

EMPLOYMENT RISK MANAGEMENT AUTHORITY

UNDERWRITING COMMITTEE MEETING AGENDA

**Thursday, November 15, 2018
11:00 am**

**Teleconference
Dial: (620) 878-0840
Pin: 505 582#**

All or portions of this meeting will be conducted by teleconferencing in accordance with Government Code Section 54953(b). Teleconference locations are as follows:

Bickmore, 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA
PERMA, 36-951 Cook Street, Suite 101, Palm Desert, CA
PARSAC, 10500 Civic Center Drive, Rancho Cucamonga, CA

Each location is accessible to the public, and members of the public may address the Underwriting Committee from any teleconference location.

In compliance with the Americans with Disabilities Act, if you need a disability-related modification or accommodation to participate in this meeting, please contact Molly McClure at (916) 244-1109 or (916) 244-1199 (fax). Requests must be made as early as possible, and at least one full business day before the start of the meeting.

Documents and materials relating to an open session agenda item that are provided to the ERMA Underwriting Committee less than 72 hours prior to a regular meeting will be available for public inspection at 1750 Creekside Oaks Dr., Suite 200, Sacramento, CA 95833.

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|--------------------|---|
| <u>Page</u> | 1. CALL TO ORDER |
| | 2. ROLL CALL |
| | 3. APPROVAL OF AGENDA AS POSTED (OR AMENDED) |
| | 4. PUBLIC COMMENTS - This time is reserved for members of the public to address the Board relative to matters of ERMA not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to five minutes per person and twenty minutes in total. |

5. CONSENT CALENDAR

If a Board member would like to discuss any item listed, it may be pulled from the Consent Calendar.

- 4 *A. Minutes – May 24, 2018, Underwriting Committee Meeting
 Recommendation: Approve the Consent Calendar.

6. MEMBERSHIP MATTERS

- 6 *A. Review of Prospective New Member Application – City of Santa Maria (ERMAC)
 Recommendation: Staff recommends the Committee recommend approval of the City of Santa Maria as an underlying member of ERMAC at a \$500,000 SIR, effective January 1, 2019.
- *B. Review of Prospective New Member Application – Central Marin Fire Authority (BCJPIA)
 Recommendation: Staff recommends the Committee recommend approval of the Central Marin Fire Authority as an underlying member of BCJPIA at a \$100,000 SIR, effective January 1, 2019.

7. CLOSING COMMENTS

This time is reserved for comments by the Underwriting Committee members and/or staff and to identify matters for future Underwriting Committee business.

- A. Underwriting Committee
- B. Staff

8. ADJOURNMENT

CONSENT CALENDAR

SUBJECT: Consent Calendar

BACKGROUND AND STATUS:

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If the Committee would like to discuss any item listed, it may be pulled from the Consent Calendar.

RECOMMENDATION:

Approve the Consent Calendar.

REFERENCE MATERIALS ATTACHED:

A. Minutes – May 24, 2018, Underwriting Committee Meeting

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

MINUTES OF THE UNDERWRITING COMMITTEE MEETING OF May 24, 2018

A meeting of the ERMA Underwriting Committee was held via teleconference on Thursday, May 24, 2018, at the offices of Bickmore in Sacramento, City of Rancho Cucamonga, and Greater Los Angeles Vector Control District.

COMMITTEE MEMBERS PRESENT: John Gillison, PARSAC
Truc Dever, GLAVCD

COMMITTEE MEMBERS ABSENT: Scott Ellerbrock, PERMA

OTHERS PRESENT: Jennifer Jobe, Executive Director
Joyce DeVries, Bickmore

1. CALL TO ORDER

The meeting was called to order at 1:35 p.m. by Executive Director Jennifer Jobe.

2. ROLL CALL

A roll call was taken, and it was determined a quorum was present. Present were PARSAC and Greater LA Vector Control District.

3. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

John Gillison moved to approve the agenda as posted. Seconded by Truc Dever. A roll call vote was taken. The motion passed unanimously.

4. PUBLIC COMMENTS

None.

5. CONSENT CALENDAR

John Gillison moved to approve the Minutes – March 29, 2017, Underwriting Committee Meeting. Seconded by Truc Dever. A roll call vote was taken. The motion passed unanimously.

