

DATE: January 17, 2013
MEETING OF: January 29, 2013
FROM: Staff
RE: **DISCUSSION/ACTION ITEM X.6: Workers' Compensation Exempt Statement**

BACKGROUND

CFSA must have a resolution on file from the Fair Board that authorizes the Authority to provide workers' compensation coverage for volunteers working at your fair.

FISCAL IMPACT

Unknown, the 2013 assessed fee is estimated based on the reported 2012 figures. Estimates are reconciled at year end to reflect actual year's figures.

STAFF RECOMMENDATION

That the board approve a motion that members of the Board of Directors of the 14th DAA, Santa Cruz County Fair, and any volunteers donating time for the Fair, will be covered by Workers' Compensation Insurance while performing their volunteer work.

ATTACHMENTS

- CFSA memo "Reporting 2012 Workers' Compensation Information"



DATE: January 7, 2013
TO: All CFSA Member Fairs
FROM: Charlie Mitchell/Risk Manager
Risk Management Department
SUBJECT: Reporting 2012 Workers' Compensation Information

It's that time of the year again when CFSA needs to verify your 2012 annual reported Workers' Compensation figures. Please use the attached form for submitting your information. Remember, your fee assessed for the year 2013 is estimated based on your reported 2012 figures. Estimates are reconciled at year end to reflect your actual year's figures.

If your Fair utilizes workers from Alternative Work/Community Service/Work Release Labor Programs, please submit a copy of the current contract/agreement you have with the agencies that are providing these workers to determine which party is responsible for Workers' Compensation coverage should any of these workers get injured. If the Fair is responsible for covering these workers under their Workers' Compensation, then these hours must be listed on the attached Workers' Compensation Reporting Form.

We're also attaching a blank copy of the "Workers' Compensation Exempt Statement" which should be signed by each contractor you do business with who declares no employees or volunteers. This statement should be attached to corresponding standard service agreements where you are unable to obtain, or the contractor has no workers' compensation insurance.

Please complete the attached Reporting Form and other attachments and return it **NOLATER THAN FEBRUARY 15, 2013** to:

California Fair Services Authority
Attn: Lianne Lewellen
1776 Tribute Road, Suite 100
Sacramento, CA 95815

If you have any questions, please call me at (916) 263-6150.

Attachments

**CFSA Workers' Compensation Reporting Form
2012 Information for 2013 Fee Estimates**

From: _____ **Fair**
Please submit this completed form by February 15, 2013

1. 2012 IRS Form W-3 \$ _____

2012 payroll for full time **and** part-time salaried employees as reported in box 5 "Medicare wages and tips." Include a copy of your W-3(s) with the completed Reporting Form.

2. 2012 Total hours Worked by all Employees _____

2012 total hours worked by all employees as reported on *Cal/OSHA Form 300A, Appendix B, "Summary of Work-Related Injuries and Illnesses,"* employment information section.

3. 2012 Total Volunteer Hours

Directors Meeting Hours _____
Directors Fair Hours _____
Directors Project Hours _____
Exhibit Department Volunteers _____
Committee Meetings _____
Junior Livestock Meetings _____
Auction Committee at Fair Time _____
Alternative Work Programs _____
(Including Community Service/Work Release Labor Programs)
Judges not on Contract _____
Other Volunteers _____

Total Hours: _____ **X \$8.00 = \$** _____
(Minimum wage)

4. Board Resolution Covering Volunteers

CFSA must have a resolution on file from your Fair Board that authorizes the Authority to provide workers' compensation coverage for volunteers working at your fair. To eliminate the need to do this on an annual basis, your Board may authorize coverage for an indefinite period of time. (call Lianne Lewellen at 916-263-6145 to check and see if your Fair has an indefinite resolution on file) The following verbiage may be used:

A motion was made by Director _____, seconded by Director _____, and carried that members of the Board of Directors of the _____ Fair and any volunteers donating time for the Fair, will be covered by Workers' Compensation Insurance while performing their volunteer work.

Date Passed: _____ Signed: _____

Please submit copy of resolution and IRS Form W-3.

Prepared By

Title

Date

[ON YOUR FAIR LETTERHEAD]

**WORKERS COMPENSATION
EXEMPT STATEMENT**

I HEREBY CERTIFY THAT I AM AN INDEPENDENT CONTRACTOR AND HAVE NO PAID OR VOLUNTEER EMPLOYEES AND THEREFORE, WORKERS' COMPENSATION INSURANCE WHICH IS REQUIRED FOR EACH CONTRACT AS STATED IN ITEM I.A.3 #c. WORKERS' COMPENSATION (CALIFORNIA FAIR SERVICES AUTHORITY INSURANCE REQUIREMENTS DATED 06/12), DOES NOT APPLY TO ME.

I AM AWARE THAT THIS STATEMENT IS FOR THE INTERNAL USE OF CFSA AND THE _____ FAIR AND DOES NOT ALTER THE WORKERS' COMPENSATION REQUIREMENTS IN THE LABOR CODE OF THE STATE OF CALIFORNIA DEFINING "EMPLOYEES."

Signature of Contractor

Date signed