

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) UNDERWRITING COMMITTEE MEETING AGENDA

Thursday, April 22, 2021 1:00 p.m.

Zoom

Dial-in Number: (669) 900-6833 Meeting ID: 853 5294 0568 Passcode: 430205 Meeting Link

All portions of this meeting will be conducted by teleconferencing in accordance with the State of California Executive Order N-29-20.

Members of the public may observe and listen to the meeting telephonically. No physical location will be available from which members of the public may observe the meeting and offer public comment. Public comments may be submitted in advance of the meeting to mona.hedin@sedgwick.com no later than 5:00 p.m. on Wednesday, April 21, 2021. If a member of the public would like to address the Committee during the meeting, the person may email Ms. Hedin during the meeting and, if timely received, Ms. Hedin will read or summarize the email to the Committee members.

In compliance with the Americans with Disabilities Act, if you need a disability-related modification or accommodation to participate in this meeting, please contact Ms. Hedin. Requests must be made as early as possible, and preferably 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 Committee less than 72 hours prior to a regular meeting will be available for public inspection. Please contact Ms. Hedin at (916) 290-4645 or 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 Mona Hedin at: mona.hedin@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. MEMBERSHIP MATTERS

- *A. Review of Prospective Member Applications Redwood Empire Municipal Insurance Fund's (REMIF) Underlying Member Entities
 - Recommendation: Staff recommends the Underwriting Committee approve the Redwood Empire Municipal Insurance Fund's (REMIF) underlying members; Cities of Arcata, Lakeport, Sebastopol and Ukiah, at a \$350,000 SIR, effective July 1, 2021.
 - *B. Review of Prospective Member Application Public Agency Risk Sharing Authority of California's (PARSAC) Underlying Member Entity, City of Sierra Madre
 - Recommendation: Staff recommends the Underwriting Committee approve the City of Sierra Madre, as an underlying member of PARSAC, at a \$350,000 SIR, effective July 1, 2021.

5. CLOSING COMMENTS

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

- A. Committee
- B. Staff

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6. ADJOURNMENT

* Reference materials enclosed with staff report.

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Applications – Redwood Empire Municipal Insurance Fund's (REMIF) Underlying Member Entities

BACKGROUND AND STATUS:

The Underwriting Committee (Committee) met on April 2, 2021, to consider applications for participation from the Redwood Empire Municipal Insurance Fund (REMIF) and six of its underlying member entities. The Committee provided recommendations to approve REMIF and the Cities of Cotati, Fort Bragg, Fortuna, Healdsburg, Sonoma and St. Helena, at a \$350,000 SIR, effective July 1, 2021.

Applications and supporting documentation from the following four underlying members were received and reviewed, as follows:

City of Arcata

The city reports payroll of \$9.6M for the 2020 calendar year and 127 full-time and 50-100 part-time employees, varying seasonally. The city reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The city's written personnel policies and procedures were last updated in 1995. A plan to formally update the policies is identified by the city as a priority goal, however, have not occurred due to various internal constraints.

The city is compliant with AB 1825 and SB 1343 training requirements and utilizes LCW for training and is a member of the Consortium.

City of Lakeport

The city reports payroll of \$3.4M for the 2020 calendar year, 48 full-time, and 4 part-time employees.

The city's written personnel policies and procedures were last reviewed in 2008 and intends to conduct a comprehensive update during 2021/22 program year. The updated policies and procedures will be reviewed by legal counsel with employment law expertise and the policies will be adopted by City Council upon completion.

The city is compliant with AB 1825 and SB 1343 training requirements.

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City of Sebastopol

The city reports payroll of \$6.2M for the 2020 calendar year, 44 full-time and 43 part-time employees.

The city has written personnel policies and procedures that are regularly reviewed by legal counsel and were adopted by City Council.

The city is compliant with AB 1825 and SB 1343 training requirements and utilizes a combination of LCW and Regional Government Services to administer training.

City of Ukiah

The city reports payroll of \$20M for the 2020 calendar year, has 189 full-time, and 16 part-time employees.

The city is presently working with LCW in an update of their written personnel policies and procedures and anticipates completion later in 2021.

The city is compliant with AB 1825 and SB 1343 training requirements and utilizes Target Solutions to administer online training.

RECOMMENDATION:

Staff recommends the Underwriting Committee approve the Redwood Empire Municipal Insurance Fund's (REMIF) underlying members: Cities of Arcata, Lakeport, Sebastopol, and Ukiah, at a \$350,000 SIR, effective July 1, 2021.

REFERENCE MATERIALS ATTACHED:

- California Intergovernmental Risk Authority (CIRA) Budget Summary Page
- City of Arcata Completed Potential Member Application
- City of Lakeport Completed Potential Member Application
- City of Sebastopol Completed Potential Member Application
- City of Ukiah Completed Potential Member Application

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2021/2022 Preliminary Operating Budget CIRA

