

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) UNDERWRITING COMMITTEE MEETING AGENDA

Tuesday, May 25, 2021 10:00 a.m.

Zoom

Dial-in Number: (669) 900-6833 Meeting ID: 822 4497 5471 Passcode: 120495 <u>Meeting Link</u>

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 Jennifer Jobe at: jennifer.jobe@sedgwick.com no later than 5:00 p.m. on Monday, May 24, 2021. If a member of the public would like to address the Committee during the meeting, the person may email Ms. Jobe during the meeting and, if timely received, Ms. Jobe 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. Jobe. 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. Jobe at (916) 244-1141 or jennifer.jobe@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. 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

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- *A. Review of Prospective Member Application, Town of Windsor (REMIF)

 Recommendation: Staff recommends the Underwriting Committee approve the

 Town of Windsor (REMIF) at a \$250,000 SIR, effective July 1, 2021, with the

 condition the Town's personnel policies and procedures are updated, reviewed

 by legal counsel with expertise in public sector employment law, and approved

 by the Town Council no later than July 1, 2023.
 - *B. Review of Prospective Member Applications Yolo County Public Agency Risk Management Insurance Authority's (YCPARMIA) Underlying Member Entities

Recommendation: Staff recommends the Underwriting Committee approve Yolo County Public Agency Risk Management Insurance Authority's (YCPARMIA) underlying member entities: 1) Madison Fire Protection District, Esparto Unified School District, Valley Clean Energy Alliance, and the Yolo-Solano Air Quality Management District at a \$500,000 SIR, effective July 1, 2021; 2) City of Woodland, Yolo County Emergency Communications Agency, In-Home Supportive Services Public Authority, West Plainfield Fire Protection District, Winters Cemetery District, and the Willow Oak Fire Protection District at a \$500,000 SIR, effective July 1, 2021, with the condition the agency's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by each agency's governing body, no later than July 1, 2023; and 3) the Cottonwood Cemetery District at a \$500,000 SIR, effective July 1, 2021, with the condition the district execute a Resolution formally adopting Yolo County's personnel policies and procedures, and provides proof of compliance with statemandated training requirements by August 31, 2021.

*C. Review of Prospective Member Application, City of Exeter (CSJVRMA)

Recommendation: Staff recommends the Underwriting Committee approve the
City of Exeter (CSJVRMA) at a \$25,000 SIR, effective July 1, 2021, with the
condition city's personnel policies and procedures are updated, reviewed by
legal counsel with expertise in public sector employment law, and approved
by the city's governing body, no later than July 1, 2023.

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

6. ADJOURNMENT

^{*} Reference materials enclosed with staff report.

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application, Town of Windsor (REMIF)

BACKGROUND AND STATUS:

The Underwriting Committee previously met to consider applications for participation from the Redwood Empire Municipal Insurance Fund (REMIF) and 14 of its underlying member entities. To-date, the Board of Directors has approved REMIF and the Cities of Arcata, Cloverdale, Cotati, Fort Bragg, Fortuna, Healdsburg, Lakeport, Sebastopol, Sonoma, St. Helena, Ukiah, Eureka, Rohnert Park, and Willits at a \$250,000 self-insured retention (SIR), effective July 1, 2021.

REMIF will merge with the Public Agency Risk Sharing Authority of California on July 1, 2021, to form the California Intergovernmental Risk Authority (CIRA).

Applications and supporting documentation from the final remaining underlying member of REMIF was received and reviewed, as follows:

Town of Windsor

The Town reports payroll of \$9.2M for the 2020 calendar year, has 102 full-time employees and 47 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 is working with legal counsel for a review and update to their written personnel policies and procedures.

The Town is compliant with AB 1825 and SB 1343 training requirements and utilizes the Department of Fair Employment and Housing's online training modules.

RECOMMENDATION:

Staff recommends the Underwriting Committee approve the Town of Windsor at a \$250,000 SIR, effective July 1, 2021, with the condition the Town's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by the Town Council no later than July 1, 2023

REFERENCE MATERIALS ATTACHED:

- CIRA Contribution Indication
- Town of Windsor Completed Potential Member Application

EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION FOR THE 2021/2022 PROGRAM YEAR California Intergovernmental Risk Authority (CIRA)

		CONTRI	BUTION	
	2020	Member Retained Limit Opt		
Member	Payroll	\$250,000	\$500,000	
1 Arcata	9,555,644	35,844	17,885	
2 Cloverdale	4,508,206	16,911	8,438	
3 Cotati	4,017,641	15,071	7,520	
4 Eureka	13,633,910	51,142	25,519	
5 Fort Bragg	3,482,902	13,065	6,519	
6 Fortuna	5,217,344	19,571	9,765	
7 Healdsburg	16,615,489	62,327	31,100	
8 Lakeport	3,437,869	12,896	6,435	
9 Rohnert Park	22,968,906	86,159	42,991	
10 Sebastopol	6,161,737	23,113	11,533	
11 Sonoma	3,264,026	12,244	6,109	
12 St Helena	7,761,649	29,115	14,528	
13 Ukiah	20,006,990	75,049	37,447	
14 Willits	3,279,667	12,302	6,139	
15 Windsor	9,265,310	34,755	17,342	
Total	\$133,177,290	\$499,564	\$249,271	

Contribution calculated using rates and factors per the 2020/21 approved budget.

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

Town of Windsor

ENTITY NAME: ___

_Date: 03/04/2021

EM	PLO	YMENT PRACTICES INFORMATION						
A.	Poli	icies and Procedures						
	1.	Does the Entity have written personnel policies and procedures?						
	2.	Does the Entity distribute the manual/rules to all employees? ✓ Yes ☐ No						
	3.	Does the Entity have employees sign an acknowledgement form Ves 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						
		☐ 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 categories under the Fair Yes No						
		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?						
	6.	Does the Entity have legal counsel regularly review the manual/rules?						
	7.	Have the above-referenced policies been updated within the past five ☐ Yes ☑ No						
		years?						
		If no, when was the manual or rules last reviewed? 2018 began review - still in process of finalizing						
	8.	Were the above-referenced policies formally approved and adopted by ☐ Yes ☑ No						
		council/governing board?						
	9.	Does the Entity have legal counsel to provide advice regarding Ves No						
		disciplinary matters?						
	1.0	Does the entity have an orientation program for all employees that Ves No						
	10.	addresses workplace conduct, EPL policies and practices, and grievance						
		procedures? If you answered no to any of the above, please use this space to provide more information:						
		If you answered no to any of the above, please use this space to provide more information:						
	Curr	ently in the process of legal counsel revising and updating policies						
	Ouri	Currently in the process of legal counsel revising and aparting policies						
В.	Em	ployee Information						
ъ.	1.	Number of Full Time Employees: 102						
	2.	Number of Part time Employees: 47						
	3.	For each of the past five years, what has been your annual percentage turnover rate of						
		employees? Unknown - minimal						
		20 % 20 % 20 % 20 % 20 % 30 %						
	4.	How many involuntary employment terminations have occurred in the past three years?						
		20						
	1							

	Involuntary employment termination with respect to this question of 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 66%	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 34%	Should = 100%

 Who in the Entity has been designated to handle claims? Human Resources (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? If yes to 2(a), describe the policy and procedure for receiving, reviewing, an responding to claims:
procedure for obtaining information and conducting required follow up on the claim? (b) Do you require written claims for EEO-related complaints? If yes to 2(a), describe the policy and procedure for receiving, reviewing, and
on the claim? (b) Do you require written claims for EEO-related complaints? If yes to 2(a), describe the policy and procedure for receiving, reviewing, and
(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
If yes to 2(a), describe the policy and procedure for receiving, reviewing, an
responding to claims:
responding to claims.
3. Does the Employment Claims handler coordinate with the Workers' Compensation
Administrator on all claims involving actual or potential industrial injuries? Yes N
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 file
with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civ
lawsuit or other written claim) alleging the following?
(a) Allegations of discrimination or harassment under FEHA, Title VII Yes V 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 V 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 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 V 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;

