



**EMPLOYMENT RISK MANAGEMENT AUTHORITY  
UNDERWRITING COMMITTEE MEETING  
AGENDA**

**Thursday, May 21, 2020  
9:00 a.m.**

**Webex**

**Dial-in Number: (904) 900-2303**

**Meeting Number: 475-218-684**

**[Meeting Link](#)**

In compliance with the Americans with Disabilities Act, if you need a disability–related modification or accommodation to participate in this meeting, please contact Mona Hedin at (916) 290-4645 or [mona.hedin@sedgwick.com](mailto:mona.hedin@sedgwick.com). 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 Board of Directors less than 72 hours prior to a regular meeting will be available for public inspection by contacting Mona Hedin at (916) 290-4645 or [mona.hedin@sedgwick.com](mailto:mona.hedin@sedgwick.com).

- 
- Page*     **1. CALL TO ORDER/ROLL CALL**
- 2. APPROVAL OF AGENDA AS POSTED (OR AMENDED)**
- 3. PUBLIC COMMENTS** - The Public may submit any questions in advance of the meeting by contacting Jennifer Jobe at: [jennifer.jobe@sedgwick.com](mailto:jennifer.jobe@sedgwick.com). This time is reserved for members of the public to address the Board relative to matters of the ERMA not on the agenda. No action may be taken on non-agenda items unless authorized by law.
- 4. CONSENT CALENDAR** - If the Committee would like to discuss any item listed, it may be pulled from the Consent Calendar.
- 3**     \*A.     Minutes – October 15, 2019, Underwriting Committee Meeting  
                 *Recommendation: Approve the Consent Calendar.*



## **5. MEMBERSHIP MATTERS**

- 5        \*A.    Review of Prospective New Member Applications – Pooled Liability Assurances Network (PLAN) and Underlying Member Entities  
*Recommendation: Staff recommends the Underwriting Committee approve the Pooled Liability Assurances Network (PLAN) and their underlying members – City of American Canyon at a \$100,000 SIR, Town of Atherton at a \$100,000 SIR and Town of Woodside at a \$50,000 SIR, effective July 1, 2020.*
- 26       \*B.    Review of Prospective New Member Applications – City of Beaumont (ERMAC)  
*Recommendation: Staff recommends the Underwriting Committee approve the City of Beaumont (ERMAC) at a \$500,000 SIR, effective July 1, 2020.*

## **6. CLOSING COMMENTS**

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

- A.    Underwriting Committee
- B.    Staff

## **7. ADJOURNMENT**

*\* = Material on agenda item enclosed*

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)**

**MINUTES OF THE UNDERWRITING COMMITTEE  
MEETING OF OCTOBER 15, 2019**

The meeting of the ERMA Underwriting Committee meeting was held on October 15, 2019 at Sedgwick.

**COMMITTEE MEMBERS PRESENT:** John Gillison, President, PARSAC  
Truc Dever, Vice President, GLAVCD  
Stuart Schillinger, Treasurer, BCJPIA  
Scott Ellerbrock, PERMA

**COMMITTEE MEMBERS ABSENT:** None

**OTHERS PRESENT:** Jennifer Jobe, Executive Director  
Mona Hedin, Analyst

1. CALL TO ORDER

The October 15, 2019, ERMA Underwriting Committee meeting was called to order at 1:18 p.m. by President John Gillison. It was determined a quorum was present.

2. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

**Scott Ellerbrock moved to approve the agenda as posted. Seconded by Truc Dever. The motion passed unanimously.**

3. PUBLIC COMMENTS

None.

4. CONSENT CALENDAR

**Scott Ellerbrock moved to approve the consent calendar as follows: Item A. Minutes – January 14, 2019, Underwriting Committee Meeting. Seconded by Truc Dever. The motion passed unanimously.**

5. MEMBERSHIP MATTERS

A. Review of Prospective New Member Application – City of Rancho Mirage (PERMA)

Jennifer Jobe, Executive Director, reported The City of Rancho Mirage is applying for membership in ERMA as an underlying member of PERMA and has requested a \$50,000 self-insured retention (SIR). The City reported payroll of \$7,250,967 for the 2018 calendar year.

The City reports 90 full-time and 29 part-time employees. The City has reported one EPL-related claim within the previous seven fiscal years. The claim is closed, with no incurred loss.