											IPA Experience N letermining the J			Individual Experience Mod Calculation (Used in determining each individual member's premium to their JPA)								
Member	Actual 2020 Pavroll	SIR Selected	Payroll/100 Pool Rate	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	3 Dep Prem Adjusted for Experience Modification	4 Off-Balance Factor	5 Dep Prem Adjusted for Off Balance Factor	6 Individual Experience Modification Factor	7 Capped Individual Experience Modification	8 Capped Ind. Ex Mod Including .25 capped change over prior year	Info Only: Prior Year (2020/2021) Experience Modification	9 Deposit Adjusted for Experience Modification	10 Off-Balance Factor	11 Premium Adjusted for Off Balance Factor	Prior Year Co	Increase (Decrease)
	.,.		0.214																			
1 Amador	\$39,540	\$350,000	0.214	\$85	\$3	\$20	\$108	(\$11)	\$97	1.167	\$113	1.026	\$116	0.000	0.750	0.750	0.750	\$73	1.156	\$84	\$236	(\$151)
2 Avalon	5,445,158	350,000	0.214	11,664	429	2,774	14,866	(1,483)	13,383	1.167	15,618	1.026	16,031	0.000	0.750	0.750	0.750	10,037	1.156	11,602	39,454	(27,852)
3 Belvedere (07/01/15)	2,244,081	350,000	0.214	4,807	177	1,143	6,127	(611)	5,516	1.167	6,436	1.026	6,607	1.028	1.028	1.028	1.000	5,670	1.156	6,554	17,073	(10,519)
4 Blue Lake	537,023	350,000	0.214	1,150	42	274	1,466	(146)	1,320	1.167	1,540	1.026	1,581	0.000	0.750	0.750	0.750	990	1.156	1,144	3,092	(1,948)
5 California City	7,934,699	350,000		16,996	625	4,042	21,663	(2,161)	19,502	1.167	22,758	1.026	23,361	10.284	1.500	1.500	1.500	29,253	1.156	33,814	76,556	(42,742)
6 Calimesa	2,176,608	350,000	0.214	4,662	171	1,109	5,943	(593)	5,350	1.167	6,243	1.026	6,408	0.000	0.750	0.750	1.000	4,012	1.156	4,638	15,306	(10,668)
7 Calistoga	6,639,191	350,000		14,221	523	3,382	18,126	(1,808)	16,318	1.167	19,042	1.026	19,546	0.000	0.750	0.750	0.750	12,238	1.156	14,147	38,417	(24,270)
8 Citrus Heights	18,707,681	350,000	0.214	40,072	1,473	9,531	51,076	(5,096)	45,980	1.167	53,656	1.026	55,077	0.565	0.750	0.750	0.750	34,485	1.156	39,862	87,576	(47,714)
9 Clearlake	4,675,251	350,000	0.214	10,014	368	2,382	12,764	(1,274)	11,491	1.167	13,409	1.026	13,764	4.713	1.500	1.250	1.000	14,364	1.156	16,603	35,638	(19,035)
10 Coalinga	5,605,176	350,000	0.214	12,006	441	2,856	15,303	(1,527)	13,777	1.167	16,076	1.026	16,502	4.488	1.500	1.500	1.500	20,665	1.156	23,887	58,159	(34,272)
11 Ferndale	760,266	350,000	0.214	1,628	60	387	2,076	(207)	1,869	1.167	2,181	1.026	2,238	0.000	0.750	0.750	0.750	1,401	1.156	1,620	4,159	(2,539)
12 Grass Valley	8,649,990	350,000	0.214	18,528	681	4,407	23,616	(2,356)	21,260	1.167	24,809	1.026	25,466	0.000	0.750	0.750	0.750	15,945	1.156	18,431	46,730	(28,299)
13 Highland	3,489,735	350,000	0.214	7,475	275	1,778	9,528	(951)	8,577	1.167	10,009	1.026	10,274	0.000	0.750	0.750	0.750	6,433	1.156	7,436	18,789	(11,353)
14 Menifee (10/1/08)	14,915,995	350,000	0.214	31,950	1,175	7,599	40,724	(4,063)	36,661	1.167	42,781	1.026	43,914	5.120	1.500	1.500	1.250	54,991	1.156	63,566	85,103	(21,537)
15 Nevada City	2,729,700	350,000	0.214	5,847	215	1,391	7,453	(744)	6,709	1.167	7,829	1.026	8,037	0.000	0.750	0.750	0.750	5,032	1.156	5,816	15,994	(10,178)
16 Placentia	16,488,966	350,000	0.214	35,319	1,299	8,401	45,018	(4,491)	40,527	1.167	47,293	1.026	48,545	1.275	1.275	1.000	0.750	40,527	1.156	46,846	57,865	(11,019)
17 Placerville	6,866,007	350,000	0.214	14,707	541	3,498	18,746	(1,870)	16,875	1.167	19,693	1.026	20,214	0.000	0.750	0.750	0.750	12,657	1.156	14,630	36,885	(22,255)
18 Plymouth	689,651	350,000	0.214	1,477	54	351	1,883	(188)	1,695	1.167	1,978	1.026	2,030	0.000	0.750	0.750	0.750	1,271	1.156	1,469	3,672	(2,203)
19 Point Arena	430,874	350,000	0.214	923	34	220	1,176	(117)	1,059	1.167	1,236	1.026	1,269	0.000	0.750	0.750	0.750	794	1.156	918	2,261	(1,343)
20 Rancho Cucamonga	28,856,863	350,000	0.214	61,811	2,273	14,702	78,786	(7,860)	70,925	1.167	82,766	1.026	84,958	1.451	1.451	1.451	1.250	102,885	1.156	118,927	151,025	(32,098)
21 Rancho Cucamonga FPD (7/1/16)	20,323,453	350,000	0.214	43,533	1,601	10,354	55,487	(5,536)	49,952	1.167	58,291	1.026	59,834	0.000	0.750	0.750	0.750	37,464	1.156	43,305	85,724	(42,419)
22 Rancho Santa Margarita (01/01/04	2.816.136	350,000	0.214	6.032	222	1,435	7,689	(767)	6,922	1.167	8,077	1.026	8,291	0.000	0.750	0.750	0.750	5,191	1.156	6,001	16,616	(10,616)
23 San Juan Bautista	799,052	350,000	0.214	1,712	63	407	2,182	(218)	1,964	1.167	2,292	1.026	2,352	0.000	0.750	0.750	0.750	1,473	1.156	1,703	4,364	(2,661)
24 Sierra Madre	7,105,732	350,000	0.214	15,220	560	3,620	19,400	(1,936)	17,465	1.167	20,380	1.026	20,920	0.000	0.730	1.000	0.750	17,465	1.156	20,188	4,504	(1,001)
25 South Lake Tahoe	20,917,691	350,000	0.214	44,806	1.647	10,657	57.110	(5,698)	51,412	1.167	59.995	1.026	61,584	0.076	0.750	0.750	0.750	38,559	1.156	44,571	86,876	(42,305)
26 Tehama	49,230	350,000	0.214	105	1,047	25	134	(13)	121	1.167	141	1.026	145	0.000	0.750	0.750	0.750	91	1.156	105	204	(99)
27 Trinidad	379,001	350,000	0.214	812	30	193	1,035	(103)	932	1.167	1,087	1.026	1,116	0.000	0.750	0.750	0.750	699	1.156	808	2.231	(1,424)
			0.214																			
28 Truckee	11,054,419	350,000		23,679	871	5,632	30,181	(3,011)	27,170	1.167	31,706	1.026	32,545	0.000	0.750	0.750	0.750	20,377	1.156	23,555	61,572	(38,017)
29 Twentynine Palms	2,793,715	350,000	0.214	5,984	220	1,423	7,627	(761)	6,866	1.167	8,013	1.026	8,225	11.807	1.500	1.250	1.000	8,583	1.156	9,921	21,295	(11,374)
30 Watsonville	33,956,878	350,000	0.214	72,736	2,674	17,300	92,710	(9,250)	83,460	1.167	97,393	1.026	99,973	2.177	1.500	1.500	1.500	125,190	1.156	144,710	186,322	(41,612)
31 Wheatland	1,825,924	350,000	0.214	3,911	144	930	4,985	(497)	4,488	1.167	5,237	1.026	5,376	0.000	0.750	0.750	0.750	3,366	1.156	3,891	10,696	(6,805)
32 Wildomar (07/01/08)	1,459,862	350,000	0.214	3,127	115	744	3,986	(398)	3,588	1.167	4,187	1.026	4,298	0.000	0.750	0.750	0.750	2,691	1.156	3,111	8,052	(4,942)
33 Yountville	3,710,270	350,000	0.214	7,947	292	1,890	10,130	(1,011)	9,119	1.167	10,642	1.026	10,923	0.000	0.750	0.750	1.000	6,839	1.156	7,906	29,302	(21,396)
34 Yucaipa	4,929,286	350,000	0.214	10,559	388	2,511	13,458	(1,343)	12,115	1.167	14,138	1.026	14,512	0.000	0.750	0.750	0.750	9,086	1.156	10,503	29,611	(19,108)
35 Yucca Valley	3,085,964	350,000	0.214	6,610	243	1,572	8,425	(841)	7,585	1.167	8,851	1.026	9,085	0.565	0.750	0.750	0.750	5,689	1.156	6,576	12,969	(6,394)
36 Arcata	9,555,644	350,000	0.214	20,468	753	4,868	26,089	(2,603)	23,486	1.167	27,407	1.026	28,133			1.000		23,486	1.156	27,148		
37 Cloverdale	4,508,206	350,000	0.214	9,657	355	2,297	12,308	(1,228)	11,080	1.167	12,930	1.026	13,273			1.000		11,080	1.156	12,808		
38 Cotati	4,017,641	350,000	0.214	8,606	316	2,047	10,969	(1,094)	9,875	1.167	11,523	1.026	11,828			1.000		9,875	1.156	11,414		
39 Eureka	13,633,910	350,000	0.214	29,204	1,074	6,946	37,224	(3,714)	33,510	1.167	39,104	1.026	40,140			1.000		33,510	1.156	38,735		
40 Fort Bragg	3,482,902	350,000	0.214	7,460	274	1,774	9,509	(949)	8,560	1.167	9,989	1.026	10,254			1.000		8,560	1.156	9,895		
41 Fortuna	5,217,344	350,000	0.214	11,176	411	2,658	14,244	(1,421)	12,823	1.167	14,964	1.026	15,360			1.000		12,823	1.156	14,823		
42 Healdsburg	16,615,489	350,000	0.214	35,590	1,309	8,465	45,364	(4,526)	40,838	1.167	47,656	1.026	48,918			1.000		40,838	1.156	47,205		
43 Lakeport	3,437,869	350,000	0.214	7,364	271	1,751	9,386	(936)	8,450	1.167	9,860	1.026	10,121			1.000		8,450	1.156	9,767		
44 Rohnert Park	22,968,906	350,000	0.214	49,199	1,809	11,702	62,710	(6,257)	56,454	1.167	65,878	1.026	67,623			1.000		56,454	1.156	65,256		
45 Sebastopol	6,161,737	350,000	0.214	13,198	485	3,139	16,823	(1,678)	15,144	1.167	17,673	1.026	18,141			1.000		15,144	1.156	17,506		
46 Sonoma	3,264,026	350,000	0.214	6,992	257	1,663	8,912	(889)	8,022	1.167	9,362	1.026	9,610			1.000		8,022	1.156	9,273		
47 St Helena	7,761,649	350,000	0.214	16,625	611	3,954	21,191	(2,114)	19,077	1.167	22,262	1.026	22,851			1.000		19,077	1.156	22,051		
48 Ukiah	20,006,990	350,000	0.214	42,855	1,576	10,193	54,623	(5,450)	49,174	1.167	57,383	1.026	58,903			1.000		49,174	1.156	56,841		
49 Willits	3,279,667	350,000	0.214	7,025	258	1,671	8,954	(893)	8,061	1.167	9,407	1.026	9,656			1.000		8,061	1.156	9,318		
50 Windsor	9,265,310	350,000	0.214	19,846	730	4,720	25,296	(2,524)	22,773	1.167	26,574	1.026	27,278			1.000		22,773	1.156	26,323		
Total	\$386,266,357	,		\$827,383	\$30,421	\$196,789	\$1,054,592	(\$105,216)	\$949,375		\$1,107,870		\$1,137,210					\$983,814	2.220	\$1,137,210	\$1,349,825	(\$611,166)
_				(105.216)	JPA participatio																	
			=	\$722,166	Net funding					JPA Ex mod cal	c:	1 X 2 = 3; then	3 X 4 = 5]	Individual Ex m	od calc:	1 X 8 = 9; then	9 X 10 = 11				