		(h) Allegations of libel, slander, defamation of character, invasion of privacy made by an <i>Employee</i> which arise from an employment	☐ Yes ☑ No
		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 discipline.	
	If t	he answer is yes to any of the above, please attach a listing of the loss(e	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.	ns, the disposition Claim dismissed
	01 (the claim, and any monetary amounts paid in connection with the claim.	·
D.	Em	ployment Practices Risk Management	
D.	1.	Does the applicant have a Human Resources or Personnel Department?	✓ Yes ☐ No
	1.	If no, please describe handling of this function:	<u>V 103 140 </u>
	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? Unknown	☐ Yes ☐ No
	٥.	If yes, please provide details.	
		if yes, please provide deams.	
	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 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 HR will keep completed training certificates on file	training records:
	7.	Does your entity provide SB 1343 training?	XYes No
	8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	☐ Yes ☑ No
E.	DE	SIRED SELF-INSURED RETENTION	
	\$25 k		□ \$500K
Plea	se att	ach the following:	T) 0 . T
		EPL individual loss information (including Date of Loss and total incurred Township of Good warms in the line of the provided support Good warms	l) 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 EPMA.	
		 Completed resolution authorizing participation in ERMA; Completed intent to participate; and 	
		Completed intent to participate; and Most Recent Financial Audit	

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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 Windsor	
Agency or Entity Name	
Jeneen Peterson	Administrative Services Director
Applicant's Name (please print)	Title
Jensen Peterson	
Applicant's Signature	
3/25/21	
Date	

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Applications – Yolo County Public Agency Risk Management Insurance Authority's (YCPARMIA) Underlying Member Entities

BACKGROUND AND STATUS:

The Underwriting Committee previously met to review prospective member applications from the Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and ten of its underlying member entities. The Committee provided recommendations to approve YCPARMIA, the Cities of Davis, Winters, and West Sacramento; the Clarksburg Valley Fire Protection District, the Davis Cemetery District, the Esparto Fire Protection District, the Capay Valley Fire Protection District, the Dunnigan Fire Protection District, the Madison Community Services District, and the County of Yolo for participation in ERMA at a \$500,000 self-insured retention (SIR) effective July 1, 2021.

Applications and supporting documentation from the remaining eleven underlying members were received and reviewed as follows:

Madison Fire Protection District

The district reports payroll of \$100,509 for the 2020 calendar year, has two full-time employees, and one part-time employee. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district has comprehensive written personnel policies and procedures in place, which are regularly reviewed and updated, but are not reviewed by legal counsel. The district's Board formally adopted the policies.

The district is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to administer training.

Esparto Unified School District

The district reports payroll of \$7.5M for the 2020 calendar year, has 86 full-time employees, and 72 part-time employees. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district has comprehensive written personnel policies and procedures in place that are reviewed by legal counsel and formally adopted by the Board.

The district is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to administer training.

Valley Clean Energy Alliance

The agency reports payroll of \$398,055 for the 2020 calendar year, has five full-time employees, and no part-time employees. The agency reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The agency has comprehensive written personnel policies and procedures in place that are reviewed by legal counsel and formally adopted by the Board.

The agency is compliant with AB 1825 and SB 1343 training mandates and utilizes Paychex to administer online training.

Yolo-Solano Air Quality Management District

The district reports payroll of \$2.1M for the 2020 calendar year, has 22 full-time employees, and no part-time employees. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district has comprehensive written personnel policies and procedures in place, which have not been reviewed by legal counsel. The district's Board has formally adopted the policies.

The district is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to administer training.

City of Woodland

The city reports payroll of \$29.3M for the 2020 calendar year, has 296 full-time employees, and 100 part-time employees. 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 reviewed in 1999.

The city is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to conduct training.

Yolo County Emergency Communications Agency

The agency reports payroll of \$3.3M for the 2020 calendar year, has 46 full-time employees, and no part-time employees. The agency reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The agency's personnel policies and procedures are currently being reviewed.

The agency is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to administer training.

Yolo County In-Home Supportive Services Public Authority

The authority reports payroll of \$140,049 for the 2020 calendar year, has four full-time employees, and no part-time employees. The authority reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The authority's written personnel policies and procedures are currently being updated.

The authority is compliant with AB 1825 and SB 1343 training mandates and obtains online training through Yolo County.

West Plainfield Fire Protection District

The district reports payroll of \$193,674 for the 2020 calendar year, has three full-time employees, and two part-time employees. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district has comprehensive written personnel policies and procedures in place, which they have recently begun updating.

The district is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to administer training.

Winters Cemetery District

The district reports payroll of \$163,795 for the 2020 calendar year, has three full-time employees, and five part-time employees. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district's written personnel policies and procedures are currently being updated.

The district is compliant with AB 1825 and SB 1343 training mandates and obtains online training through the state cemetery association's coverage provider.

Cottonwood Cemetery District

The district reports payroll of \$15,200 for the 2020 calendar year and has one part-time employee. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district does not have written personnel policies or procedures, nor does it conduct mandated training.

Willow Oak Fire Protection District

The district reports payroll of \$212,736 for the 2020 calendar year, has four full-time employees, and one part-time employee. The district reports no incurred losses within the previous seven fiscal years and has issued a Statement of No Known Losses.

The district has comprehensive written personnel policies and procedures in place that are reviewed annually by internal staff.

The district is compliant with AB 1825 and SB 1343 training mandates and utilizes Target Solutions to administer training.

RECOMMENDATION:

Staff recommends the Underwriting Committee approve Yolo County Public Agency Risk Management Insurance Authority's (YCPARMIA) underlying member entities: 1) Madison Fire Protection District, Esparto Unified School District, Valley Clean Energy Alliance, and the Yolo-Solano Air Quality Management District at a \$500,000 SIR, effective July 1, 2021; 2) City of Woodland, Yolo County Emergency Communications Agency, Yolo County In-Home Supportive Services Public Authority, West Plainfield Fire Protection District, Winters Cemetery District, and the Willow Oak Fire Protection District at a \$500,000 SIR, effective July 1, 2021, with the condition the agency's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by each agency's governing body, no later than July 1, 2023; and 3) the Cottonwood Cemetery District at a \$500,000 SIR, effective July 1, 2021, with the condition the district execute a Resolution formally adopting Yolo County's personnel policies and procedures, and provides proof of compliance with state-mandated training requirements by August 31, 2021.

REFERENCE MATERIALS ATTACHED:

- YCPARMIA Contribution Indication
- Madison Fire Protection District Completed Potential New Member Application
- Esparto Unified School District Completed Potential New Member Application
- Valley Clean Energy Alliance Completed Potential New Member Application
- Yolo-Solano Air Quality Management District Completed Potential New Member Application
- City of Woodland Completed Potential New Member Application
- Yolo County Emergency Communications Agency Completed Potential New Member Application
- Yolo County In-Home Supportive Services Public Authority Completed Potential New Member Application
- West Plainfield Fire Protection District Completed Potential New Member Application
- Winters Cemetery District Completed Potential New Member Application
- Cottonwood Cemetery District Completed Potential New Member Application
- Willow Oak Fire Protection District Completed Potential New Member Application

EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION FOR THE 2021/2022 PROGRAM YEAR Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA)

