§ 339.8 Annual Collection of the Workers’ Occupational Safety and Health Fund Fee for Certification and Recertification of Loss Control Consultation Services.

(a) The fee per application for certification and recertification of loss control consultation services shall be the greater of $100.00 or 0.0125 percent of the amount (i.e., the amount multiplies by 0.000125) of the applicant’s direct written premiums reportable on the latest calendar year “Call for California Workers’ Compensation Experience” the applicant has filed with the Workers' Compensation Insurance Rating Bureau of California.

EXCEPTION: For start-up applications submitted in 1994, the fee shall be based on the premiums reportable for 1992.

(b) All application fees collected pursuant to this article shall be deposited in the Cal/OSHA Targeted Inspection and Consultation Fund, as provided in section 62.7 of the Labor Code.

NOTE: The Division may increase the insurer’s certification fee on a prorata basis to compensate for any extension of the insurer’s certification period beyond one year which is granted by the Division pursuant to section 339.2(c)(1) of this Article.

(a) The Director designates the Commission on Health and Safety and Workers’ Compensation to collect the fee required by Labor Code Section 6354.7 for the purpose of establishing and maintaining a workers’ occupational safety and health training and education program and insurance loss control services coordinator.

(b) On or before April 1 of each year, each insurer subject to Labor Code Section 6354.5 shall pay to the Commission on Health and Safety and Workers’ Compensation the workers’ occupational safety and health training and education program fee required by Labor Code Section 6354.7. All fees collected pursuant to this section shall be deposited in the Workers’ Occupational Safety and Health Education Fund, as provided in Section 6354.7 of the Labor Code.

(c) The annual fee required under this section shall be the greater of one hundred dollars ($100) or 0.0286 percent of paid workers’ compensation indemnity claims as reported for the previous calendar year to the designated rating organization for the analysis required under subdivision (b) of Section 11759.1 of the Insurance Code.

(d) Along with the payment required by this section, each insurer shall submit:

(1) A copy of the insurer’s response to the annual “Call for California Workers’ Compensation Experience” for the preceding calendar year.

(2) A summary report, on form CHSWC-1 “Workers’ Occupational Safety and Health Education Fee Annual Report. (Rev.1/03)” The Commission shall provide a copy of the form CHSWC-1
to each insurer subject to Labor Code Section 6354.5 not later than February 1 of the year in which the fee is collected. The form CHSWC-1 shall include the following information:

(A) the name of the insurer submitting the report, including a list of all insurer names used to write workers’ compensation insurance in California. For each insurer listed, a copy of each insurer’s Certificate of Authority, issued by the California Department of Insurance, to write workers’ compensation insurance shall be submitted with the report as an attachment.

(B) the name and contact information for a company officer to be contacted concerning the insurer’s loss control services or the workers’ occupational safety and health training and education program;

(C) the amount of paid indemnity as reported by the insurer for the previous calendar year to the Workers’ Compensation Insurance Rating Bureau in response to the annual “Call for California Workers’ Compensation Experience;” and,

(D) the amount of the fee being paid by the insurer.

Note: Copies of the form CHSWC-1 may be obtained upon request from the Commission or downloaded from the Commission’s web site at: http://www.dir.ca.gov/CHSWC/.  

(e) A group of insurers under the same management, direction and control may elect to submit a single consolidated payment so long as the information required by the Commission is separately provided for each insurer.


§ 339.9 Workers’ Occupational Safety and Health Fund Fee Report Form

[Form CHSWC-1 attached]