The information provided in the application indicates the City has written personnel policies in place; however it has been many years since a thorough review was conducted. The City has engaged Liebert Cassidy Whitmore (LCW) to assist in a comprehensive update of their personnel policies and procedures. The City confirmed they will follow LCW and ERMA's recommendations regarding the frequency by which the newly drafted policies should be reviewed.

Ms. Jobe further advised the City is not up to date with harassment and discrimination training requirements, however they are working toward completion of training for all personnel, with an expected completion date of October 2019.

**Truc Dever moved to recommend the Board of Directors approve of the City of Rancho Mirage as an underlying member of PERMA at a \$50,000 SIR, effective January 1, 2020. Seconded by Stuart Schillinger. The motion passed unanimously.**

Mr. Ellerbrock noted the City's indication includes the addition of nose coverage for the first program year. This coverage is necessary, as the City is transitioning from a commercial claims-made policy to ERMA's occurrence-based Memorandum of Coverage and will ensure the member does not experience any gaps in coverage.

6. CLOSING COMMENTS

A. Board

None.

B. Staff

None.

7. ADJOURNMENT

The October 15, 2019, ERMA Underwriting Committee meeting adjourned at 1:25 p.m. by general consent.

---

Jennifer Jobe, Executive Director

**MEMBERSHIP MATTERS**

**SUBJECT:   Review of Prospective New Member Applications – Pooled Liability Assurances Network (PLAN) and Underlying Member Entities**

---

**BACKGROUND AND STATUS:**

The Pooled Liability Assurances Network (PLAN) has applied as a participating JPA in ERMA. PLAN has twenty-eight member entities, of which three have applied to join ERMA effective July 1, 2020, at various self-insured retentions (SIR) as presented below.

Staff has received an application for membership from PLAN and the three underlying member entities noted below, along with all supporting documentation.

**City of American Canyon**

The City of American Canyon (City) is applying for membership in ERMA as an underlying member of PLAN and has requested a \$100,000 (SIR). The City reports payroll of \$7.2M for the 2019 calendar year and has seventy-one (71) full-time and fifteen (15) part-time employees. The City reports three losses within the previous seven fiscal years, all of which are closed.

The City has written personnel policies and procedures in place and is currently conducting a comprehensive review and update of these policies with plans for Legal Counsel review upon completion.

The City participates in Liebert Cassidy Whitmore's (LCW) Consortium and actively engages LCW to assist in the defense of claims and state-mandated training. The City also utilizes Target Solutions for its online training needs.

*Staff recommends the Committee consider approval of the City of American Canyon as an underlying member of PLAN at a \$100,000 SIR, effective July 1, 2020.*

**The Town of Atherton**

The Town of Atherton (Town) is applying for membership in ERMA as an underlying member of PLAN and has requested a \$100,000 (SIR). The Town has thirty-five (35) full-time and ten (10) part-time employees.

The Town has written personnel policies and procedures in place that have been updated in the most recent five years and are regularly reviewed by Legal Counsel. The Town is compliant with all state-mandated training.

*Staff recommends the Committee consider approval of the Town of Atherton as an underlying member of PLAN at a \$100,000 SIR, effective July 1, 2020.*

**Town of Woodside**

The Town of Woodside (Town) is applying for membership in ERMA as an underlying member of PLAN and has requested a \$50,000 (SIR). The Town reports payroll of \$2.2M for the 2019 calendar year and has nineteen (19) full-time and twenty-four (24) part-time employees. The Town reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The Town has written personnel policies and procedures in place and is in the process of updating their policies as it has been a number of years since a thorough review was conducted. Upon completion of the updates to the policies and procedures, a thorough review will be conducted by Legal Counsel. The Town is compliant with state-mandated training requirements and stated it frequently coordinate training efforts with neighboring PLAN agencies.

*Staff recommends the Committee consider approval of the Town of Woodside as a member through PLAN at a \$50,000 SIR, effective July 1, 2020.*

**RECOMMENDATION:**

*Staff recommends the Underwriting Committee approve the Pooled Liability Assurances Network (PLAN) and their underlying members – City of American Canyon at a \$100,000 SIR, Town of Atherton at a \$100,000 SIR and Town of Woodside at a \$50,000 SIR, effective July 1, 2020.*