		Member Retained Limit Option			
		\$500	,000		
	2019	ERMA	Total		
Member	Payroll	Contribution	Contribution*		
1 Capay Valley FPD	29,262	48	61		
2 City of Davis	35,961,602	59,094	74,917		
3 City of West Sacramento	38,124,610	62,648	79,423		
4 City of Winters	4,334,517	7,123	9,030		
5 City of Woodland	29,282,519	48,118	61,003		
6 Clarksburg Fire Protection	39,774	65	83		
7 Cottonwood Cemetery District	13,154	22	27		
8 County of Yolo	132,996,674	218,545	277,064		
9 Davis Cemetery District	354,830	583	739		
10 Dunnigan Fire District	68,474	113	143		
11 Esparto Fire Protection District	77,476	127	161		
12 Esparto USD	7,551,675	12,409	15,732		
13 IHSS Public Authority	122,736	202	256		
14 Madison Fire District	59,098	97	123		
15 Madison Service District	75,662	124	158		
16 Valley Clean Energy Alliance	102,519	168	214		
17 West Plainfield Fire Protection	167,254	275	348		
18 Willow Oak Fire Protection	212,942	350	444		
19 Winters Cemetery District	157,754	259	329		
20 Yolo County Habitat JPA	57,384	94	120		
21 Yolo County Law Library	48,613	80	101		
22 Yolo Emergency Community	3,245,887	5,334	6,762		
23 Yolo Solano AQMD	2,032,626	3,340	4,234		
Total	\$255,117,042	\$419,218	\$531,470		

Contribution will be prorated based on date of inception of coverage.

Contribution calculated using rates and factors per the 2021/22 preliminary budget pending approval by the Board.

^{*} Total Contribution includes optional excess insurance of \$2 million excess of the \$1 million pooled retention.

EN'	ENTITY NAME:Madison Fire Protection District Date:					
		YMENT PRACTICES INFORMATION				
Α.		cies and Procedures				
	1.	Does the Entity have written personnel policie		Yes No		
	2.	Does the Entity distribute the manual/rules to	<u> </u>	Yes No		
	3.	Does the Entity have employees sign as	<u> </u>	Yes No		
		indicating they have read and understood the				
	4.	Are the following policies or procedures inclu		11 0		
		✓ Hiring	✓ Termination ✓ Susp			
		✓ Medical Leave		evance Procedures		
		✓ Drug & Alcohol Testing	☑ Discipline ☑ Atte			
			✓ Anti-Harassment Policie			
		Written Job Description for all Positions	✓ Workplace Violence Pol	icies		
		Annual Written Performance Evaluations	for all Employees			
		☐ Employee Hotline/Complaint Procedure				
	5.	Do the policies/rules include all protected	C	☑ Yes ☐ No		
		Employment and Housing Act (FEHA), Ca. C	·			
	6.	Does the Entity have legal counsel regularly r		Yes No		
	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 formally	y approved and adopted by	Yes No		
		council/governing board?				
	9.	Does the Entity have legal counsel to	provide advice regarding	☑ Yes ☐ No		
		disciplinary matters?				
		Does the entity have an orientation progra		☑ Yes ☐ No		
	10.	addresses workplace conduct, EPL policies ar	nd practices, and grievance			
		procedures?				
		If you answered no to any of the above, plea	se use this space to provide n	nore information:		
	Τ					

В.	Em	ployee Information										
	1.	Number of Full Time Employees: 2										
	2.	Number of Part time Employees: 1										
	3.	For each of the past five years, what has been your annual percentage turnover rate of					ate of					
		employ	ployees?									
		2020	0 %	2019	0 %	2018	0 %	2017	0 %	2016	0	%
	4.	How many involuntary employment terminations have occurred in the past three years?										
		2020 28 2019 23										

	Involuntary employment termination with respect to this questionne an employee that such employee will no longer be employed wh 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 %	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000	S110u1u = 100%
	% 0%	

C.	Em	nployment Practices Claims Handling						
	1.	Who in the Entity has been designated to handle claims? Fire Chief						
	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:						
	3.	Does the Employment Claims handler coordinate with the Workers	s' Compensation					
	٥.	Administrator on all claims involving actual or potential industrial injuries:						
	4.	Has your entity received any claim in the previous 7 completed fiscal year						
	т.	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?	in the second se					
		(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	☐ 162 ☑ MO					
		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;						

		(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	
		discipline.	
	If th	ne answer is yes to any of the above, please attach a listing of the loss(e	s) showing a full
		cription of each claim, including the date filed, the substance of the allegation	_
		ne claim, and any monetary amounts paid in connection with the claim.	ns, the disposition
	01 61		
D.	Emi	ployment Practices Risk Management	
		Does the applicant have a Human Resources or Personnel Department?	✓ Yes ☐ No
	1.	If no, please describe handling of this function:	V 105110
		in no, piease desertoe nanding of unstranction.	
		Board Of Commissioners	
		Do you have any established set of grievance or complaint procedures as	☐ Yes ☑ No
	۷.	an effective means of resolving disputes prior to litigation?	
	3.	Do you anticipate any "layoffs" during the next 24 months?	☐ Yes ☑ No
	٥.	If yes, please provide details.	
		if yes, please provide details.	
	4.	Have you had any "layoffs" in the past 36 months?	☐ Yes ✓ No
		If yes, please provide details.	
		J, r r	
	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:
		electronica & paper copy	
	7.	Does your entity provide SB 1343 training?	XYes No
	8.	Are elected officials trained on the entity's policy regarding harassment,	☐ Yes ☐ No
		discrimination, and retaliation? no elected officials	
E.	DES	SIRED SELF-INSURED RETENTION	
$ \Box $	\$25K	□ \$50K □ \$75K ☑ \$100K □ \$250K	x \$500K
		ach the following:	-
1 teus	oc uiil	 EPL individual loss information (including Date of Loss and total incurred 	I) for the previous
		7 completed fiscal years, including the partial current fiscal year;) joi ine previous
		 Payroll information for the previous 7 completed calendar years; 	
		 Completed resolution authorizing participation in ERMA; 	
		 Completed resolution dutitionizing participation in ERMA, Completed intent to participate; and 	
		Most Recent Financial Audit.	
1			

- 3 - **16**_{1/07/21}

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.

Madison Fire Protection District		
Agency or Entity Name		
Paul Green	Fire Chief	
Applicant's Name (please print)	Title	
Paul Green		
Applicant's Signature		
3/18/21		
Date		

ENTITY NAME: Esparto Fire Protection District			
EMPLO	YMENT PRACTICES INFORMATION		
A. Poli	cies and Procedures		
1.	Does the Entity have written personnel polici	<u>L</u>	X Yes No
2.	Does the Entity distribute the manual/rules to	1 1	Yes No
3.	Does the Entity have employees sign a	<u>e</u>	Yes No
	indicating they have read and understood the		
4.	Are the following policies or procedures include:		
	☐ Hiring	☐ Termination ☐ Susp	
	Medical Leave		vance Procedures
	Drug & Alcohol Testing		ndance
	🛛 Family Medical Leave Act	Anti-Harassment Policie	es s
	Written Job Description for all Positions	Workplace Violence Pol	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	·	
6.	Does the Entity have legal counsel regularly r	review the manual/rules?	X Yes X No
7.	Have the above-referenced policies been u years?	pdated within the past five	X Yes ☐ No
	If no, when was the manual or rules last revie	wed?	
8.	Were the above-referenced policies formally council/governing board?	y approved and adopted by	Xes □ No
9.	Does the Entity have legal counsel to disciplinary matters?	provide advice regarding	⊠ Yes □ No
10.	Does the entity have an orientation prograddresses workplace conduct, EPL policies as procedures?	nd practices, and grievance	Yes No
	If you answered no to any of the above, plea	se use this space to provide n	nore information:

В.	Em	mployee Information			
	1.	Number of Full Time Employees: 2			
	2.	Number of Part time Employees:0			
	3. For each of the past five years, what has been your annual percentage turnover rate of				
		employees?			
		2020 0 % 2019 0 % 2018 0 % 2017 0 % 2016 0 %			
	4.	How many involuntary employment terminations have occurred in the past three years?			
		2020 0 2019 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 \$100,000 100 %	Should = 1000/
6.	Percentage of Employees with salaries greater than \$100,000 0 %	Should = 100%