CIRA is a combination of PARSAC and REMIF members effective 7/1/2021.

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

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EN	TITY	NAME: City of Arcata Date: 02-25-2021	
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	-	YMENT PRACTICES INFORMATION	
Α.	_	cies and Procedures	
	1.	Does the Entity have written personnel policies and procedures? Yes No	
	2,	Does the Entity distribute the manual/rules to all employees? Yes \(\sum \) Yes	
	3.	Does the Entity have employees sign an acknowledgement form X Yes No	
		indicating they have read and understood the above-referenced policies?	
	4.	Are the following policies or procedures included in the manual? Check all that apply:	
		☐ Hiring ☐ Termination ☐ Suspension	
		Medical Leave Dupaid Leave Grievance Procedures	
		Drug & Alcohol Testing Separate Transport Discipline	
		Family Medical Leave Act Anti-Harassment Policies	0
		Written Job Description for all Positions Workplace Violence Policies	
		Annual Written Performance Evaluations for all Employees	rucop
		Employee Hotline/Complaint Procedure	
	5.	Do the policies/rules include all protected categories under the Fair Ves No	
		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	ot delas
	6.	Does the Entity have legal counsel regularly review the manual/rules?	update
	7.	Have the above-referenced policies been updated within the past five \(\subseteq \text{Yes \text{ No}} \)	
		years?	
		If no, when was the manual or rules last reviewed? 1995	
	8.	Were the above-referenced policies formally approved and adopted by X Yes No	
		council/governing board?	
	9.	Does the Entity have legal counsel to provide advice regarding X Yes No	
		disciplinary matters?	
		Does the entity have an orientation program for all employees that \(\subseteq \text{Yes \(\text{No} \)} \)	
	10.		
		procedures?	
10 FZ		If you answered no to any of the above, please use this space to provide more information:	
7رها	The	If you answered no to any of the above, please use this space to provide more information: City's Personnel Rules and Regulations are needing to be updated.	
#5	mou	's have more current lategories protected under FEHM.	
#10	uln-	formation is provided to employee on these items, but a specific orientation	is not
B.	Em	ployee Information	(andu cta
	1.	Number of Full Time Employees: 127 (10 currently frozen due to covid-19)	
	2.	Number of Part time Employees: Varies Seasonally 60-100	
	3.	For each of the past five years, what has been your annual percentage turnover rate of	
		employees?	
		20 20 13% 2019 7 % 2018 10% 2017 13% 2016 9%	
	4.	How many involuntary employment terminations have occurred in the past three years?	
		2020 2 2019 0	

2018 2

	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.					
5.	Percentage of Employees with salaries less than \$100,000	Sh 14 - 1000/				
6.	Percentage of Employees with salaries greater than \$100,000	Should = 100%				

C.	Em	ployment Practices Claims Handling	
	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?	Yes No
		(b) Do you require written claims for EEO-related complaints?	☐ Yes No
		If yes to 2(a), describe the policy and procedure for receiving,	
		responding to claims: See attached	
	3,*;	Does the Employment Claims handler coordinate with the Worker Administrator on all claims involving actual or potential industrial injuries	? 🗶 Yes 🗌 No
	4.	Has your entity received any claim in the previous 7 completed fiscal year partial current fiscal year, (including but not limited to Tort Claim, any and with the DFEH, EEOC, Department of Labor or Federal Department of lawsuit or other written claim) alleging the following?	all claims filed
		(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;	Yes 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;	☐ Yes 🔀 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;	☐ Yes 🔀 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;	☐ Yes ☒ 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;	Yes X 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;	☐ Yes 🛣 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;	☐ Yes 🔀 No

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		(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					
	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline.						
	If t	the answer is yes to any of the above, please attach a listing of the loss(e	es) showing a full	7			
	des	scription of each claim, including the date filed, the substance of the allegation	ons, the disposition				
	of	the claim, and any monetary amounts paid in connection with the claim.					
D.		iployment Practices Risk Management Division	IW-W				
	1,000	Does the applicant have a Human Resources or Personnel Department?	Yes 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?	Yes No				
	3.	Do you anticipate any "layoffs" during the next 24 months?	☐ Yes No	7			
		If yes, please provide details.					
	4. Have you had any "layoffs" in the past 36 months? ☐ Yes ☑						
		4. Have you had any "layoffs" in the past 36 months? 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?	Yes No				
		If no, please explain.					
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 Tracking Sheet for all active employees noting when training to					
	7.	Does your entity provide SB 1343 training?	Yes No	fil			
	8.	Are elected officials trained on the entity's policy regarding harassment, Yes No					
		discrimination, and retaliation?		(er			
	K .			i			
E.	DE	SIRED SELF-INSURED RETENTION					
	\$25k	□ \$50K □ \$75K □ \$100K □ \$250K	□ \$500K				
Plea.	se att	ach the following:					
		EPL individual loss information (including Date of Loss and total incurred)) for the previous				
7 completed fiscal years, including the partial current fiscal year;							
Payroll information for the previous 7 completed calendar years;							
Completed resolution authorizing participation in ERMA; Completed intention authorizing participation in ERMA;							
		Completed intent to participate; and Most Propert Financial Audit					
		 Most Recent Financial Audit. 		(

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 Arcata Agency or Entity Name	
Danette Demello Applicant's Name (please print)	Assistant City Manager
Applicant's Signature	
02-25-21 Date	

-4-

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

ENT	ΓΙΤΥ	NAME: City of Lakeport	Date:	February	25, 2021
EM	PLO	YMENT PRACTICES INFORMATION			
A.	Poli	cies and Procedures			
	1.	Does the Entity have written personnel policies	s and procedures?		X Yes No
	2.	Does the Entity distribute the manual/rules to a	ıll employees?		X Yes No
	3.	Does the Entity have employees sign an	acknowledgemen	t form	X Yes No
		indicating they have read and understood the al	bove-referenced po	licies?	
	4.	Are the following policies or procedures include	ded in the manual?	Check al	l that apply:
		X Hiring	X Termination	X Susp	pension
		X Medical Leave	X Unpaid Leave	X Grie	vance Procedures
		☑ Drug & Alcohol Testing	X Discipline	X Atte	ndance
			X Anti-Harassmer	nt Policie	S
		Written Job Description for all Positions	X Workplace Viol	lence Pol	icies
		Annual Written Performance Evaluations for	or all Employees		
	5.	Do the policies/rules include all protected	categories under th	he Fair	X Yes No
		Employment and Housing Act (FEHA), Ca. Go	ov't. Code section 1	2940)?	
	6.	Does the Entity have legal counsel regularly re			X Yes No
	7.	Have the above-referenced policies been up	dated within the pa	ast five	Yes X No
		years?			
		If no, when was the manual or rules last review		<u> </u>	review in 2021-22
	8.	Were the above-referenced policies formally	approved and adop	pted by	X Yes □ No
		council/governing board?			
	9.	Does the Entity have legal counsel to p	provide advice re	garding	X Yes No
		disciplinary matters?			*
		Does the entity have an orientation program			X Yes No
	10.	addresses workplace conduct, EPL policies and procedures? <i>Policies are provided at time of hir</i>	d practices, and grie	evance	
		If you answered no to any of the above, please	e use this space to p	rovide m	iore information:
В.	Em	ployee Information			
	1.	Number of Full Time Employees: 2020 - 4	18		
		Number of Part time Employees: 2020 - 4			

For each of the past five years, what has been your annual percentage turnover rate of

20<u>18</u> - 4.0 %

2019 - 3

How many involuntary employment terminations have occurred in the past three years?