6. ADMINISTRATIVE MATTERS

Membership Matters

A. Review of Prospective New Member Application – City of San Jacinto (PERMA)

Ms. Jennifer Jobe, Executive Director, provided the Committee with background information regarding the City of San Jacinto (PERMA). The City has applied to ERMA as an underlying member of PERMA. The City requested a self-insured retention of \$25,000, which is in line with their \$3.4 million payroll. Given the City is a participating

member of PERMA, one of ERMA's primary pools, this request is something the Committee will consider. The City has 48 full-time employees, and no known losses, and staff obtained a letter attesting to no known losses. At the time of application, the City was not in full compliance with AB 1825 training requirements. This was a result of staffing turnover between the latter half of 2017 and early 2018 with a new Human Resources (HR) Manager. Staff reported discussions took place with the new HR Manager wherein staff was advised of a new training program and tracking of trainings mechanism. The City is now in full compliance as of April 30, 2018. The only other point of note is it has been some time since the City's written policies and procedures had been reviewed. There are full revisions and a review planned for the second half of 2018. Mr. Gillison reported the City of Rancho Cucamonga is presently working with San Jacinto on information technology matters. Mr. Gillison reported the new HR Manager and City staff are working to get the City up to speed in several areas. Mr. Gillison stated he believes the City will be a good fit with ERMA.

John Gillison moved to recommend to the Board of Directors the City of San Jacinto become a member of ERMA, effective July 1, 2018. Seconded by Truc Dever. A roll call vote was taken. The motion passed unanimously.

7. CLOSING COMMENTS

A. Underwriting Committee

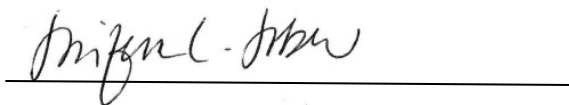
None.

B. Staff

None.

8. ADJOURNMENT

The meeting adjourned at 1:42 p.m. by general consent.



Jennifer L. Jobe, Executive Director

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective New Member Application – City of Santa Maria (ERMAC)

BACKGROUND AND STATUS:

The City of Santa Maria is re-applying for membership in ERMA through ERMAC and has requested a \$250,000 self-insured retention (SIR). The City previously applied and was approved for membership and participation in ERMA at a \$500,000 SIR at the June 13, 2016, Board of Directors meeting. Following approval by the Board, the City rescinded its application from consideration. The City currently reports payroll of \$47,947,627, an approximate 18% increase from the reported 2016 payroll of \$40,716,921.

The City reports 466 full-time and 70 part-time employees. The information provided in the application indicates the City has written personnel policies and procedures and legal counsel regularly reviews and updates the policies. Per the application, the City has incurred five EPL-related claims within the previous seven fiscal years, with a total incurred of \$2,840,712. This data reflects two additional losses since the City's application in 2011. However, it reflects a reduction in total incurred of \$1,072,296 due to a loss which is no longer contemplated as part of the loss data history. There were also recognized recoveries on another loss.

Staff will provide the Committee with detailed loss history information. The application states the City is in compliance with AB 1825 training requirements.

Given the size of the City's payroll, coupled with recent loss experience, staff recommends the Committee consider approval of membership in ERMA at a \$500,000 SIR, effective January 1, 2019.

RECOMMENDATION:

Staff recommends the Committee recommend approval of the City of Santa Maria as an underlying member of ERMAC at a \$500,000 SIR, effective January 1, 2019.

REFERENCE MATERIALS ATTACHED:

- City of Santa Maria Completed Potential New Member Application
- City of Santa Maria Premium Indication
- Target Ratio Analysis

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION

If completed electronically, this application will adjust to allow space for any answers. If not completed electronically, then additional sheets may be needed.

ENTITY NAME: <u>City of Santa Maria</u>		Date: <u>3/21/18</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. 15	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No not all of these
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5. 6	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No not all of them
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>some by council others by city manager</small>
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i>		

B. Employee Information					
1.	Number of Full Time Employees: 466				
2.	Number of Part time Employees: 70				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2013	9 %	2014	9 %	2015 15 %
	2016	4 %	2017	6 %	
4.	How many involuntary employment terminations have occurred in the past two years?				
	2016	5	2017	4	

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>
	5.	Percentage of Employees with salaries less than \$100,000 91 %
	6.	Percentage of Employees with salaries greater than \$100,000 9 %
		Should = 100%

C. Employment Practices Claims Handling		
1.	Who in the Entity has been designated to handle claims? City Attorney Office	
2.	(a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up on the claim?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Do you require written claims for EEO-related complaints?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims: Provided in Harassment policy and grievance section	
3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following?	
	(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	(h) Allegations of libel, slander, defamation of character, invasion of privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is yes to any of the above, please attach a listing of the loss(es) showing a full description of each claim, including the date filed, the substance of the allegations, the disposition of the claim, and any monetary amounts paid in connection with the claim.		