C.	Ŀm	ployment Practices Claims Handling
	1.	Who in the Entity has been designated to handle claims? Fire Chief
	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:
	3.	Does the Employment Claims handler coordinate with the Workers' Compensation
	٥.	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 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 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 \(\sigma\) 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 V 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 V 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 V 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 ☑ 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(e	s) showing a full
	des	cription of each claim, including the date filed, the substance of the allegatio	ns, the disposition
	of t	he claim, and any monetary amounts paid in connection with the claim.	
D.	Em	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:	
		Paid Chief officer handles 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	TT 1 1 (/1 00 m² 1 1 1 0 0 m² 1 1 1 1 0 0 m² 1 1 1 1 0 0 m² 1 1 1 1 1 0 0 m² 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	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:
		Target solutions training platform	
	7.	Does your entity provide SB 1343 training?	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	
	\$25 F	X □ \$50K □ \$75K □ \$100K □ \$250K	x \$500K
Plea	se att	ach the following:	
		EPL individual loss information (including Date of Loss and total incurred)	l) 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	
1		Most Recent Financial Audit.	

- 3 - **2Q**_{1/07/21}

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.

Esparto Fire Protection District	
Agency or Entity Name	
Curtis Lawrence	Assistant Fire Chief
Applicant's Name (please print)	Title
Curtis Lawrence	
Applicant's Signature	
03/22/2021	
Date	

EN	TITY	NAME: VALLEY CLEAN ENERGY Date: APRIL-2021			
$\mathbf{F}\mathbf{M}$	EMPLOYMENT PRACTICES INFORMATION				
A.	THE REAL PROPERTY.	cies and Procedures			
A.	1.	Does the Entity have written personnel policies and procedures? X Yes No			
	2.	Does the Entity distribute the manual/rules to all employees? Yes No			
	3.	Does the Entity have employees sign an acknowledgement form Yes No			
	٥.	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 ✓ Unpaid Leave ✓ Grievance Procedures			
	etraticione nil migrativativa	Drug & Alcohol Testing Discipline Attendance			
		Family Medical Leave Act Anti-Harassment Policies			
		Written Job Description for all Positions Workplace Violence Policies			
	diginlyik tekspirmed sombritted ylka	Annual Written Performance Evaluations for all Employees			
		Employee Hotline/Complaint Procedure			
	5.	Do the policies/rules include all protected categories under the Fair 🔀 Yes 🗌 No			
		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?			
	6.	Does the Entity have legal counsel regularly review the manual/rules?			
	7.	Have the above-referenced policies been updated within the past five Yes No			
		years?			
		If no, when was the manual or rules last reviewed?			
	8.	Were the above-referenced policies formally approved and adopted by Yes No			
	Nacusary (propriess) VPCPs	council/governing board?			
	9.	Does the Entity have legal counsel to provide advice regarding W Yes No			
		disciplinary matters?			
	4.0	Does the entity have an orientation program for all employees that Yes 🗷 No			
	10.	addresses workplace conduct, EPL policies and practices, and grievance			
\vdash		procedures?			
		If you answered no to any of the above, please use this space to provide more information:			
В.	Em	ployee Information			
D.	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?			
	1	2020 6 % 2019 0 % 2018 0 % 2017 0 % 2016 %			
	4.	How many involuntary employment terminations have occurred in the past three years?			
		2020 2019			
-		2018			

	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 . 40%	Should = 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	☐ Yes ☑ No
		on the claim?	Was The
		(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:	
	3.	Does the Employment Claims handler coordinate with the Workers 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 lawsuit or other written claim) alleging the following?	s, including the 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 Mo
		(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 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

				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	
			discipline.	
-			the answer is yes to any of the above, please attach a listing of the loss(es	
-			scription of each claim, including the date filed, the substance of the allegation	s, the disposition
-		of t	the claim, and any monetary amounts paid in connection with the claim.	
1	D	-	1 D'IN	
-	D.	1.	ployment Practices Risk Management	Yes No
		1.	Does the applicant have a Human Resources or Personnel Department? If no, please describe handling of this function:	Yes No
-			in no, piease desertoe nandning 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.	
- Contraction	assistan manasa	4.	Have you had any "layoffs" in the past 36 months?	☐ Yes No
-			If yes, please provide details.	
PICTURE CONTRACTOR				
Amazandinama		-	To a service in College with the two in in a service set fourth in	□ Vaa□ Na
		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.	
-			The predict of plants	
		.,		erskrafterson og en eging at figting mit selfre elektricke kjør er en statten get forsætten mæter bledsken.
-		6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 t	raining records:
			D '' '1 (D 1242) ' ' ' 0	
-		7.		Yes No
		8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	I les 🔲 No
L	1	*******	discrimination, and remination.	
	E.	DE	SIRED SELF-INSURED RETENTION	
	П	525K	K □ \$50K □ \$75K □ \$100K □ \$250K	■ \$500K
			tach the following:	
	1 icus	oc un	• 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. 	
1			• Mon Veceut Linauciai Anaii.	

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.

- 4 -

Agency or Entity Name

Edward Bymham
Applicant's Name (please print)

Applicant's Signature

May 07- U
Date

Firence + Admin Dir.

EN7	ГІТҮ	NAME: YOLG-SQUAND AIR QUALITY MONT DIST Date: 4/2/21
		YMENT PRACTICES INFORMATION
A.		Does the Entity have written personnel policies and procedures? Yes No
	1.	Does the Entity have written personner personner
	2.	Boos are Briefy district the same and the sa
	3.	Door the Entry may of the stages and the stages are
		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: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply: Are the following policies or procedures included in the manual? Check all that apply:
		Tribution During
		Drug & Alcohol Testing Discipline Attendance
\sqcup		Family Medical Leave Act Anti-Harassment Policies
		Written Job Description for all Positions Workplace Violence Policies
		Annual Written Performance Evaluations for all Employees
		Do the policies/rules include all protected categories under the Fair Yes \(\subseteq \text{No} \)
	5.	Bo the pohetes/rates metade an protection that B
\square		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?
	6.	Does the Entity have legal counsel regularly review the manual/rules? Yes No
	7.	Have the above-referenced policies been updated within the past five Yes No
		years?
\Box		If no, when was the manual or rules last reviewed?
	8.	Were the above-referenced policies formally approved and adopted by 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 Yes No
	10.	addresses workplace conduct, EPL policies and practices, and grievance
		procedures?
		If you answered no to any of the above, please use this space to provide more information:
r	_	
В.		ployee Information
	1.	Number of Full Time Employees: 22
	2.	Number of Part time Employees:
	3.	For each of the past five years, what has been your annual percentage turnover rate of
		employees?
		2020 14 % 2019 23 % 2018 4 % 2017 14 % 2016 14 %
	4.	How many involuntary employment terminations have occurred in the past three years?
		2020 Ø 2019 Ø
		2018

	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
	Percentage of Employees with salaries less than \$100,000	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000	Should 10070