**REFERENCE MATERIALS ATTACHED:**

- Pooled Liability Assurances Network (PLAN) Completed Potential New Member Application
- City of American Canyon Completed Potential New Member Application
- City of American Canyon Premium Indication
- Town of Atherton Completed Potential New Member Application
- Town of Atherton Premium Indication
- Town of Woodside Completed Potential New Member Application
- Town of Woodside 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: _____		Date: _____	
<b>EMPLOYMENT PRACTICES INFORMATION</b>			
<b>A. Policies and Procedures</b>			
1.	Does the Entity have written personnel policies and procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input type="checkbox"/> Hiring	<input type="checkbox"/> Termination	<input type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input type="checkbox"/> Discipline	<input type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input type="checkbox"/> Anti-Harassment Policies	
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies	
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input 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 type="checkbox"/> No
	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 type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No
	<i><b>If you answered no to any of the above, please use this space to provide more information:</b></i>		

<b>B. Employee Information</b>					
1.	Number of Full Time Employees:				
2.	Number of Part time Employees:				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	20__ %	20__ %	20__ %	20__ %	20__ %
4.	How many involuntary employment terminations have occurred in the past three years?				
	20__	20__			



		<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 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 %	

<b>C. Employment Practices Claims Handling</b>			
	1.	Who in the Entity has been designated to handle claims?	
	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 type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Do you require written claims for EEO-related complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims:</b>	
	3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input 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 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 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 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 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 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 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 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 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 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.		

<b>D. Employment Practices Risk Management</b>		
1.	Does the applicant have a Human Resources or Personnel Department?	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input 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 type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>E. DESIRED SELF-INSURED RETENTION</b>	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input type="checkbox"/> \$500K
<p><b>Please attach the following:</b></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <i>Payroll information for the previous 7 completed calendar years;</i></li> <li>• <i>Completed resolution authorizing participation in ERMA;</i></li> <li>• <i>Completed intent to participate; and</i></li> <li>• <i>Most Recent Financial Audit.</i></li> </ul>	

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.

---

**Agency or Entity Name**

---

**Applicant's Name (please print)**

---

**Title**

---

**Applicant's Signature**

---

**Date**

# 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 American Canyon</u>		Date: <u>March 14, 2020</u>
<b>EMPLOYMENT PRACTICES INFORMATION</b>		
<b>A. Policies and Procedures</b>		
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.	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"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<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.	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
	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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p><u>The City of American Canyon does not currently have EPL.</u></p>		

<b>B. Employee Information</b>						
1.	Number of Full Time Employees:	<u>71</u>				
2.	Number of Part time Employees:	<u>15</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	2015	9%	2016	9%	2017	10%
	2018	13%	2019	6%		
4.	How many involuntary employment terminations have occurred in the past three years?					
	2017	1	2018	2	2019	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 <u>80</u> %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 <u>20</u> %	

<b>C. Employment Practices Claims Handling</b>	
1.	Who in the Entity has been designated to handle claims? <u>The City Contracts w/ Jeter &amp; Jeter</u>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims:</b>
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 <u>See attached sheet</u>
	(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>See attached sheet</u>
	(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 <u>See attached sheet</u>
	(e) Allegations of misrepresentation or defamation made by an Employee 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 Employee which arise from an employment decision to hire, fire, promote, demote or discipline; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>See attached sheet</u>
	(g) Allegations of false imprisonment, detention, or malicious prosecution made by an Employee 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.	

<b>D. Employment Practices Risk Management</b>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. <i>see attached sheet</i>	
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, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>training logs, reports and or certificates</i>	
7.	Does your entity provide SB 1343 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

<b>E. DESIRED SELF-INSURED RETENTION</b>						
<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"> <li>• Member application fee of \$1,000 for individual, direct members. (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.)</li> <li>• EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</li> <li>• Payroll information for the previous 7 completed calendar years;</li> <li>• Completed resolution authorizing participation in ERMA;</li> <li>• Completed intent to participate; and</li> <li>• Most Recent Financial Audit.</li> </ul>						

# EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

## Pooled Liability Assurance Network Joint Powers Authority (PLAN JPA)

Name of Entity	American Canyon
2019/2020 budgeted payroll	\$7,592,816
Coverage Period	July 1, 2020 to June 30, 2021

### CALCULATION

Retained Limit Options		\$50,000	\$75,000	\$100,000
Retained Limit Factor		1.00	0.90	0.82
Retained Limit Rate		0.567	0.510	0.465
Defense & Indemnity: Pooled Funding		\$43,051	\$38,746	\$35,302
Administration	0.0519	3,940	3,940	3,940
Loss Prevention & Training	0.0071	535	535	535
Subtotal		\$47,527	\$43,222	\$39,778
JPA Participation Credit	10.00%	(\$4,753)	(\$4,322)	(\$3,978)
Individual Experience Mod Factor *		1.0000		
Off-Balance Factor		1.0004		
Excess Insurance \$2 million x \$1 million	0.0400	3,037	3,037	3,037
<b>ERMA CONTRIBUTION **</b>		<b>\$45,829</b>	<b>\$41,953</b>	<b>\$38,852</b>

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

\*\* Contribution calculated using rates and factors per the 2020/21 preliminary budget.