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 training records:	
7.	Does your entity provide AB 1825 training for non-supervisory employees (i.e., "top to bottom" training)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION						
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input checked="" type="checkbox"/> \$250K	<input checked="" type="checkbox"/> \$500K	
<p><i>Please attach the following:</i></p> <ul style="list-style-type: none"> • <i>Member application fee of \$2,500 for prospective JPAs. (Upon approval and completion of the first year of membership, a credit in the amount equal to the fee remitted upon application will be issued in the form of a premium credit.)</i> • <i>EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</i> • <i>Payroll information for the previous 7 completed calendar years;</i> • <i>Completed resolution authorizing participation in ERMA;</i> • <i>Completed intent to participate; and</i> • <i>Most Recent Financial Audit.</i> 						

The undersigned declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

The undersigned further declares and represents that any occurrence taking place prior to the inception of the coverage for which is being applied, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to ERMA. The undersigned acknowledges and agrees that the submission and ERMA's receipt of such report, prior to the inception of the coverage for which being applied, is a condition precedent to coverage.

The undersigned acknowledges:

- (1) ERMA does not require the submittal of the aforementioned policies and procedures. ERMA does, however, rely on the information provided by the applicant in review of the application and the undersigned, therefore, declares and represents that the policies and procedures as represented above are the current policies and procedures of the entity.
- (2) ERMA's Board of Directors may recommend a risk assessment of any new member within 60 days of joining ERMA and/or a higher self-insured retention from what was requested, if an application for membership is approved.

The undersigned further acknowledges and agrees this application contains requests for information and requests for data on a range of exposures, but such requests do not imply that coverage is afforded in the program for which is being applied.

City of Santa Maria
Agency or Entity Name

Melissa Guerrero
Applicant's Name (please print)

Management Analyst
Title

[Signature]
Applicant's Signature

3/28/18
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY PREMIUM INDICATION

ERMAC

Name of Entity	City of Santa Maria
2017 Payroll	\$42,388,293
Coverage Period	July 1, 2018 to June 30, 2019

CALCULATION

Member Retained Limit Options		\$100,000	\$250,000	\$500,000
Retained Limit Factor		0.82	0.48	0.19
Retained Limit Rate		0.391	0.229	0.091
Defense & Indemnity: Pooled Funding		\$165,798	\$97,052	\$38,417
Administration	0.0550	23,307	23,307	23,307
Loss Prevention & Training	0.0068	2,871	2,871	2,871
Subtotal		\$191,976	\$123,231	\$64,595
JPA Participation Credit	6.65%	(\$12,765)	(\$8,194)	(\$4,295)
Individual Experience Mod Factor *		1.000		
Off-Balance Factor		0.853		
TOTAL ERMA PREMIUM **		\$152,911	\$98,155	\$51,451

* New members are assigned an experience modification factor of 1.000 their first year in ERMA.

** Premium prorated based on date of inception of coverage.

2018 ERMA Target Ratio Calculation
City of Santa Maria

Program Year	Data Used In Calculations				Target Ratios		
	6 Total Incurred *	7 # of Claims	8 Payroll	9 Deposit Premium	10 Frequency (7 / 8/100,000)	11 Severity (6 / 8/100,000)	12 Loss Ratio (6 / 9)
2012/2013	\$2,154,177	3	\$33,206,225		0.90%	648.73%	N/A
2013/2014	\$436,377	2	\$32,695,659		0.61%	133.47%	N/A
2014/2015	\$0	0	\$37,637,536		0.00%	0.00%	N/A
2015/2016	\$0	1	\$40,297,590		0.25%	0.00%	N/A
2016/2017	\$170,404	1	\$45,394,644		0.22%	37.54%	N/A

2012/2013			2013/2014			2014/2015			2015/2016			2016/2017		
Target Ratios			Target Ratios			Target Ratios			Target Ratios			Target Ratios		
Frequency	Severity	Loss Ratio	Frequency	Severity	Loss Ratio	Frequency	Severity	Loss Ratio	Frequency	Severity	Loss Ratio	Frequency	Severity	Loss Ratio
2.49%	106%	80%	3.04%	169%	80%	2.06%	139%	80%	2.29%	109%	80%	2.40%	27%	80%
0.90%	648.73%	N/A	0.61%	133.47%	N/A	0.00%	0.00%	N/A	0.25%	0.00%	N/A	0.22%	37.54%	N/A

* Each individual claim over \$25,000

ERMA's Target
One parameter exceeded
Two parameters exceeded
Three parameters exceeded

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective New Member Application – Central Marin Fire Authority (BCJPIA)

BACKGROUND AND STATUS:

The Central Marin Fire Authority consists of the City of Larkspur and the Town of Corte Madera. The Central Marin Fire Authority is applying for membership in ERMA through BCJPIA and has requested a \$100,000 self-insured retention (SIR). The Authority reports payroll of \$5,874,158.

The information provided on the Authority's application indicates that although the Authority has written policies and procedures in place which have not been reviewed within the previous five years, further revisions are planned for December 2018.