2017 - 11.0 %

employees?

2020 - 3

2020 - 11.11%

20<u>19</u> - 18.0 %

20 16 - 21

2018 - 0

	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.					
5.	Percentage of Employees with salaries less than \$100,000 10 %	Should = 100%				
6.	Percentage of Employees with salaries greater than \$100,000 90 %	Silouid = 100%				

C.	Em	ployment Practices Claims Handling		
	1.	Who in the Entity has been designated to handle claims? City Manager assi	gns, usually to HR	
	2.		Yes 🗋 No	
		procedure for obtaining information and conducting required follow up		
		on the claim?		
		(b) Do you require written claims for EEO-related complaints?	Yes X No	
		If yes to 2(a), describe the policy and procedure for receiving,	reviewing, and	
		responding to claims: See Attached.		
	2		1 C	
	3.	Does the Employment Claims handler coordinate with the Workers	_ ` _	
	4	Administrator on all claims involving actual or potential industrial injuries?		
	4.	Has your entity received any claim in the previous 7 completed fiscal years		
		partial current fiscal year, (including but not limited to Tort Claim, any and		
		with the DFEH, EEOC, Department of Labor or Federal Department of lawsuit or other written claim) alleging the following? ⁴ Claims - Brookes, Jo	Justice, any civil bhason, Ohlen, Scha	eider
		(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on	X Yes □ No	
		·		
		race, sex, religion, disability, national origin, marital status, age,		
		sexual orientation, retaliation or any other protected legal status; (b) Allegations of retaliation relating to an Employee engaging in	X Yes No	
		protected activity involving any EEO-related complaint, protected	M les 🗆 No	
		leave status, worker's compensation claim, or any other protected		
		activity or status;		
		(c) Actual or alleged constructive termination of an employment	X Yes No	
		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;		
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion,	X Yes No	
		wrongful discipline, failure to promote, failure to grant tenure, or	A 105 L 110	
		wrongful deprivation of career opportunity;		
		(e) Allegations of misrepresentation or defamation made by an	☐ Yes ☒ No	
		<i>Employee</i> which arise from an employment decision to hire, fire,		
		promote, demote or discipline;		
		(f) Allegations of infliction of emotional distress, mental injury, mental	Yes X No	
		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;		
		(g) Allegations of false imprisonment, detention, or malicious	Yes X No	
		prosecution made by an <i>Employee</i> which arise from an employment		
		decision to hire, fire, promote, demote or discipline;		
		/ / 1 / /		

		(h) Allegations of libel, slander, defamation of character, invasion of	☐ Yes ☒ No
		privacy made by an <i>Employee</i> which arise from an employment	
		decision to hire, fire, promote, demote or discipline; and	
		(i) Other personal injury allegations made by an <i>Employee</i> which arise	Yes X No
		from an employment decision to hire, fire, promote, demote or	
		discipline.	
	If th	ne answer is yes to any of the above, please attach a listing of the loss(es	s) showing a full
		cription of each claim, including the date filed, the substance of the allegation	, ,
		he claim, and any monetary amounts paid in connection with the claim. On F	
D.	Em	ployment Practices Risk Management	
-	1.		X Yes No
		If no, please describe handling of this function:	
		, _F , west	
	2.	Do you have any established set of grievance or complaint procedures as	X Yes No
		an effective means of resolving disputes prior to litigation?	
	3.	Do you anticipate any "layoffs" during the next 24 months?	☐ Yes ☒ No
	٠.	If yes, please provide details.	
		7 - 27 F F - 2	
	4.	Have you had any "layoffs" in the past 36 months?	Yes X No
		If yes, please provide details.	
	_	ا د د د د د د د د د د د د د د د د د د د	▼ • • • • • • • • • • • • • • • • • • •
	5.	Is your entity in full compliance with the training requirements set forth in	X Yes □ No
		AB 1825, SB 1343 and SB 778?	
		If no, please explain.	
	6.	Briefly describe the procedure for maintaining AR 1925 and SR 1242	training records:
	0.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 Tracked in an Excel Spreadsheet	auming iccolus.
	7.		X Yes No
	8.	Are elected officials trained on the entity's policy regarding harassment,	X Yes No
	0.	discrimination, and retaliation?	
		distribution, and roundation.	
E.	DE	SIRED SELF-INSURED RETENTION	
			□
	\$25K		\$500K
Pleas	se atte	ach the following:	
		• EPL individual loss information (including Date of Loss and total incurred)	for the previous
		7 completed fiscal years, including the partial current fiscal year;	
		Payroll information for the previous 7 completed calendar years; Completed calendar years;	
		Completed resolution authorizing participation in ERMA; Completed intent to participates and	
		Completed intent to participate; and Most Persont Financial Audit	
		Most Recent Financial Audit. Too large to email: https://www.cityoflake	
		Comprehensive%20Annual%20Financial	%20Report%20FY%

- 3 -

Comprehensive%20Annual%20Financial%20Report%20FY%2019-20.pdf

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 Lakeport	
Agency or Entity Name	
Kelly Buendia	Administrative Services Director
Applicant's Name (please print)	Title
Applicant's Signature	
02/25/2021 Date	

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

ENT	ГІТҮ	NAME:	Date:					
EM	PLO	YMENT PRACTICES INFORMATION						
		cies and Procedures						
	1.	Does the Entity have written personnel polici	es and procedures?					
	2.	Does the Entity distribute the manual/rules to						
	3.	Does the Entity have employees sign a						
		indicating they have read and understood the	9					
	4.	Are the following policies or procedures incl						
		Hiring	☐ Termination ☐ Suspension					
		☐ Medical Leave	☐ Unpaid Leave ☐ Grievance Procedures					
		☐ Drug & Alcohol Testing	☐ Discipline ☐ Attendance					
		☐ Family Medical Leave Act	☐ Anti-Harassment Policies					
		☐ Written Job Description for all Positions	☐ Workplace Violence Policies					
		☐ Annual Written Performance Evaluations	for all Employees					
		☐ Employee Hotline/Complaint Procedure						
	5.	Do the policies/rules include all protected						
		Employment and Housing Act (FEHA), Ca. (<u> </u>					
	6.	Does the Entity have legal counsel regularly						
	7.	Have the above-referenced policies been u	pdated within the past five \ \ \ \ Yes \ \ No					
		years?						
		If no, when was the manual or rules last revie						
	8.	Were the above-referenced policies formall	y approved and adopted by \ \ \ \ Yes \ \ No					
	0	council/governing board?						
	9.	Does the Entity have legal counsel to	provide advice regarding Yes No					
		disciplinary matters?	on for all amplement that Ver No					
	10.	Does the entity have an orientation prograddresses workplace conduct, EPL policies a						
	10.	procedures?	id practices, and grievance					
		If you answered no to any of the above, please use this space to provide more information:						
		1) you was were a no to any of the above, pieu	se use mis space to provide more injormation.					
B.	Em	ployee Information						
	1.	Number of Full Time Employees:						
	2.	Number of Part time Employees:						
	3.	ž V	been your annual percentage turnover rate of					
		employees?	- -					
		20 5 % 20 % 20	% 20 % 20 %					
	4.	How many involuntary employment terminat	ions have occurred in the past three years?					
		20						

