



Utah Local Governments Trust Workers' Compensation Payroll Audit Form for 2009-~~2010~~

Now that your policy year has ended, it is time to get your actual payroll from January 1, 2009 to January 1, 2010. This will help us to determine if you have reported too much payroll for the year, or if you did not report enough payroll for the expiring policy. The premium will be adjusted accordingly. Please return this form no later than April 15, 2010. If you have any questions, please call (800) 748-4440, and speak to Jill or Suzie.

Please return the completed form to the following:

SENT
2/25/10

Attention: Property & Casualty Department
Utah Local Governments Trust
55 South Highway 89
North Salt Lake, Utah 84054

You may also fax the completed form to (801) 936-0300.

Name of Entity:	City of Taylorsville		
Address:	2600 W Taylorsville		
Form Completed By:	Scott HARRINGTON	Date:	2/19/10
Phone Number:	801 963-5400	Fax Number:	801-963-7891
E-mail Address:	SHARRINGTON@TAYLORSVILLE.UT.GOV		
(Please complete all of the above information so that we may update our records)			

Class Code	Class Code Description	Actual 2009-2010 Payroll <small>If you have volunteers, please list number of volunteers</small>
7720	Police officers	3470 801
8810	Clerical	1384 775
9417	Municipal	1198 105

Public Sector Exposure Checklist

- 1 Number of Police Officers? Full Time 58 Part Time 0
- 2 Miles of Road Maintained? 154
- 3 Number of Bridges Maintained? 2
- 4 Any Parks? yes
- 5 Any Recreation Facilities? (Swimming Pools, Gyms, Etc.) no
- 6 Any Skate Park Facilities? yes
- 7 Do you currently have Crime/Fidelity Bond coverage? Limit ?
- 8 Full time employees? 109
- 9 Part time employees? 40
- 10 Seasonal employees? 10
- 11 Workforce reduction planned for 2010 FY? # no
- 12 Any Special events? (Fireworks displays, festivals, etc.) # yes Taylorville Dayz

YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

1) City's EIN # 87-0560696

2) There was no reference to autos having comprehensive and collision. If you want these coverages, please tell me what deductibles for each and what vehicles on the schedule should have it.

3) Do you ever short-term rent or lease vehicles, either locally or even on city trips? If so, how much do you spend per year? Do you wish to cover damage to these vehicles? NO

4) How often do you run Driving Record checks on employees?

5) Is the Ford shuttle van a 15 passenger? If yes, do you provide training on how to properly drive these larger passenger vehicles? YES

6) Do you provide any type of transit for
Paratransit or Dial-a-ride Y/N
Daycare/ Daycamp/ Recreation programs Y/N
Social Service programs Y/N

Senior center

Are new drivers given orientation on operations? Y/N
Criminal Records checked? Y/N
Written program and training on handicapped? Y/N

7) Operate any vehicles not owned by city? Y/N If so, need copy of contract.

8) Any contract drivers? Y/N If so, need copy of contract
Any volunteer drivers? Y/N Describe:

on rare occasion with normal

9) How many officials, not required to be bonded, are authorized to handle, manage or govern employees? 11

10) How many employees can maintain records, handle money or securities or property? 9

11) Do you have a safe or vault? Y/N What kind? _____

12) Do you require all employees to change their passwords and access codes regularly? Y/N

13) Is software security system in place to detect fraud? Y/N

14) Are employees allowed to put their own programs on a city computer? Y/N

15) Are funds transferred electronically? Y/N
What is dollar volume of electronic funds? \$12m.

Average _____
Maximum _____

Transfer verification sent to other than the person who made the transfer? Y/N

16) Total # Full time employees 109 ; # terminated — (voluntary) — (involunt)
 Part time employees 47
 Temporary seasonal 10
 Leased workers 0
 Independent Contractors 12 one
 Volunteers — *through the year*

(Independent contractor means any person who is not your employee but who performs duties related to the conduct of your operations in the course of their independent employment in accordance with a contract between you and the independent contractor for specified services.)

17) What was your turnover rate for full time (# of employees who left or were terminated divided by total # of employees?

18) Are any employees unionized? Y/N

19) Do you anticipate any Layoffs Y/N ; Terminations Y/N ; Workforce reductions Y/N

20) Who is your HR director? Robin Kishiyama Full time? Y/N

21) Involuntary terminations reviewed by: (check all that apply)
 HR director, Inside legal counsel, Outside legal counsel City Admin.