# 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>Town of Atherton</u>		Date: <u>5/14/2020</u>	
<b>EMPLOYMENT PRACTICES INFORMATION</b>			
<b>A. Policies and Procedures</b> Human Resources Policies and Procedures Manual			
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.	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	
Y	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	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	
	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	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b><i>If you answered no to any of the above, please use this space to provide more information:</i></b></p> <p>We have an on-boarding for New-Hires that reviews workplace conduct, but EPL policies and practices are not currently covered, grievance procedures are reviewed as a part of the HR Manual</p>			

<b>B. Employee Information</b>					
1.	Number of Full Time Employees: 35				
2.	Number of Part time Employees: 10 ( Per Diem Dispatchers and 5 Reserve Officers)				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	20 <sup>19</sup>	20 <sup>18</sup>	20 <sup>17</sup>	20 <sup>16</sup>	20 <sup>15</sup>
	10 %	4.1 %	18.2%	10.5 %	8.4 %
4.	How many involuntary employment terminations have occurred in the past three years?				
	20 <sup>19</sup>	20 <sup>18</sup>	20 <sup>17</sup>		
	1	0	1		





	(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.		

<b>D. Employment Practices Risk Management</b>		
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, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: We manage training in employee HR files with an excel document indicated dates of completion and dates needed for renewal	
7.	Does your entity provide SB 1343 training? via a Third-Party Vendor	<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

<b>E. DESIRED SELF-INSURED RETENTION</b>						
<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"> <li>• Member application fee of \$1,000 for individual, direct members. (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.)</li> <li>• EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</li> <li>• Payroll information for the previous 7 completed calendar years;</li> <li>• Completed resolution authorizing participation in ERMA;</li> <li>• Completed intent to participate; and</li> <li>• Most Recent Financial Audit.</li> </ul>						

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.

Town of Athlton

**Agency or Entity Name**

George Rodericks

**Applicant's Name (please print)**

City Manager

**Title**

**Applicant's Signature**

**Date**

5/18/2020

# EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

## Pooled Liability Assurance Network Joint Powers Authority (PLAN JPA)

Name of Entity	Atherton
2019/2020 budgeted payroll	\$5,537,019
Coverage Period	July 1, 2020 to June 30, 2021

### CALCULATION

Retained Limit Options		\$50,000	\$75,000	\$100,000
Retained Limit Factor		1.00	0.90	0.82
Retained Limit Rate		0.567	0.510	0.465
Defense & Indemnity: Pooled Funding		\$31,395	\$28,255	\$25,744
Administration	0.0519	2,873	2,873	2,873
Loss Prevention & Training	0.0071	390	390	390
Subtotal		\$34,659	\$31,519	\$29,008
JPA Participation Credit	10.00%	(\$3,466)	(\$3,152)	(\$2,901)
Individual Experience Mod Factor *		1.0000		
Off-Balance Factor		1.0004		
Excess Insurance \$2 million x \$1 million	0.0400	2,215	2,215	2,215
<b>ERMA CONTRIBUTION **</b>		<b>\$33,421</b>	<b>\$30,594</b>	<b>\$28,333</b>

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

\*\* Contribution calculated using rates and factors per the 2020/21 preliminary budget.