	Involuntary employment termination with respect to this questionnd an employee that such employee will no longer be employed whe effective immediately or in the future. Involuntary employment	ether such notification is
	include actual or alleged constructive discharge.	
5.	Percentage of Employees with salaries less than \$100,000 73 %	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 27 %	Silouid

C.	Em	ployment Practices Claims Handling	
	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	☐ Yes ☐ No
		procedure for obtaining information and conducting required follow up	
		on the claim?	
		(b) Do you require written claims for EEO-related complaints?	☐ Yes ☐ No
		If yes to 2(a), describe the policy and procedure for receiving,	reviewing, and
		responding to claims:	
			1.0
	3.	Does the Employment Claims handler coordinate with the Worker	
	4	Administrator on all claims involving actual or potential industrial injuries	
	4.	Has your entity received any claim in the previous 7 completed fiscal year	
		partial current fiscal year, (including but not limited to Tort Claim, any and	
		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	☐ Yes ☐ No
		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;	No. No.
		(b) Allegations of retaliation relating to an Employee engaging in	☐ Yes ☐ No
		protected activity involving any EEO-related complaint, protected	
		leave status, worker's compensation claim, or any other protected	
		activity or status;	□ Vac □ Na
		(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the	Yes No
		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;	
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion,	☐ Yes ☐ No
		wrongful discipline, failure to promote, failure to grant tenure, or	
		wrongful deprivation of career opportunity;	
		(e) Allegations of misrepresentation or defamation made by an	☐ Yes ☐ No
		Employee which arise from an employment decision to hire, fire,	
		promote, demote or discipline;	
		(f) Allegations of infliction of emotional distress, mental injury, mental	☐ Yes ☐ No
		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;	
		(g) Allegations of false imprisonment, detention, or malicious	☐ Yes ☐ No
		prosecution made by an <i>Employee</i> which arise from an employment	
		decision to hire, fire, promote, demote or discipline;	
		accision to fine, promote, acmore of discipline,	l

- 2 -

		(h) Allegations of libel, slander, defamation of character, invasion of	☐ Yes ☐ No
		privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	
		(i) Other personal injury allegations made by an <i>Employee</i> which arise	☐ Yes ☐ No
		from an employment decision to hire, fire, promote, demote or	
	4	discipline.	
		the answer is yes to any of the above, please attach a listing of the loss(e	_
		scription of each claim, including the date filed, the substance of the allegation the claim, and any monetary amounts paid in connection with the claim.	ns, the disposition
	01	ne claim, and any monetary amounts paid in connection with the claim.	
D.	En	ployment Practices Risk Management	
	1.	Does the applicant have a Human Resources or Personnel Department?	Yes No
		If no, please describe handling of this function:	
	2.	Do you have any established set of grievance or complaint procedures as	☐ Yes ☐ No
	2.	an effective means of resolving disputes prior to litigation?	
	3.	Do you anticipate any "layoffs" during the next 24 months?	☐ Yes ☐ No
		If yes, please provide details.	
	4.	Have you had any "layoffs" in the past 36 months?	Yes No
		If yes, please provide details.	,
	5.	Is your entity in full compliance with the training requirements set forth in	☐ Yes ☐ No
		AB 1825, SB 1343 and SB 778?	
		If no, please explain.	
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343	training records:
	0.	Biterry describe the procedure for maintaining 71B 1023 and 5B 1313	duming records.
	7.	Does your entity provide SB 1343 training?	X Yes No
	8.	Are elected officials trained on the entity's policy regarding harassment,	Yes No
		discrimination, and retaliation?	
E.	DE	SIRED SELF-INSURED RETENTION	
	1		
	\$251		□ \$500K
Piec	ise ati	tach the following: EPL individual loss information (including Date of Loss and total incurred 	d) for the previous
		7 completed fiscal years, including the partial current fiscal year;	i) for the previous
		 Payroll information for the previous 7 completed calendar years; 	
		Completed resolution authorizing participation in ERMA;	
		Completed intent to participate; and Most Recent Financial Audit	

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.

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- (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	
Analy		
Applicant's Signature		

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

ENT	ГІТҮ	NAME: _ City of Ukiah	Date:	February	3, 2021
EM	PLO	YMENT PRACTICES INFORMATION			
Α.		cies and Procedures			
	1.	Does the Entity have written personnel policies	es and procedures?		X Yes No
	2.	Does the Entity distribute the manual/rules to			X Yes No
	3.	Does the Entity have employees sign a	n acknowledgemei	nt form	X Yes No
		indicating they have read and understood the			
	4.	Are the following policies or procedures include:	ided in the manual?		11 0
		X Hiring	X Termination	X Susp	
		X Medical Leave	X Unpaid Leave		vance Procedures
		X Drug & Alcohol Testing	X Discipline	X Atte	
		X Family Medical Leave Act	X Anti-Harassme		
		Written Job Description for all Positions	•	lence Pol	icies
		X Annual Written Performance Evaluations	for all Employees		
		Employee Hotline/Complaint Procedure			I — — — —
	5.	Do the policies/rules include all protected			X Yes No
		Employment and Housing Act (FEHA), Ca. C			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	6.	Does the Entity have legal counsel regularly r			X Yes No
	7.	Have the above-referenced policies been u years?	1		☐ Yes ဩ No
		If no, when was the manual or rules last revie			view by LCW
	8.	Were the above-referenced policies formally council/governing board?	y approved and ado	pted by	☐ Yes ☐ No
	9.	Does the Entity have legal counsel to disciplinary matters?	provide advice re	egarding	X Yes No
		Does the entity have an orientation progra	am for all employ	ees that	X Yes No
	10.	addresses workplace conduct, EPL policies ar	nd practices, and gri	evance	
		procedures?			
		If you answered no to any of the above, plea	se use this space to j	provide n	nore information:
	Em	ployment policies have not been updated within	in the past 5 years du	ie to sche	duling conflicts

В.	Em	ployee I	nformatio	n										
	1.	Number of Full Time Employees: 189 FY 20/21												
	2.	Number	Number of Part time Employees: 16.04 FY 20/21											
	3.	For eac	h of the	past five	years, w	hat has l	oeen your	annual p	percentage	e turnove	er rate of			
		employ	ees?											
		20 <u>20</u>	11%	2019	9%	20 <u>18</u>	11%	20_17	10%	20 <u>16</u>	10%			
	4.	How ma	any invol	untary em	ployment	terminat	ions have	occurred i	in the past	three ye	ars?			
		20 <u>20</u>	7				2019	0						

	Involuntary employment termination with respect to this questionned an employee that such employee will no longer be employed whe effective immediately or in the future. Involuntary employment include actual or alleged constructive discharge.	ether such notification is
5.	Percentage of Employees with salaries less than \$100,000 15 %	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 85 %	Silouid

C.	Em	ployment Practices Claims Handling	
	1.	Who in the Entity has been designated to handle claims? HR/Risk Manage	ement Director
	2.	(a) With respect to oral or written claims, do you have a written	X Yes No
		procedure for obtaining information and conducting required follow up	
		on the claim?	
		(b) Do you require written claims for EEO-related complaints?	X Yes No
		If yes to 2(a), describe the policy and procedure for receiving,	reviewing, and
		responding to claims:	
		See attache policy and procedure forms.	
	3.	Does the Employment Claims handler coordinate with the Workers	s' Compensation
		Administrator on all claims involving actual or potential industrial injuries:	
	4.	Has your entity received any claim in the previous 7 completed fiscal year	s, 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	X Yes No
		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;	
		(b) Allegations of retaliation relating to an Employee engaging in	☐ Yes ☒ No
		protected activity involving any EEO-related complaint, protected	
		leave status, worker's compensation claim, or any other protected	
		activity or status;	
		(c) Actual or alleged constructive termination of an employment	☐ Yes ☒ No
		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;	N. V. V.
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion,	☐ Yes ☒ No
		wrongful discipline, failure to promote, failure to grant tenure, or	
		wrongful deprivation of career opportunity; (e) Allegations of misrepresentation or defamation made by an	Vec V No
		Employee which arise from an employment decision to hire, fire,	
		promote, demote or discipline;	
		(f) Allegations of infliction of emotional distress, mental injury, mental	Yes X No
		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;	
	-	(g) Allegations of false imprisonment, detention, or malicious	Yes X No
		prosecution made by an <i>Employee</i> which arise from an employment	
		decision to hire, fire, promote, demote or discipline;	
		decision to fine, the, promote, demote of discipline,	<u> </u>