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<u>C.</u>	_	ployment Practices Claims Handling	IACEP + ADMIN
	1.	Who in the Entity has been designated to handle claims? ADMEN SUC MAN	THE P
	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?	⊠ Yes □ No
		(b) Do you require written claims for EEO-related complaints?	
		If yes to 2(a), describe the policy and procedure for receiving,	reviewing, and
		responding to claims: CLAIMS ARE PECIEVED AND INVESTIGATION OF WE HIRE OUTSIDE CONSULTANTS, A DETERM	VINATION IS
		MADE AND APPROPRIATE ACTION IS TAKEN.	1.0
	3.	Does the Employment Claims handler coordinate with the Workers	s' Compensation
		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?	
		(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;	
	1	(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;	
	-		☐ Yes ☒ No
		(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i>	103 10
		anguish, shock, sickness, disease of disability made by an Employee	
		which arise from an employment decision to hire, fire, promote,	
	_	demote or discipline;	Vag V Na
		(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 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
		discipline.
	If t	he answer is yes to any of the above, please attach a listing of the loss(es) showing a full
	des	cription 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 Practices Risk Management
	1.	Does the applicant have a Human Resources or Personnel Department? Yes X No
		If no, please describe handling of this function: ADMINISTRATIVE SERVICES MANAGER (ASM) + THE ADMIN, OPERATIONS
		COORDENATOR HANDLE ALL HR RELATED ITEMS.
	2.	Do you have any established set of grievance or complaint procedures as Yes No
	_	an effective means of resolving disputes prior to litigation? Do you anticipate any "layoffs" during the next 24 months? Yes \sum No
	3.	Do you anticipate any layons during the next 2 : monais.
		If yes, please provide details. ON APRIL NO WE NOTIFIED OUR PLANNER HE ARE REORGANIZING AND
		HE RESIGNED EFFECTIVE APRIL 21,2021.
	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?
		If no, please explain.
		Digital to the state of the sta
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: THE THE PROCEDURE AND CHRISTIAN ARE MAINTAINED IN THE HR FILE OF THE PROCEDURE ON THE HERE OF THE PROCEDURE ON THE PROCEDURE OF THE PROCEDURE
	7.	Does your entity provide SB 1343 training?
		Are elected officials trained on the entity's policy regarding harassment, Yes \ No
	0.	discrimination, and retaliation?
E.	DE	SIRED SELF-INSURED RETENTION
	\$25H	
		tach 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.

YOLO-SOLANO AIR QUALITY WENT DIST. Agency or Entity Name		
Applicant's Name (please print)	ADMINISTRATIVE SERVICES MER Title	
Applicant's Signature		
<u>4221</u> Date		

EN'	TITY	NAME: Short City of wood and Date: 4-15-21
EM	PLO	YMENT PRACTICES INFORMATION
A.		cies and Procedures
4 8.0	1.	Does the Entity have written personnel policies and procedures? Yes No
	2.	Does the Entity distribute the manual/rules to all employees?
	3.	Does the Entity have employees sign an acknowledgement form 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:
		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 categories under the Fair 🔽 Yes 🗌 No
		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?
	6.	Does the Entity have legal counsel regularly review the manual/rules? Yes No
	7.	Have the above-referenced policies been updated within the past five Yes No
		years?
		If no, when was the manual or rules last reviewed?
	8.	Were the above-referenced policies formally approved and adopted by Yes No
		council/governing board?
	9.	Does the Entity have legal counsel to provide advice regarding Yes No
		disciplinary matters?
	1.0	Does the entity have an orientation program for all employees that Yes No
	10.	addresses workplace conduct, EPL policies and practices, and grievance
		procedures?
	#7	If you answered no to any of the above, please use this space to provide more information:
		orken on Lationian Oalinier
		orking on fediewing policies
В.	Em	ployee Information
	1.	Number of Full Time Employees: 296
	2.	Number of Part time Employees: 100
	3.	For each of the past five years, what has been your annual percentage turnover rate of
		employees?
	13	2020 ID % 2019 \$ 5 % 2018 7.5 % 2017 \$ 6 % 2016 12.5 %
	4.	How many involuntary employment terminations have occurred in the past three years?
	M	2020 7. 2019 3
	. 1	2018 2

	Involuntary employment termination with respect to this questionn 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
_	O O	
5.	Percentage of Employees with salaries less than \$100,000	Sharel 1000/
6.	Percentage of Employees with salaries greater than \$100,000	Should = 1 00%

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: Quantum Pulls	
	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?	s, including the lall 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 Æ No
æ		(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 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

			Yes 🛮 No
		privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	
			Yes No
		from an employment decision to hire, fire, promote, demote or	103/110
		discipline.	=
		the answer is yes to any of the above, please attach a listing of the loss(es) s	
	des	scription of each claim, including the date filed, the substance of the allegations,	the disposition
	01 (the claim, and any monetary amounts paid in connection with the claimNO 1	0565
D.	Em	nployment Practices Risk Management	***************************************
	1.		Yes No
		If no, please describe handling of this function:	
	2		
	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
		If yes, please provide details.	T CS/L TVO
	4.	Have you had any "layoffs" in the past 36 months?	V. DVI.
	7.	If yes, please provide details.	Yes No
		and the second seconds.	
\vdash			
	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 training AB 1825 and SB	ning records:
	7.	Target Solutions Does your entity provide SB 1343 training?	Yes No
	8.	Are elected officials trained on the entity's policy regarding harassment,	Yes No
		discrimination, and retaliation?	148 🗀 110
	-707		
E.	DE	SIRED SELF-INSURED RETENTION	
\$	325K		\$500K
Pleas	e atte	tach the following:	
		• EPL individual loss information (including Date of Loss and total incurred) for	r 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.

HR Marager

ENT	ENTITY NAME: Yold Emergency Communications 3/23/2011			
EM	PLO	YMENT PRACTICES INFORMATION	CONTRACTOR OF THE PARTY OF THE	
		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		Yes No
	3.	Does the Entity have employees sign an		Yes No
		indicating they have read and understood the abo	<u> </u>	
	4.	Are the following policies or procedures include		l that apply:
		Hiring	Termination Susp	pension
		Medical Leave	Unpaid Leave Ofice	vance Procedures
		Drug & Alcohol Testing	Discipline Atte	ndance
		Family Medical Leave Act	Anti-Harassment Policie	s
	٠.	Written Job Description for all Positions		icies andund
		Apriual Written Performance Evaluations for	r all Employees	
		Employee Hotline/Complaint Procedure		
	5.	Do the policies/rules include all protected ca		Yes A No
		Employment and Housing Act (FEHA), Ca. Gov		pulas mayar
	6.	Does the Entity have legal counsel regularly rev		Yes No
	7.	Have the above-referenced policies been upd	ated within the past five	Yes No
-		years?	10 11 100 1000	W
\vdash	0	If no, when was the manual or rules last reviewe	0011/00 : 1/2 1 10	
	8.	Were the above-referenced policies formally a council/governing board?	approved and adopted by	Yes No
1000	9.	Does the Entity have legal counsel to pr	rovide advice regarding	✓ Yes ☐ No
		disciplinary matters?		
		Does the entity have an orientation program	for all employees that	Yes No
	10.	addresses workplace conduct, EPL policies and	practices, and grievance	
		procedures?		
:		If you answered no to any of the above, please the asprey is planting an M	use this space to provide n	nore information: MML
		and aghinistrative relici	is	
				9
В.		ployee Information		
	1.	Number of Full Time Employees:		
	2.	Number of Part time Employees:	1	
	3.	For each of the past five years, what has bee	en your annual percentage	turnover rate of
	+	employees? 2020 \	3 % 2017 \ 3 %	2016 \ 3 %
	4.	How many involuntary employment termination		
-	+.		2019 2019	inter years:
¢	1		2018	

	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	Should = 1000/
6.	Percantage of Employees with salaries greater than \$100,000 \$\mathcal{O}\$ \\ \mathcal{O}\$	Should = 100%

C.	Em	ployment Practices Claims Handling		
	1.			
	2.	(a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up	Yes No	
		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,		
		responding to claims:	reviewing, and	
		responding to elamis.		
	3.	Does the Employment Claims handler coordinate with the Workers 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?	Justice, any civil	
		(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;	DV DVV-	
		(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected	☐ Yes ☑ No	
		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 <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;		

		(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 Yes Vo			
		from an employment decision to hire, fire, promote, demote or			
		discipline.			
		ne answer is yes to any of the above, please attach a listing of the loss(es) showing a full			
	des	cription of each claim, including the date filed, the substance of the allegations, the disposition			
	of t	ne claim, and any monetary amounts paid in connection with the claim.			
D.		ployment Practices Risk Management			
	1.	Does the applicant have a Human Resources or Personnel Department?			
		If no, please describe handling of this function:			
		Accounting a He hundring Communed			
		Accounting a He functions Commined Hecounting a He functions Commined Hesphans Commined			
	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?			
		If yes, please provide details.			
	1				
		H 11 (1 00 n) 1 0 10 10 10 10 10 10 10 10 10 10 10 10			
	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:			
	7.	Does your entity provide SB 1343 training?			
	8.	Are elected officials trained on the entity's policy regarding harassment,			
	L	discrimination, and retaliation?			
Managara State	~=				
E.	DE	SIRED SELF-INSURED RETENTION			
	\$25k	□ \$50K □ \$75K □ \$100K □ \$250K 🗵 \$500K			
Pleas	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 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.

