost Time	Miscellaneous causes	\$478.75	\$478.75	\$0.00	\$0.00
Open	May 13, 2015	5 = More than 7 days of Lost Time	Struck or injured by	\$43,889.35	\$21,615.99	\$16,226.76	\$0.00
Open	May 19, 2015	5 = More than 7 days of Lost Time	Strain or injury by	\$38,216.14	\$20,738.06	\$16,978.08	\$0.00
Open	May 22, 2015	5 = More than 7 days of Lost Time	Miscellaneous causes	\$29,395.92	\$11,000.00	\$17,895.92	\$0.00
Open	May 23, 2015	5 = More than 7 days of Lost Time	Strain or injury by	\$11,265.90	\$7,069.90	\$3,696.00	\$0.00
Closed	Jun 1, 2015	1 = No Lost Time	Cut, puncture, scrape, injured by	\$0.00	\$0.00	\$0.00	\$0.00
Open	Jun 3, 2015	5 = More than 7 days of Lost Time	Strain or injury by	\$6,262.40	\$3,500.00	\$2,262.40	\$0.00
Open	Jun 9, 2015	1 = No Lost Time	Cut, puncture, scrape, injured by	\$1,000.00	\$1,000.00	\$0.00	\$0.00
Open	Jun 25, 2015	5 = More than 7 days of Lost Time	Fall, slip, or trip injury	\$9,742.00	\$5,500.00	\$4,242.00	\$0.00
Open	Jul 7, 2015	1 = No Lost Time	Miscellaneous causes	\$1,500.00	\$1,500.00	\$0.00	\$0.00
Open	Jul 24, 2015	1 = No Lost Time	Cut, puncture, scrape, injured by	\$750.00	\$750.00	\$0.00	\$0.00

## EXHIBIT 2

Workers' Compensation Payroll Schedule 2014-2015

**Workers' Compensation  
Payroll Schedule  
2014-2015 Fund Year**

Member Name: Weslaco  
Member ID: 9874  
Effective Date: 10/01/2014  
Anniversary Date: 10/01/2015  
Date Generated: 09/05/2014



Location: Weslaco

Classification	Description	Estimated Payroll	Rate	# of Emp.	Estimated Contribution
4511	Bldg Inspect; CADS; Water Lab	245,335	1.02	6	2,502
5190	Radio & Elect Instl; Trff Sgnl & Cnt	39,920	5.24	3	2,092
5191	Computer Device Installation, Inspection, Servicing or Repair	134,038	1.10	4	1,474
5506	Street and Road Repair	481,899	10.54	19	50,792
7423	Airport Operations	119,236	3.33	3	3,971
7520	Wtrwrks Opr; Fld Cntl Sys Maint; Irr Cnt	539,503	5.02	23	27,083
7580	Sewage Treatment & Collection	325,874	3.56	13	11,601
7704	Firefighters - Paid	2,777,871	3.23	59	89,725
7720	Police Officers	3,060,487	3.84	60	117,523
8391	Automobile Garage	126,656	4.06	4	5,142
8810	Clerical - Office	2,473,488	0.45	67	11,131
8831	Animal Shelters	51,979	4.53	2	2,355
8838	Library & Museum - Professionals & Clerical	326,591	0.46	13	1,502
9015	Building Operations	155,951	4.97	6	7,751
9102	Parks & Recreation	345,087	4.21	33	14,528
9402	Street Cleaning	26,205	11.34	1	2,972
Subtotals		11,230,120			352,144

**Volunteers and Elected Officials:**

37240	Outside Volunteers	No Exposure			Not Covered
7704V	Volunteer Firefighters	110	6.31	1	7
7720E	Volunteer Ambulance/EMS	No Exposure			Not Covered
7720V	Police Reserves	No Exposure			Not Covered
8742E	Elected/Apptd Officials-Governing Board Only	No Exposure			Not Covered
8742F	Elected/Apptd Officials-All Boards/Comms	No Exposure			Not Covered
8742I	Inside Volunteers	No Exposure			Not Covered
8888V	Police Reserves-Motorcycle	No Exposure			Not Covered
Subtotals		110			7

**Workers' Compensation  
Payroll Schedule  
2014-2015 Fund Year**

Member Name: Weslaco  
Member ID: 9874  
Effective Date: 10/01/2014  
Anniversary Date: 10/01/2015  
Date Generated: 09/05/2014



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Totals	11,230,230	352,151
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**Workers' Compensation  
Payroll Schedule  
2014-2015 Fund Year**

Member Name: Weslaco  
Member ID: 9874  
Effective Date: 10/01/2014  
Anniversary Date: 10/01/2015  
Date Generated: 09/05/2014



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Total Manual Contribution	352,151
Experience Modifier	1.14
Total Standard Contribution	401,452
Fund Discount (0.20)	0.80
Discounted Standard Contribution	321,162
Deductible Credit	0
Net Contribution	321,162
Total Contribution	321,162