- 2 -

		(h) Allegations of libel, slander, defamation of character, invasion of	☐ Yes ☒ No
		privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	
		(i) Other personal injury allegations made by an <i>Employee</i> which arise	☐ Yes 🏻 No
		from an employment decision to hire, fire, promote, demote or	
	TC .	discipline.	\ 1
		he answer is yes to any of the above, please attach a listing of the loss(e cription of each claim, including the date filed, the substance of the allegation	_
		the claim, and any monetary amounts paid in connection with the claim.	ns, the disposition
		I AD A' D'ING	
D.	1.	ployment Practices Risk Management Doog the applicant have a Human Passaurees or Personnel Department?	X Yes No
	1.	Does the applicant have a Human Resources or Personnel Department? If no, please describe handling of this function:	K ies Ino
		if no, piease describe nanding of this function.	
	2.	Do you have any established set of grievance or complaint procedures as	X Yes No
		an effective means of resolving disputes prior to litigation?	
	3.	Do you anticipate any "layoffs" during the next 24 months?	Yes X No
		If yes, please provide details.	
	4.	Have you had any "layoffs" in the past 36 months?	X Yes No
		If yes, please provide details.	
		Due to financial hardships with COVID-19 pandemic, we laid off 3 position	ons
	5.	Is your entity in full compliance with the training requirements set forth in	X Yes No
	J.	AB 1825, SB 1343 and SB 778?	
		If no, please explain.	-
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343	training records
	0.	The City utilizes TargetSolutions to push out and track these training reco	_
	7.	Does your entity provide SB 1343 training?	X Yes No
	8.	Are elected officials trained on the entity's policy regarding harassment,	X Yes No
		discrimination, and retaliation?	
E.	DE	SIRED SELF-INSURED RETENTION	
	\$25H	X ☐ \$50K ☐ \$75K ☐ \$100K ☐ \$250K	□ \$500K
Plea	se att	ach the following:	
		EPL individual loss information (including Date of Loss and total incurred The state of th	l) for the previous
		 7 completed fiscal years, including the partial current fiscal year; Payroll information for the previous 7 completed calendar years; 	
		 Payroll information for the previous / completed calendar years; Completed resolution authorizing participation in ERMA; 	
		 Completed intent to participate; and 	
		Most Recent Financial Audit	

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 Ukiah	
Agency or Entity Name	
Sheri Mannion	HR/Risk Management Director
Applicant's Name (please print)	Title
Sheri Mannion	
Applicant's Signature	
February 22, 2021	
Date	

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application – City of Sierra Madre

BACKGROUND AND STATUS:

The City of Sierra Madre applied for participation in ERMA as an underlying member of the Public Area Risk Sharing Authority of California (PARSAC). Effective July 1, 2021, PARSAC and the Redwood Empire Municipal Insurance Fund will merge, forming the California Intergovernmental Risk Sharing Authority.

City of Sierra Madre

The City of Sierra Madre (City) reports payroll of \$7M for the 2020 calendar year and has 82 full-time and 40 part-time employees.

The city is in the process of updating their personnel policies and procedures which will be reviewed by legal counsel and formally approved and adopted by City Council.

The city is compliant with AB 1825 and SB 1343 training requirements and utilizes training services provided by the JPA in which they currently participate.

RECOMMENDATION:

Staff recommends the Underwriting Committee approve the City of Sierra Madre, as an underlying member of PARSAC, at a \$350,000 SIR, effective July 1, 2021.

REFERENCE MATERIALS ATTACHED:

- California Intergovernmental Risk Authority (CIRA) Budget Summary Page
- City of Sierra Madre Completed Potential Member Application

Agenda Item 4.B.