Agency or Entity Name

Lina Humphul
Applicant's Name (please print)

Applicant's Signature

3/23/21

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: Yolo County IHSS Public Authority

_Date: 4/1/2021

	WIF LOT MENT FRACTICES INFORMATION						
A.	A. Policies and Procedures						
	1.	Does the Entity have written personnel policies and	procedures?	✓ Yes ☐ No			
	2.	Does the Entity distribute the manual/rules to all em	ployees?				
	3.		Does the Entity have employees sign an acknowledgement form Ves No				
		indicating they have read and understood the above					
	4.	Are the following policies or procedures included in	the manual? Che	ck all that apply:			
				Suspension			
				Grievance Procedures			
				Attendance			
			nti-Harassment Po	olicies			
		☐ Written Job Description for all Positions ☐ V	Vorkplace Violence	e Policies			
		Annual Written Performance Evaluations for all	Employees				
		Employee Hotline/Complaint Procedure					
	5.	Do the policies/rules include all protected categories	•				
			Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?				
	6.	Does the Entity have legal counsel regularly review the manual/rules?					
	7.	Have the above-referenced policies been updated within the past five \Boxesia Yes \Boxesia No					
		<u> </u>	years?				
	0	If no, when was the manual or rules last reviewed? 2003					
	8.	Were the above-referenced policies formally approved and adopted by council/governing board?					
	9.	Does the Entity have legal counsel to provide advice regarding Ves No					
		disciplinary matters?					
		Does the entity have an orientation program for all employees that 🗸 Yes 🗌 No					
	10.						
		procedures?					
		If you answered no to any of the above, please use	this space to provi	ide more information:			
	The c	e current personnel policies and procedures were adopted by the governing board in 1/2003.					
В.	Em	nployee Information					
	1.	Number of Full Time Employees: 4					
	2.	Number of Part time Employees: 0					
	3.		our annual percer	ntage turnover rate of			
		employees?	2017	0/ 10016			
	1	2020 25 % 2019 25 % 2018 25 %					
	4.	How many involuntary employment terminations h		past three years?			
	1	1 20200 1 201	1 0	20200 20190			

2018 0

	Involuntary employment termination with respect to this question of 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	
6.	Percentage of Employees with salaries greater than \$100,000	Should = 100%
	0 %	

C.	Em	nployment Practices Claims Handling		
	1.	Who in the Entity has been designated to handle claims? Yolo County Health and Human ServicesH		
	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:		
		This is done by Yolo County Health and Human ServicesHR team.		
	3.	Does the Employment Claims handler coordinate with the Workers		
<u> </u>		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		
		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. Clar	
		(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 <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		
	<u> </u>	decision to hire, fire, promote, demote or discipline;		

- 2 - **39**_{1/07/21}

		(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 V No
		from an employment decision to hire, fire, promote, demote or
		discipline.
		he answer is yes to any of the above, please attach a listing of the loss(es) showing a fu
		cription 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.		ployment Practices Risk Management
	1.	Does the applicant have a Human Resources or Personnel Department?
		If no, please describe handling of this function:
		This is done by Yolo County Health and Human ServicesHR team.
	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 ☑ N
		If yes, please provide details.
-	4	Have very had any "lave ffe" in the next 26 months?
-	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 N
		AB 1825, SB 1343 and SB 778?
		If no, please explain.
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training record
		This is maintained and tracked by Yolo CountyHR. Status is provided to PA supervisor and Direct
	7.	Does your entity provide SB 1343 training? It is provided by Yolo County ☐ Yes ✓ No
	8.	Are elected officials trained on the entity's policy regarding harassment, Yes N
		discrimination, and retaliation?
E.	DE	SIRED SELF-INSURED RETENTION
Ιп	\$25H	X □ \$50K □ \$75K □ \$100K □ \$250K 🗵 \$500K
		ach the following:
riea	se an	 EPL individual loss information (including Date of Loss and total incurred) for the previou
		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.

- 3 - **4Q**_{1/07/21}

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.

Yolo County IHSS Public Authority		
Agency or Entity Name		
Kim Britt	IHSS PA Director	
Applicant's Name (please print)	Title	
Kim Britt		
Applicant's Signature		
4/1/2021		
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	ΓΙΤΥ	NAME: West Plainfield Fire Prot Ds Date: 4/23/21
EM	PLO	YMENT PRACTICES INFORMATION
A.	No.	cies and Procedures
71.	1.	Does the Entity have written personnel policies and procedures? Yes No
	2.	Does the Entity distribute the manual/rules to all employees?
	3.	Does the Entity have employees sign an acknowledgement form X Yes No
	٥.	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 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 categories under the Fair X Yes No
	٥.	Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?
	6.	Does the Entity have legal counsel regularly review the manual/rules? Yes No
	7.	Have the above-referenced policies been updated within the past five Yes XNo
		years?
		If no, when was the manual or rules last reviewed? In process now
	8.	Were the above-referenced policies formally approved and adopted by 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 Yes No
	10.	addresses workplace conduct, EPL policies and practices, and grievance
		procedures?
		If you answered no to any of the above, please use this space to provide more information:
_	T=	
B.	_	ployee Information
3	1.	Number of Full Time Employees:
2	2.	Number of Part time Employees:
	3.	For each of the past five years, what has been your annual percentage turnover rate of
	-	employees?
	1	2020 33 % 2019 53 % 2018 6 % 2017 6 % 2016 6 %
	4.	How many involuntary employment terminations have occurred in the past three years?
	1	2020 2019 2018

	Involuntary employment termination with respect to this question of 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	Sh11 - 1000/
6.	Percentage of Employees with salaries greater than \$100,000 \nearrow %	Should = 100%

C.	Em	mployment 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?	П., М.,	
		(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:		
	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 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	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;	- H.	
		(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 <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;		
		and the same of th		

		(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	he answer is yes to any of the above, please attach a listing of the loss(es) showing a full			
		cription of each claim, including the date filed, the substance of the allegations, the disposition			
		the claim, and any monetary amounts paid in connection with the claim.			
D.		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: Chain of command through Board of Supervisors, if hecessary			
	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?			
		If yes, please provide details.			
		_			
	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 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.	Target Vector Solutions			
	7.	Does your entity provide SB 1343 training? Yes No			
	8.	Are elected officials trained on the entity's policy regarding harassment, Yes No			
		discrimination, and retaliation?			
T.	DE	CODED CEL E INCLUEED DETENTION			
	E. DESIRED SELF-INSURED RETENTION				
	\$251				
Plea	se at	tach 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.

West Plainfield Fire Protector Agency or Entity Name	District
Cherie Rita	Fire Chief
Applicant's Name (please print)	Title
Applicant's Signature	
4/23/21	
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.