22) Does employment application contain:
 At-will statement? Y/N
 Authorization to check references and criminal records? Y/N
 Applicant attesting all representations are true? Y/N
 Equal Opportunity statement? Y/N

23) Written guidelines, policies or procedures and when last revised:
 EEO policy (Equal Empl Opport) revised: Jan. 2010
 Anti-discrimination policy
 Discipline/ discharge, termination policy
 Workplace harassment, sexual harassment policy
 Hiring policy
 Grievance policy
 Performance appraisal review
 Salary Administration
 ADA (Disabled)

Are above policies and procedures contained in employee handbook or manual? Y/N
 Is training given that sensitizes employees on Discrimination Y/N; Harassment Y/N

24) Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Y/N If so, attach copy.

25) In past 5 years have there been or is there now pending:

- Written demand for monetary damages
- Civil or criminal proceeding
- Administrative or arbitration proceeding
- Complaint, charge or investigative proceeding before EEOC or similar agency
- Any knowledge of information of any alleged violation of law, internal complaint, or circumstance, related to employment which could rise to a claim. If so, explain....

26) Do you administer an Employee Benefits Program? Y/N
What is value of the program? _____
How many employees are enrolled? _____

27) Do you have a cemetery? Y/N

28) Are you covered for Earthquake? Y/N If not, do you wish to have coverage? Y/N

29) Do you have radio towers? Y/N If so, please provide age and height of each tower.

30) Law Enforcement Policies & Procedures manual:

When updated last? Jan 2010

How often reviewed with personnel? Annually

Includes sections on:

- Vehicle pursuit
- Transportation of Prisoners
- Firearms & less lethal weapons
- Service of warrant
- Searches
- Canines
- Use of Volunteers
- Manual distributed to all personnel
- Employees required to sign off
- All policies and procedures reviewed by legal counsel? Y/N
(Name of counsel: John N. Byrnes)
- Patrol Driving and Response
- Use of force
- Domestic Violence response
- Arrests & Investigatory stops
- Motor Vehicle stops & searches
- Sexual Harassment
- Secondary Employment & Off duty powers

31) Is Police Dept accredited by CALEA? Y/N

32) Task Forces	# of Officers Involved	Who leads task force?	Insured elsewhere?
Drug	3	Sgt. Taylor Salt Lake County	N
Swat	6	Salt Lake County	Y
Gang	1	Salt Lake County	Y

33) Does city have a shooting range? Y/N
 Used by: Other Law Enforcement agencies
 General Public
 (If yes on either, is an injury waiver required? Y/N)

34) Number of each type of employee:
56 Full time officers, detectives, investigators and sergeants including chief
2 Policy dogs
0 Part time/reserve/auxiliary/court officers armed, or "with" arrest authority
0 Jailers
0 Animal Control Personnel
0 Dispatchers
50 School Crossing Guards
0 Unarmed part-time/reserve/auxiliary officers "without" arrest authority
6 Other unarmed law enforcement personnel including clerical, and other unarmed not included elsewhere.

35) If you have reserve or auxiliary officers, do they:
 Traffic control
 Civil Disturbance
 Crowd Control
 Other

36) Do you have your own dispatch? Y/N If not, is it through VEC? Y/N Salt Lake Co.

37) Do you have a N jail, Y holding cell, 2 attached to court for Daytime court sessions.

38) Written policies on:
 Use of force
 Restraints
 Inmate Classification
 Strip Searches
 Medical Treatment
 Suicide Prevention
 Emergency Evacuation
 Key Control & Security
 Inmate Transportation
 Discipline and Grievance Procedures

} Transportation is by Salt Lake Co. Sheriff's custody with oversight

Type of surveillance system and lighting Camera & audio

Property Section:

- 1) No deductible is shown anywhere for damage to property. Please indicate what deductible you wish to have per loss \$ _____ *Please give options*
- 2) No limits were shown for contents of each building. If the limits are separate from each building limit, please provide limits.

Please circle those that apply to the operations of Taylorsville City:

- | | |
|--|--|
| Arena/Convention center | Dam/Levee/Dike |
| Daycare/Day camps | EMT/Paramedic |
| Housing Authority | Jail/Detention Center |
| Landfill/Dump/Refuse Site/Incinerator | City Library |
| Mechanical or electrical amusement devices | Museum |
| Pier/Dock/Marina/Boat slip/Ramp | Sanitation/Garbage Collection/Recycle operations |
| Shelter/Youth Home/Group Home | Skate Park Facility |

City owned boats or watercraft---- please describe

Special Events (Fairs, carnivals, festivals, parades)---- please list

*Taylorsville Dayze
2 day Town Day*

Streets/Roads/Highways/Bridges---- How many miles of city streets/roads 154
How many bridges 1

Recreational Activities (Programs, Fireworks, Water Activities, Golf Courses, Fitness Center, Rodeo---- please list

Utilities: Electric Sewer Water