2021/2022 Preliminary Operating Budget CIRA

											PA Experience N letermining the J				(Used in det		xperience Mod ndividual memb	Calculation ber's premium to	their JPA)			
									1	2	3	4	5	6	7	8	Info Only:	9	10	11	Prior Year Co	omparison
										JPA	Dep Prem		Dep Prem	Individual	Capped	Capped Ind. Ex Mod Including	Prior Year	Deposit		Premium		
	Actual		Payroll/100	Funding	Loss			JPA	Net	Experience	Adjusted for		Adjusted for	Experience	Individual	.25 capped	(2020/2021)	Adjusted for		Adjusted for	Prior Year	
	2020	SIR	Pool	For	Prevention	Admin.	Deposit	Participation	Deposit	Modification	Experience	Off-Balance	Off Balance	Modification	Experience	change over	Experience	Experience	Off-Balance	Off Balance	Deposit	Increase
Member	Payroll	Selected	Rate	Losses	& Training	Costs	Premium	Credit	Premium	Factor	Modification	Factor	Factor	Factor	Modification	prior year	Modification	Modification	Factor	Factor	Premium	(Decrease)
1 Amador	\$39,540	\$350,000	0.214	\$85	\$3	\$20	\$108	(\$11)	\$97	1.167	\$113	1.026	\$116	0.000	0.750	0.750	0.750	\$73	1.156	\$84	\$236	(\$151)
2 Avalon	5,445,158	350,000	0.214	11,664	429	2,774	14,866	(1,483)	13,383	1.167	15,618	1.026	16,031	0.000	0.750	0.750	0.750	10,037	1.156	11,602	39,454	(27,852)
3 Belvedere (07/01/15)	2,244,081	350,000	0.214	4,807	177	1,143	6,127	(611)	5,516	1.167	6,436	1.026	6,607	1.028	1.028	1.028	1.000	5,670	1.156	6,554	17,073	(10,519)
4 Blue Lake	537,023	350,000	0.214	1,150	42	274	1,466	(146)	1,320	1.167	1,540	1.026	1,581	0.000	0.750		0.750	990	1.156	1,144	3,092	(1,948)
5 California City	7,934,699	350,000	0.214	16,996	625	4,042	21,663	(2,161)	19,502	1.167	22,758	1.026	23,361	10.284	1.500	1.500	1.500	29,253	1.156	33,814	76,556	(42,742)
6 Calimesa	2,176,608	350,000	0.214	4,662	171	1,109	5,943	(593)	5,350	1.167	6,243	1.026	6,408	0.000	0.750	0.750	1.000	4,012	1.156	4,638	15,306	(10,668)
7 Calistoga	6,639,191	350,000	0.214	14,221	523	3,382	18,126	(1,808)	16,318	1.167	19,042	1.026	19,546	0.000	0.750		0.750	12,238	1.156	14,147	38,417	(24,270)
8 Citrus Heights	18,707,681	350,000	0.214	40,072	1,473	9,531	51,076	(5,096)	45,980	1.167	53,656	1.026	55,077	0.565	0.750		0.750	34,485	1.156	39,862	87,576	(47,714)
9 Clearlake	4,675,251	350,000	0.214	10,014	368	2,382	12,764	(1,274)	11,491	1.167	13,409	1.026	13,764	4.713	1.500	1.250	1.000	14,364	1.156	16,603	35,638	(19,035)
10 Coalinga	5,605,176	350,000	0.214	12,006	441	2,856	15,303	(1,527)	13,777	1.167	16,076	1.026	16,502	4.488	1.500		1.500	20,665	1.156	23,887	58,159	(34,272)
11 Ferndale	760,266	350,000	0.214	1,628	60	387	2,076	(207)	1,869	1.167	2,181	1.026	2,238	0.000	0.750		0.750	1,401	1.156	1,620	4,159	(2,539)
12 Grass Valley	8,649,990	350,000	0.214	18,528	681	4,407	23,616	(2,356)	21,260	1.167	24,809	1.026	25,466	0.000	0.750		0.750	15,945	1.156	18,431	46,730	(28,299)
13 Highland	3,489,735	350,000	0.214	7,475	275	1,778	9,528	(951)	8,577	1.167	10,009	1.026	10,274	0.000	0.750		0.750	6,433	1.156	7,436	18,789	(11,353)
14 Menifee (10/1/08)	14,915,995	350,000	0.214	31,950	1,175	7,599	40,724	(4,063)	36,661	1.167	42,781	1.026	43,914	5.120	1.500		1.250	54,991	1.156	63,566	85,103	(21,537)
15 Nevada City	2,729,700	350,000	0.214	5,847	215	1,391	7,453	(744)	6,709	1.167	7,829	1.026	8,037	0.000	0.750		0.750	5,032	1.156	5,816	15,994	(10,178)
16 Placentia	16,488,966	350,000	0.214	35,319	1,299	8,401	45,018	(4,491)	40,527	1.167	47,293	1.026	48,545	1.275	1.275		0.750	40,527	1.156	46,846	57,865	(11,019)
17 Placerville	6,866,007	350,000	0.214	14,707	541	3,498	18,746	(1,870)	16,875	1.167	19,693	1.026	20,214	0.000	0.750	0.750	0.750	12,657	1.156	14,630	36,885	(22,255)
18 Plymouth	689,651	350,000 350,000	0.214	1,477	54 34	351	1,883	(188)	1,695	1.167	1,978	1.026	2,030	0.000	0.750	0.750	0.750	1,271	1.156	1,469 918	3,672	(2,203)
19 Point Arena	430,874 28.856.863	350,000	0.214	923 61.811		220	1,176	(117)	1,059	1.167	1,236	1.026	1,269 84.958	0.000	0.750		0.750 1.250	794 102,885	1.156	118.927	2,261	(1,343)
20 Rancho Cucamonga	,,	,	0.214	,	2,273	14,702	78,786	(7,860)	70,925		82,766		,	1.451	1.451						151,025	(32,098)
21 Rancho Cucamonga FPD (7/1/16)	20,323,453	350,000 350,000	0.214	43,533 6.032	1,601	10,354	55,487 7.689	(5,536)	49,952	1.167	58,291	1.026	59,834	0.000	0.750	0.750	0.750 0.750	37,464	1.156	43,305	85,724	(42,419)
22 Rancho Santa Margarita (01/01/04 23 San Juan Bautista	2,816,136 799,052	350,000	0.214	1,712	222 63	1,435	2,182	(767)	6,922 1,964	1.167	8,077 2,292	1.026	8,291 2,352	0.000	0.750		0.750	5,191 1,473	1.156 1.156	6,001 1,703	16,616 4,364	(10,616)
24 Sierra Madre	7,105,732	350,000	0.214	15,220	560	3,620	19,400	(1,936)	1,964	1.167	2,292	1.026	20,920	0.000	0.750	1.000	0.750	1,473	1.156	20,188	4,364	(2,661)
25 South Lake Tahoe	20,917,691	350,000	0.214	44,806	1,647	10,657	57,110	(5,698)	51,412	1.167	59,995	1.026	61,584	0.076	0.750		0.750	38,559	1.156	44,571	86.876	(42,305)
26 Tehama	49,230	350,000	0.214	105	1,047	25	134	(13)	121	1.167	141	1.026	145	0.000	0.750		0.750	91	1.156	105	204	(99)
27 Trinidad	379,001	350,000	0.214	812	30	193	1,035	(103)	932	1.167	1,087	1.026	1,116	0.000	0.750		0.750	699	1.156	808	2,231	(1,424)
28 Truckee	11,054,419	350,000	0.214	23,679	871	5,632	30,181	(3,011)	27,170	1.167	31,706	1.026	32,545	0.000	0.750		0.750	20,377	1.156	23,555	61,572	(38,017)
29 Twentynine Palms	2,793,715	350,000	0.214	5,984	220	1.423	7,627	(761)	6,866	1.167	8,013	1.026	8,225	11.807	1.500	1.250	1.000	8,583	1.156	9,921	21,295	(11,374)
30 Watsonville	33.956.878	350,000	0.214	72,736	2,674	17,300	92.710	(9,250)	83,460	1.167	97.393	1.026	99,973	2.177	1.500		1.500	125,190	1.156	144,710	186,322	(41,612)
31 Wheatland	1,825,924	350,000	0.214	3,911	144	930	4,985	(497)	4,488	1.167	5,237	1.026	5,376	0.000	0.750		0.750	3,366	1.156	3,891	10,696	(6,805)
32 Wildomar (07/01/08)	1,459,862	350,000	0.214	3,127	115	744	3,986	(398)	3,588	1.167	4,187	1.026	4,298	0.000	0.750		0.750	2,691	1.156	3,111	8,052	(4,942)
33 Yountville	3,710,270	350,000	0.214	7.947	292	1.890	10,130	(1,011)	9,119	1.167	10,642	1.026	10,923	0.000	0.750	0.750	1.000	6,839	1.156	7,906	29,302	(21,396)
34 Yucaipa	4,929,286	350,000	0.214	10,559	388	2,511	13,458	(1,343)	12,115	1.167	14,138	1.026	14,512	0.000	0.750	0.750	0.750	9.086	1.156	10,503	29,611	(19,108)
35 Yucca Valley	3,085,964	350,000	0.214	6.610	243	1.572	8,425	(841)	7.585	1.167	8.851	1.026	9.085	0.565	0.750		0.750	5,689	1.156	6,576	12,969	(6,394)
36 Arcata	9,555,644	350,000	0.214	20,468	753	4,868	26,089	(2,603)	23,486	1.167	27,407	1.026	28,133		230	1.000		23,486	1.156	27,148	,3	1.722.7
37 Cloverdale	4,508,206	350,000	0.214	9,657	355	2,297	12,308	(1,228)	11,080	1.167	12,930	1.026	13,273			1.000		11,080	1.156	12,808		
38 Cotati	4,017,641	350,000	0.214	8,606	316	2,047	10,969	(1,094)	9,875	1.167	11,523	1.026	11,828			1.000		9,875	1.156	11,414		
39 Eureka	13,633,910	350,000	0.214	29,204	1,074	6,946	37,224	(3,714)	33,510	1.167	39,104	1.026	40,140			1.000		33,510	1.156	38,735		
40 Fort Bragg	3,482,902	350,000	0.214	7,460	274	1,774	9,509	(949)	8,560	1.167	9,989	1.026	10,254			1.000		8,560	1.156	9,895		
41 Fortuna	5,217,344	350,000	0.214	11,176	411	2,658	14,244	(1,421)	12,823	1.167	14,964	1.026	15,360			1.000		12,823	1.156	14,823		
42 Healdsburg	16,615,489	350,000	0.214	35,590	1,309	8,465	45,364	(4,526)	40,838	1.167	47,656	1.026	48,918			1.000		40,838	1.156	47,205		
43 Lakeport	3,437,869	350,000	0.214	7,364	271	1,751	9,386	(936)	8,450	1.167	9,860	1.026	10,121			1.000		8,450	1.156	9,767		
44 Rohnert Park	22,968,906	350,000	0.214	49,199	1,809	11,702	62,710	(6,257)	56,454	1.167	65,878	1.026	67,623			1.000		56,454	1.156	65,256		
45 Sebastopol	6,161,737	350,000	0.214	13,198	485	3,139	16,823	(1,678)	15,144	1.167	17,673	1.026	18,141			1.000		15,144	1.156	17,506		
46 Sonoma	3,264,026	350,000	0.214	6,992	257	1,663	8,912	(889)	8,022	1.167	9,362	1.026	9,610			1.000		8,022	1.156	9,273		
47 St Helena	7,761,649	350,000	0.214	16,625	611	3,954	21,191	(2,114)	19,077	1.167	22,262	1.026	22,851			1.000		19,077	1.156	22,051		
48 Ukiah	20,006,990	350,000	0.214	42,855	1,576	10,193	54,623	(5,450)	49,174	1.167	57,383	1.026	58,903			1.000		49,174	1.156	56,841		
49 Willits	3,279,667	350,000	0.214	7,025	258	1,671	8,954	(893)	8,061	1.167	9,407	1.026	9,656			1.000		8,061	1.156	9,318		
50 Windsor	9,265,310	350,000	0.214	19,846	730	4,720	25,296	(2,524)	22,773	1.167	26,574	1.026	27,278			1.000		22,773	1.156	26,323		
Total	\$386,266,357			\$827,383	\$30,421	\$196,789	\$1,054,592	(\$105,216)	\$949,375		\$1,107,870		\$1,137,210					\$983,814		\$1,137,210	\$1,349,825	(\$611,166)
•			_	(105,216)	JPA participatio	n credit																

Notes:

CIRA is a combination of PARSAC and REMIF members effective 7/1/2021.