# 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>Town of Woodside</u>		Date: <u>4-30-2020</u>	
<b>EMPLOYMENT PRACTICES INFORMATION</b>			
<b>A. Policies and Procedures</b>			
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.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input type="checkbox"/> Yes	<input checked="" 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 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 type="checkbox"/> Workplace Violence Policies	
Y e s	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	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 type="checkbox"/> Yes	<input checked="" 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? <small>Original dated 1991, last update 2015. The Town is working on a new manual.</small>		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p><b><i>If you answered no to any of the above, please use this space to provide more information:</i></b></p> <p>The Town is working on a new personnel manual. This will be reviewed by legal counsel before being considered for Town Council adoption. The Town has 20 employees and an informal orientation is provided to new employees by supervisors.</p>			

<b>B. Employee Information</b> <small>For Question 3 not counting interns/fellows who work set time (summer). 10%, 15%, 30%, 5%, 15%</small>					
1.	Number of Full Time Employees: 19				
2.	Number of Part time Employees: 4				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	20 <sup>19</sup>	%	20 <sup>18</sup>	%	20 <sup>17</sup>
					20 <sup>16</sup>
					20 <sup>15</sup>
					%
4.	How many involuntary employment terminations have occurred in the past three years?				
	20 20	- 1 person	20 19	- 1 person (Intern)	20 18
					- 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 %	Should = 100% 61% less than, 39% more than
6.	Percentage of Employees with salaries greater than \$100,000 %	

<b>C. Employment Practices Claims Handling</b>		
1.	Who in the Entity has been designated to handle claims? No specific entity designated	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(b) Do you require written claims for EEO-related complaints?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims:</b>	
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.		

<b>D. Employment Practices Risk Management</b>		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: Town of Woodside handles HR and Personnel through the Administration Department.	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input type="checkbox"/> Yes <input checked="" 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, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: All training records are kept in a separate file, including sign in sheets, speaker, and materials.	
7.	Does your entity provide SB 1343 training? We contract for this 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

<b>E. DESIRED SELF-INSURED RETENTION</b>						
<input type="checkbox"/> \$25K	<input checked="" type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$500K	
Please attach the following: <ul style="list-style-type: none"> <li>• Member application fee of \$1,000 for individual, direct members. (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.)</li> <li>• EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</li> <li>• Payroll information for the previous 7 completed calendar years;</li> <li>• Completed resolution authorizing participation in ERMA;</li> <li>• Completed intent to participate; and</li> <li>• Most Recent Financial Audit.</li> </ul>						



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.

Town of Woodside

**Agency or Entity Name**

Kevin Bryant

**Applicant's Name (please print)**

**Applicant's Signature**

**Date**

Town Manager

**Title**



# EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

## Pooled Liability Assurance Network Joint Powers Authority (PLAN JPA)

Name of Entity	Woodside
2019/2020 budgeted payroll	\$2,192,365
Coverage Period	July 1, 2020 to June 30, 2021

### CALCULATION

Retained Limit Options		\$50,000	\$75,000	\$100,000
Retained Limit Factor		1.00	0.90	0.82
Retained Limit Rate		0.567	0.510	0.465
Defense & Indemnity: Pooled Funding		\$12,431	\$11,188	\$10,193
Administration	0.0519	1,138	1,138	1,138
Loss Prevention & Training	0.0071	155	155	155
Subtotal		\$13,723	\$12,480	\$11,486
JPA Participation Credit	10.00%	(\$1,372)	(\$1,248)	(\$1,149)
Individual Experience Mod Factor *		1.0000		
Off-Balance Factor		1.0004		
Excess Insurance \$2 million x \$1 million	0.0400	877	877	877

<b>ERMA CONTRIBUTION **</b>	<b>\$13,233</b>	<b>\$12,114</b>	<b>\$11,218</b>
-----------------------------	-----------------	-----------------	-----------------

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

\*\* Contribution calculated using rates and factors per the 2020/21 preliminary budget.

**MEMBERSHIP MATTERS**

**SUBJECT:   Review of Prospective New Member Applications – City of Beaumont (ERMAC)**

---

**BACKGROUND AND STATUS:**

The City of Beaumont (City) is applying for membership in ERMA as an underlying member of ERMAC and has requested a \$500,000 self-insured retention (SIR). The City reports payroll of \$12.7M for the 2019 calendar year and has one hundred sixty-three (163) full-time and fourteen (14) part-time employees. The City reports two losses in the previous seven fiscal years, both of which are closed.

The City has comprehensive written personnel policies and procedures in place that were reviewed in 2019 by the City Attorney and is compliant with state-mandated training requirements.

The City applied for participation in ERMA for the 2016/17 Program Year and was ultimately denied based upon the Committee's concerns of the City's sustainability following then-pending legal judgments, as well as the potential for future EPL exposures. The City advises significant changes have occurred within the executive management team since their last application and assures ERMA both the City's culture and employment practices have greatly improved and are consistent with the City's stated policies and procedures.