The Authority reports 37 full-time employees, has incurred no EPL-related claims within the previous seven fiscal years and issued a letter attesting to "No Known Losses".

RECOMMENDATION:

Staff recommends the Committee recommend approval of the Central Marin Fire Authority as an underlying member of BCJPIA at a \$100,000 SIR, effective January 1, 2019.

REFERENCE MATERIALS ATTACHED:

- Central Marin Fire Authority Completed Potential New Member Application
- Central Marin Fire Authority Premium Indication

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION

If completed electronically, this application will adjust to allow space for any answers. If not completed electronically, then additional sheets may be needed.

ENTITY NAME: Central Marin Fire Authority

Date: 10/30/2018

EMPLOYMENT PRACTICES INFORMATION

A. Policies and Procedures

1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. 5.4	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5. 2.7	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? To be approved by Fire Council December/2018	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information:</i>	

B. Employee Information

1.	Number of Full Time Employees: 37														
2.	Number of Part time Employees: 0														
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?														
	2018	0	%	2017	5.4	%	2016	5.4	%	2015	2.7	%	2014	2.7	%
4.	How many involuntary employment terminations have occurred in the past two years?														
	2018	0				2017	0								

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 18.92 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 81.08 %	

C. Employment Practices Claims Handling	
1.	Who in the Entity has been designated to handle claims? Fire Chief Scott Shurtz
2.	<div> (a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up on the claim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> (b) Do you require written claims for EEO-related complaints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>
	If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims: See Attached Policy.
3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following?
	(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

	(h) Allegations of libel, slander, defamation of character, invasion of privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer is yes to any of the above, please attach a listing of the loss(es) showing a full description of each claim, including the date filed, the substance of the allegations, the disposition of the claim, and any monetary amounts paid in connection with the claim.		

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2. 5.4	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 training records:	
7.	Does your entity provide AB 1825 training for non-supervisory employees (i.e., "top to bottom" training)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION						
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input checked="" type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$500K	
Please attach the following:						
<ul style="list-style-type: none"> • <i>Member application fee of \$2,500 for prospective JPAs. (Upon approval and completion of the first year of membership, a credit in the amount equal to the fee remitted upon application will be issued in the form of a premium credit.)</i> • <i>EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</i> • <i>Payroll information for the previous 7 completed calendar years;</i> • <i>Completed resolution authorizing participation in ERMA;</i> • <i>Completed intent to participate; and</i> • <i>Most Recent Financial Audit.</i> 						

The undersigned declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

The undersigned further declares and represents that any occurrence taking place prior to the inception of the coverage for which is being applied, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to ERMA. The undersigned acknowledges and agrees that the submission and ERMA's receipt of such report, prior to the inception of the coverage for which being applied, is a condition precedent to coverage.

The undersigned acknowledges:

- (1) ERMA does not require the submittal of the aforementioned policies and procedures. ERMA does, however, rely on the information provided by the applicant in review of the application and the undersigned, therefore, declares and represents that the policies and procedures as represented above are the current policies and procedures of the entity.
- (2) ERMA's Board of Directors may recommend a risk assessment of any new member within 60 days of joining ERMA and/or a higher self-insured retention from what was requested, if an application for membership is approved.

The undersigned further acknowledges and agrees this application contains requests for information and requests for data on a range of exposures, but such requests do not imply that coverage is afforded in the program for which is being applied.

Central Marin Fire Authority

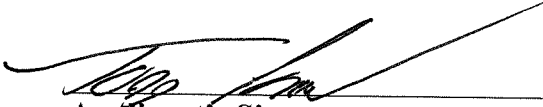
Agency or Entity Name

Todd Cusimano

Applicant's Name (please print)

Executive Manager

Title



Applicant's Signature

10/30/2018

Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY PREMIUM INDICATION

BCJPIA

Name of Entity	Central Marin Fire Authority
2017/2018 Payroll	\$5,874,158
Coverage Period	July 1, 2018 to June 30, 2019

CALCULATION

Member Retained Limit Options		\$50,000	\$75,000	\$100,000
Retained Limit Factor		1.00	0.90	0.82
Retained Limit Rate		0.477	0.429	0.391
Defense & Indemnity: Pooled Funding		\$28,020	\$25,218	\$22,976
Administration	0.0566	3,324	3,324	3,324
Loss Prevention & Training	0.0070	409	409	409
Subtotal		\$31,753	\$28,951	\$26,709
JPA Participation Credit	4.85%	(\$1,541)	(\$1,405)	(\$1,296)
Individual Experience Mod Factor *		1.000		
Off-Balance Factor		0.930		
TOTAL ERMA PREMIUM **		\$28,093	\$25,614	\$23,631

* New members are assigned an experience modification factor of 1.000 their first year in ERMA.

** Premium prorated based on date of inception of coverage.