\$722,166 Net funding

JPA Ex mod calc:

1 X 2 = 3; then 3 X 4 = 5

Individual Ex mod calc:

1 X 8 = 9; then 9 X 10 = 11

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

EN	ſĨŢŸ	NAME: CITY OF SIETTA Mad	re Date: 1-27-2	ro 2 1
EM	PLO	YMENT PRACTICES INFORMATION		
A.	Poli	cies and Procedures		
	1.	Does the Entity have written personnel polici		X Yes No
	2.	Does the Entity distribute the manual/rules to	all employees?	✓ Yes ✓ No
	3.	Does the Entity have employees sign a	n acknowledgement form	✓ Yes
		indicating they have read and understood the		
	4.	Are the following policies or procedures inclu		
		☐ Hiring	☐ Termination ☐ Susp	
		Medical Leave	☑ Unpaid Leave ☑ Grie	
		☑ Drug & Alcohol Testing	☐ Discipline ☐ Atte	
		💢 Family Medical Leave Act	Anti-Harassment Policie	
		Written Job Description for all Positions		icies
		Annual Written Performance Evaluations	for all Employees	
		Employee Hotline/Complaint Procedure		
	5.	Do the policies/rules include all protected		X Yes No
		Employment and Housing Act (FEHA), Ca. C		M
_	6.	Does the Entity have legal counsel regularly r		Yes No
	7.	Have the above-referenced policies been u years?	pdated within the past five	☐ Yes ☒ No
		If no, when was the manual or rules last revie	wed? 2014	
	8.	Were the above-referenced policies formall council/governing board?	y approved and adopted by	☐ Yes ☐ No
-	9.	Does the Entity have legal counsel to	movide advice recording	✓ Yes
	<i>-</i> 7,	disciplinary matters?		
		Does the entity have an orientation progr		☐ Yes ☐ No
	10.	addresses workplace conduct, EPL policies at	nd practices, and grievance	
_		procedures?		L
		If you answered no to any of the above, plea	se use this space to provide n	nore information:
	0.1	nde hame and Polar + Day 1-	t' and the first	
	VIT	y's personnel Rules & Regula	tions currently be	ing upaeted
В.		ployee Information		
17,	1.	Number of Full Time Employees: 81		
	2.	Number of Part time Employees: 40		
	3.	For each of the past five years, what has	been vour annual percentage	e turnover rate of
		employees?) - m. m. mar baraanme.	- IIIII FUI AMAN OI
	T		109 % 2019 75 %	2020 88%
	4.	How many involuntary employment terminat		
		2020 2	2019 1	2018-0

		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.		
5	5.	Percentage of Employees with salaries less than \$100,000	GI 11 1000/	
6	ó.	Percentage of Employees with salaries greater than \$100,000 29 %	Should = 100%	

C.	C. Employment Practices Claims Handling					
	1.	Who in the Entity has been designated to handle claims? RISK Manager				
	2.	(a) With respect to oral or written claims, do you have a written	Yes 🗷 No			
		procedure for obtaining information and conducting required follow up				
		on the claim?				
		(b) Do you require written claims for EEO-related complaints?	☐ Yes 🛭 No			
		If yes to 2(a), describe the policy and procedure for receiving, reviewing, and				
		responding to claims:				
	2	Dec. 4. Prod 4 Old 1 1 1 1 2 4 51 4 77 1				
	3.	Does the Employment Claims handler coordinate with the Workers	s' Compensation			
	4	Administrator on all claims involving actual or potential industrial injuries?	Yes No			
	4.	Has your entity received any claim in the previous 7 completed fiscal year	s, 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?	n M			
		(a) Allegations of discrimination or harassment under FEHA, Title VII	☐ Yes ☒ No			
		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;				
		(b) Allegations of retaliation relating to an Employee engaging in	☐ Yes 🂢 No			
		protected activity involving any EEO-related complaint, protected				
		leave status, worker's compensation claim, or any other protected				
		activity or status;				
		(c) Actual or alleged constructive termination of an employment	☐ Yes 🏻 No			
		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;				
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion,	☐ Yes ☒ No			
		wrongful discipline, failure to promote, failure to grant tenure, or				
		wrongful deprivation of career opportunity;				
		(e) Allegations of misrepresentation or defamation made by an	☐ Yes 🏻 No			
		Employee which arise from an employment decision to hire, fire,				
		promote, demote or discipline;				
		(f) Allegations of infliction of emotional distress, mental injury, mental	☐ Yes ☒ No			
		anguish, shock, sickness, disease or disability made by an Employee				
		which arise from an employment decision to hire, fire, promote,				
		demote or discipline;				
		(g) Allegations of false imprisonment, detention, or malicious	☐ Yes ☒ No			
		prosecution made by an <i>Employee</i> which arise from an employment				
		decision to hire, fire, promote, demote or discipline;				

		(h) Allegations of libel, slander, defamation of character, invasion of Yes No				
		privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and				
	-	(i) Other personal injury allegations made by an <i>Employee</i> which arise Yes X No				
		from an employment decision to hire, fire, promote, demote or				
		discipline.				
	If t	he answer is yes to any of the above, please attach a listing of the loss(es) showing a full				
	des	description of each claim, including the date filed, the substance of the allegations, the disposition				
	of t	he claim, and any monetary amounts paid in connection with the claim.				
D.	Em	ployment Dreation Diel Management				
D.	1.	ployment Practices Risk Management				
	1.	Does the applicant have a Human Resources or Personnel Department? Yes No If no, please describe handling of this function:				
		ir no, piease describe nanding of this function,				
	2.	Do you have any established set of grievance or complaint procedures as Yes No				
		an effective means of resolving disputes prior to litigation?				
	3.	Do you anticipate any "layoffs" during the next 24 months? ☐ Yes ☒ No				
		If yes, please provide details.				
	4.	Have you had any "layoffs" in the past 36 months? ☐ Yes ☒ No				
	1.	If yes, please provide details.				
		12 y = 5, p : embe p : 6 · 1 de deditio.				
	5.	Is your entity in full compliance with the training requirements set forth in Yes No				
		AB 1825, SB 1343 and SB 778? If no, please explain.				
		ii iio, piease expiani.				
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records				
		Track when employees are due - scheduled every two years				
	7.	Does your entity provide SB 1343 training?				
	8.	Are elected officials trained on the entity's policy regarding harassment, Yes No				
		discrimination, and retaliation?				
E.	DE	SIRED SELF-INSURED RETENTION				
	\$25K					
Please attach the following: ** EPL individual loss information (including Date of Loss and total incurred) for the previous						
7 completed fiscal years, including the partial current fiscal year;						
Payroll information for the previous 7 completed calendar years;						
Completed resolution authorizing participation in ERMA;						
• Completed intent to participate; and						
√ • Most Recent Financial Audit.						

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 Sierra Madre Agency or Entity Name	
Miquel Hernandez Applicant's Name (please print)	Assistant City Manager Title
Applicant's Signature	
March 9, 2021	

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01/07/21