

**DATE:** December 20, 2013  
**MEETING OF:** January 28, 2014  
**FROM:** Staff  
**RE:** **DISCUSSION/ACTION ITEM X.2: Workers' Compensation Exempt Statement**

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**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 2014 assessed fee is estimated based on the reported 2013 figures. Estimates are reconciled at year end to reflect actual year's figures.

**STAFF RECOMMENDATION**

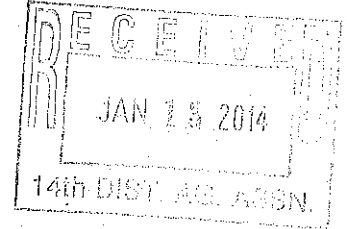
That the board approve a motion that members of the Board of Directors of the 14<sup>th</sup> DAA, Santa Cruz County Fair, and any volunteers donating time for the Fair, will be covered by Workers' Compensation Insurance while performing their volunteer work.

**ATTACHMENTS**

- CFSA memo "Reporting 2013 Workers' Compensation Information"



CFSA



**DATE:** January 9, 2014  
**TO:** All CFSA Member Fairs  
**FROM:** Charlie Mitchell/Risk Manager  
Risk Management Department  
**SUBJECT: Reporting 2013 Workers' Compensation Information**

It's that time of the year again when CFSA needs to verify your 2013 annual reported Workers' Compensation figures. Please use the attached form for submitting your information. Remember, your fee assessed for the year 2014 is estimated based on your reported 2013 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 **NO LATER THAN FEBRUARY 14, 2014** 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**  
**2013 Information for 2014 Fee Estimates**

From: SANTA CRUZ Co. (14<sup>th</sup> DAA) Fair  
 Please submit this completed form by February 14, 2014

1. **2013 IRS Form W-3** \$ \_\_\_\_\_

2013 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. **2013 Total hours Worked by all Employees** \_\_\_\_\_

2013 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. **2013 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 14<sup>th</sup> DAA 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."

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Signature of Contractor

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Date signed