EN	ENTITY NAME: Winters Cemetery District Date: 03/05/2021				
EN	1PLC	DYMENT PRACTICES INFORMATION			
A.	Pol	icies 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 No			
	3.	Does the Entity have employees sign an acknowledgement form Ves 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 ☐ 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 categories under the Fair Yes No			
		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?			
	6.	Does the Entity have legal counsel regularly review the manual/rules? Yes No			
	7.	Have the above-referenced policies been updated within the past five Yes No			
		years?			
		If no, when was the manual or rules last reviewed? At Present			
	8.	Were the above-referenced policies formally approved and adopted by Yes No			
		council/governing board?			
	9.	Does the Entity have legal counsel to provide advice regarding Yes No			
		disciplinary matters?			
- 1	1.0	Does the entity have an orientation program for all employees that Yes No			
	10.	addresses workplace conduct, EPL policies and practices, and grievance procedures?			
-					
		If you answered no to any of the above, please use this space to provide more information: Policy Manuals are being Updated Added to, and reviewed over			
- 1		the next three months.			
В.	Em	ployee Information			
	1.	Number of Full Time Employees: 3			
	2.	Number of Part time Employees: 5 - Board Members			
	3.	For each of the past five years, what has been your annual percentage turnover rate of			
		employees?			
		2020 0% 2019 0% 2018 0% 2017 / % 2016 0%			
	4.	How many involuntary employment terminations have occurred in the past three years?			
		2020 🔘			
		2018			

	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	Should = 100%	
6.	Percentage of Employees with salaries greater than \$100,000	Siloulu - 10076	
	%		

C.	Employment Practices Claims Handling		
	1.	Who in the Entity has been designated to handle claims? District Manager	
	2.	(a) With respect to oral or written claims, do you have a written \square Yes \square 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:	
	3.	Does the Employment Claims handler coordinate with the Workers' Compensation	
	٥.	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 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 Yes Vo	
		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	
ļ		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;	
	$\neg \uparrow$	(d) Allegations of negligent or wrongful evaluation, wrongful demotion, Yes No	
- 1		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 Wo	
1		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 Vo	
	ļ	anguish, shock, sickness, disease or disability made by an <i>Employee</i>	
	ļ	which arise from an employment decision to hire, fire, promote,	
		demote or discipline;	
		(g) Allegations of false imprisonment, detention, or malicious Yes V 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 privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	Yes Mo	
			Yes No	
	des	the answer is yes to any of the above, please attach a listing of the loss(es) scription of each claim, including the date filed, the substance of the allegations, the claim, and any monetary amounts paid in connection with the claim.		
D.	Em	nployment Practices Risk Management		
	1.	Does the applicant have a Human Resources or Personnel Department?	Yes No	
		If no, please describe handling of this function: District Manager ha		
	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	
		If yes, please provide details.		
	4.	Have you had any "layoffs" in the past 36 months?	Yes No	
		If yes, please provide details.		
	5.	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 tra Earned Certificates are Listed in Excel Program an	ining records: dfiled	
	7.	Does your entity provide SB 1343 training? Obtain Elsewhere	Yes No	
	8.	Are elected officials trained on the entity's policy regarding harassment,	Yes No	
		discrimination, and retaliation? No Elected Officials		
В.	DE	SIRED SELF-INSURED RETENTION		
	25K		\$500K	
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.				
		ALLAND ALLEVERS & PERMITTERM ARTHUR.	5	

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- (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.

Winters Cemetery District

Agency or Entity Name

Sheila Carbahal

Applicant's Name (please print)

Title

Title

3/10/2021

Date

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

EN	ENTITY NAME: Cottonwood Cemetery, Date: 4-16-21					
PARTICIPATION OF THE PARTY NAMED IN	EMPLOYMENT PRACTICES INFORMATION					
A.	Po	licies and Procedures				
-	1.	Does the Entity have written personnel policies and				
	2.	Does the Entity distribute the manual/rules to all operations of				
	3.	1 DOES THE Entity have agentless.				
	10.79	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:				
		Medical Leave Leave Suspension				
		Drug & Alcohol Tostin				
		Family M. 1: 17				
		White I-1 D : : : C 11				
		Annual Written Performance Evaluations for all Employees				
1		Employee Hotline/Complaint Procedure				
	5.	Do the policies/rules include -11				
	6.					
	7.	I Dave the above-referenced noticing 1				
		years? Yes W No				
		If no, when was the manual or rules last reviewed?				
	8.	Were the above wif				
		council/governing board?				
	9.	Does the Entity 1 1 1				
		disciplinary matters?				
	od Geografia	Does the entity have an orientation program for all employees that Yes No				
1	10.	addresses workplace conduct, EPL policies and practices, and grievance				
		procedures?				
		If you answered no to any of the above, please use this space to provide more information:				
		A//				
		10/14				
n						
В.		ployee Information				
	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				
-		and the state of t				
_	4	2020 0 % 2019 0 % 2018 0 % 2017 0 % 2016 0 %				
\dashv	4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 Mare 2019 Mary					
		2018 Mine				

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

C.	Employment Practices Claims Handling			
	1.	Who in the Entity has been designated to handle claims?		
	2.	I () TODDOU IO UIGI III WIIIIPO MIGINO do Trota la		
		procedure for obtaining information and conducting required follow up	☐ Yes ☐ No	
		on the claim:	1 7	
		(b) Do you require written claims for EEO-related complaints?	V V D V	
		If yes to 2(a), describe the policy and procedure for receiving	☐ Yes ☐ No	
		responding to claims:	, reviewing, and	
	3.	Does the Employment Claims handler coordinate with the Worker	rs' Compensation	
		1 William Old all Claims III VIII VIII all all of Motantial in duration 1	0 77	
	4.	1 The your chity received ally claim in the previous / completed finest-	. 1 11	
		production in the control of the con	1 11 1 ' C'1 1	
		with the Dreft, EEOC, Department of Labor or Federal Department of	Lustice any civil	
	***************************************	Tawart of other written claim) alleging the following?	reasures, any civil	
		(a) Allegations of discrimination or harassment under FFHA Title VII	☐ Yes ⋈ No	
		or any other rederal 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		
		reave status, worker's compensation claim, or any other protected		
		activity or status; (c) Actual or alleged constructive termination of an amplement		
			☐ 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	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
		breach of the covenant of good faith and fair dealing in the employment contract;		
		(d) Allegations of negligent or wrongful evaluation wrongful 4		
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or	☐ Yes 🗷 No	
		wrongful deprivation of career opportunity;		
		(e) Allegations of misrepresentation or defamation made by an		
1	- 1	Employee which arise from an employment decision to hire, fire,	☐ Yes 🗶 No	
		promote, demote or discipline;		
		(f) Allegations of infliction of emotional distress, mental injury, mental		
		anguish, shock, sickness, disease or disability made by an <i>Employee</i>	☐ Yes 💹 No	
		which arise from an employment decision to hire, fire, promote,		
		demote or discipline;		
		(g) Allegations of false imprisonment, detention, or malicious	- XV 12-XV	
		prosecution made by an <i>Employee</i> which arise from an employment	☐ Yes ☑ No	
		decision to hire, fire, promote, demote or discipline;		
		, asmore of discipline,		

		(h) Allegations of libel slander defender to
		or moon standed the lamanon of character
		privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and
		IIII Ullier perconal murar all a 1
		from an employment decision to hire, fire, promote, demote or discipline.
	If	the answer is yes to any of the above, please attach a listing of the loss(es) showing a f
	of	the claim, and any monetary amounts paid in connection with the claim.
D.	E	nployment Practices Risk Management
	1.	Does the applicant have a Human Resources of Porseand D
		If no, please describe handling of this function: Yes N
	2.	Do you have any actalliating
	1	Do you have any established set of grievance or complaint procedures as Yes 2 N
	3.	1 and the arrow of the solving (IIshilles prior to litigation?)
		Do you anticipate any "layoffs" during the next 24 months? If yes, please provide details.
		if yes, please provide details.
	4.	Have you had any "layoffs" in the past 36 months?
		If yes, please provide details. Yes N
	5.	Is your ontity in C. 11
		Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778? DON'T KNOW
		If no, please explain.
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training record
	7.	WON 1 19 de cont
***************************************	8.	Does your entity provide SB 1343 training? Yes No
	0.	Are elected officials trained on the entity's policy regarding harassment, Yes No discrimination, and retaliation?
		discrimination, and retaliation? Dow't ANAW
E.	DE.	SIRED SELF-INSURED RETENTION
	325K	□ \$50K □ \$75K □ \$100K □ \$100K
Pleas	e atte	ch the following: \$100K \$250K X \$500K
		• 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 FRMA:
		Completed intent to participate; and
***************************************		Most Recent Financial Audit.
		This would Have to come From payality on yolo County Dest OF Fivancial County
		County Deat OF FINANCIA CON

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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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)	<u>Chair</u> Title	
Applicant's Signature		
サール カ(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.