**RECOMMENDATION:**

*Staff recommends the Underwriting Committee approve the City of Beaumont (ERMAC) at a \$500,000 SIR, effective July 1, 2020.*

**REFERENCE MATERIALS ATTACHED:**

- City of Beaumont Completed Potential New Member Application
- City of Beaumont 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: City of Beaumont

Date: 4/27/20

## 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.	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"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Discipline
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	<input checked="" type="checkbox"/> Workplace Violence Policies
5.	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
	If no, when was the manual or rules last reviewed? 2019	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input 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

*If you answered no to any of the above, please use this space to provide more information:*

### B. Employee Information

1.	Number of Full Time Employees: 163										
2.	Number of Part time Employees: 14										
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?										
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">20 16</td> <td style="border: none;">15.4%</td> <td style="border: none;">20 17</td> <td style="border: none;">13.6 %</td> <td style="border: none;">20 18</td> <td style="border: none;">22.4%</td> <td style="border: none;">20 19</td> <td style="border: none;">22.5 %</td> <td style="border: none;">20 20</td> <td style="border: none;">5 %</td> </tr> </table>	20 16	15.4%	20 17	13.6 %	20 18	22.4%	20 19	22.5 %	20 20	5 %
20 16	15.4%	20 17	13.6 %	20 18	22.4%	20 19	22.5 %	20 20	5 %		
4.	How many involuntary employment terminations have occurred in the past three years?										
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">20 17</td> <td style="border: none;">2</td> <td style="border: none;">20 18</td> <td style="border: none;">1</td> <td style="border: none;">20 19</td> <td style="border: none;">3</td> </tr> </table>	20 17	2	20 18	1	20 19	3				
20 17	2	20 18	1	20 19	3						

		<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 % 78	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 % 22	

<b>C. Employment Practices Claims Handling</b>		
1.	Who in the Entity has been designated to handle claims?	Administrative Services Director
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? (b) Do you require written claims for EEO-related complaints?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims:</b> All claims are received and forwarded directly to the City Attorneys office for handling.	
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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(e) Allegations of misrepresentation or defamation made by an Employee 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 Employee 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 Employee 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.		See attached.

<b>D. Employment Practices Risk Management</b>		
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 "lay offs" during the next 24 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. Part time employees are currently furloughed due to Covid-19. Depending on the length of this crisis, these furloughs could become permanent.	
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, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Annual training for all employees is mandatory. Certificates are issued and maintained in personnel files.	
7.	Does your entity provide SB 1343 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

<b>E. DESIRED SELF-INSURED RETENTION</b>						
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input checked="" type="checkbox"/> \$500K	
<b>Please attach the following:</b>						
<ul style="list-style-type: none"> <li>• <i>Member application fee of \$1,000 for individual, direct members. (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></li> <li>• <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></li> <li>• <i>Payroll information for the previous 7 completed calendar years;</i></li> <li>• <i>Completed resolution authorizing participation in ERMA;</i></li> <li>• <i>Completed intent to participate; and</i></li> <li>• <i>Most Recent Financial Audit.</i></li> </ul>						

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 Beaumont  
Agency or Entity Name

Rae Mendoza  
Applicant's Name (please print)

[Signature]  
Applicant's Signature

4/30/20  
Date

Administrative  
Title  
Service Director

# EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

## ERMAC

Name of Entity	City of Beaumont
2019 Actual Payroll	\$13,846,362
Coverage Period	July 1, 2020 to June 30, 2021

## CALCULATION

Retained Limit Options		\$100,000	\$250,000	\$500,000
Retained Limit Factor		0.82	0.49	0.19
Retained Limit Rate		0.465	0.278	0.108
Defense & Indemnity: Pooled Funding		\$64,377	\$38,469	\$14,917
Administration	0.0516	7,139	7,139	7,139
Loss Prevention & Training	0.0070	970	970	970
Subtotal		\$72,487	\$46,579	\$23,026
JPA Participation Credit	10.00%	(\$7,249)	(\$4,658)	(\$2,303)
Individual Experience Mod Factor *		1.000		
Off-Balance Factor		1.080		

<b>ERMA CONTRIBUTION **</b>	<b>\$70,472</b>	<b>\$45,284</b>	<b>\$22,386</b>
-----------------------------	-----------------	-----------------	-----------------

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

\*\* Contribution calculated using rates and factors per the 2020/21 preliminary budget.