ENTITY NAME: WILLOW OAK FIRE Protection DIST Date: 5/6/21					
-		OYMENT PRACTICES INFORMATION			
Α.		icies 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?			
741	3.	Does the Entity have employees sign an acknowledgement form \(\sqrt{Yes} \) 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 ☐ 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 categories under the Fair 🛛 Yes 🗌 No			
		Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?			
	6.	Does the Entity have legal counsel regularly review the manual/rules? Yes No			
100	7.	Have the above-referenced policies been updated within the past five Yes \square No			
		years?			
		If no, when was the manual or rules last reviewed?			
	8.	approved and adopted of			
Į,	es Y	council/governing board?			
	9. Does the Entity have legal counsel to provide advice regarding Yes No				
	disciplinary matters?				
	4.0	Does the entity have an orientation program for all employees that Yes No			
	10.	addresses workplace conduct, EPL policies and practices, and grievance			
	PS-Y	procedures?			
		If you answered no to any of the above, please use this space to provide more information:			
		1.11 the very sound control from the transference of the constraint and the control of the contr			
В.	B. Employee Information				
4	1.	Number of Full Time Employees:			
1	2.	Number of Part time Employees: Number of Part time Employees:			
4	3.	For each of the past five years, what has been your annual percentage turnover rate of			
] .	employees?			
T	98	2020 /5 % 2019 ZO % 2018 ZO % 2017 /5 % 2016 ZO %			
	4.	How many involuntary employment terminations have occurred in the past three years?			
	1.	2010 4. They many involuntary employment terminations have occurred in the past three years?			

2018

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

C.	Em	mployment Practices Claims Handling		
	1.	Who in the Entity has been designated to handle claims? YCPARMIA	Maria y III r A J	
	2.	(a) With respect to oral or written claims, do you have a written	☐ Yes ☐ No	
	330	procedure for obtaining information and conducting required follow up		
	SY	on the claim?		
197		(b) Do you require written claims for EEO-related complaints?	☐ Yes ☐ No	
	TO T	If yes to 2(a), describe the policy and procedure for receiving,	reviewing, and	
		responding to claims:		
	110.7	eli li capaci. E l'accionara in complete el cele el per in agracio de la complete de la capación		
	3.	Does the Employment Claims handler coordinate with the Workers	' Companyation	
bi pe	٥.	Administrator on all claims involving actual or potential industrial injuries?		
	4.	Has your entity received any claim in the previous 7 completed fiscal years		
	٦.	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?	sustice, any ervir	
		(a) Allegations of discrimination or harassment under FEHA, Title VII	☐ Yes ☐ No	
	1977	or any other federal or state law relating to discrimination based on		
		race, sex, religion, disability, national origin, marital status, age,		
	o.T.	sexual orientation, retaliation or any other protected legal status;		
	70.1	(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	
	12-11	relationship in a manner which is alleged to have been against the		
Pag.		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;		
ACE A		(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or	☐ Yes ☐ No	
		wrongful descipline, 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	
	77 40	anguish, shock, sickness, disease or disability made by an <i>Employee</i>		
6	2027	which arise from an employment decision to hire, fire, promote,		
		demote or discipline;		
		(g) Allegations of false imprisonment, detention, or malicious	☐ Yes ☐ No	
L.		prosecution made by an <i>Employee</i> which arise from an employment		
		decision to hire, fire, promote, demote or discipline;		

- 2 -

	7.	Does your entity provide SB 1343 training? Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	Yes □ No Yes □ No
45 E	6.	If no, please explain. Briefly describe the procedure for maintaining AB 1825 and SB 1343 REPORTS KEPT IN OUR REPORTED SOFTWARE	1300
	5.	If yes, please provide details. Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	☑ Yes ☐ No
	4.	Have you had any "layoffs" in the past 36 months?	☐ Yes ⋈ No
egh	3.	an effective means of resolving disputes prior to litigation? Do you anticipate any "layoffs" during the next 24 months? If yes, please provide details.	☐ Yes ☑ No
	2.	Do you have any established set of grievance or complaint procedures as	ĭ Yes ☐ No
1	1.	Does the applicant have a Human Resources or Personnel Department? If no, please describe handling of this function:	M 1€2 □ 140
D.	Em	ployment Practices Risk Management	Yes No
	des	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.	ns, the disposition
	If t	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline. ne answer is yes to any of the above, please attach a listing of the loss(estable).	in c paenes
Jys	L/-y	(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	Yes ⊠No

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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.

Willow OAK FIRE PROTECTION DIST, Agency or Entity Name	
MARCUS CLINICHAMMER Applicant's Name (please print)	FIRE CHIEF Title
Applicant's Signature	
5/10/2021	
Date	

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MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application – City of Exeter (CSJVRMA)

BACKGROUND AND STATUS:

The City of Exeter, an underlying member of the Central San Joaquin Valley Risk Management Authority (CSJVRMA) has provided an application and supporting documentation for participation in ERMA at a \$25,000 self-insured retention (SIR) effective July 1, 2021.

The city's application materials have been reviewed by staff, as follows:

City of Exeter

The district reports payroll of \$2.6M for the 2020 calendar year and has 31 full-time employees and 10 part-time employees.

The city is in the process of updating their written personnel policies and procedures with legal counsel who specializes in employment law and anticipates completing the update by January 1, 2022.

The city is compliant with state-mandated training and utilizes the Department of Fair Employment and Housing's online training modules.

RECOMMENDATION:

Staff recommends the Underwriting Committee approve the City of Exeter (CSJVRMA) at a \$25,000 SIR, effective July 1, 2021, with the condition city's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by the city's governing body, no later than July 1, 2023.

REFERENCE MATERIALS ATTACHED:

- City of Exeter Contribution Indication
- City of Exeter Completed Potential New Member Application

EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

		CSJVRMA	1		
Name of Entity		City of E	xeter		
2020 Calendar Payroll		\$2,674,088			
Coverage Period		July 1, 2021 to June 30, 2022			
CALCULATION					
Member Retained Limit Options Retained Limit Factor Retained Limit Rate		\$25,000 1.13 0.672	\$50,000 1.00 0.595	\$75,000 0.90 0.536	\$100,000 0.82 0.488
Defense & Indemnity: Pooled Funding Administration Loss Prevention & Training	0.0514 0.0079	\$17,979 1,374 210	\$15,911 1,374 210	\$14,320 1,374 210	\$13,047 1,374 210
Subtotal		\$19,564	\$17,496	\$15,904	\$14,632
JPA Participation Credit	6.33%	(\$1,239)	(\$1,108)	(\$1,007)	(\$927)
Individual Experience Mod Factor *		1.000			
Off-Balance Factor		1.165			
Excess Insurance \$2 million x \$1 million	0.0440	1,177	1,177	1,177	1,177
ERMA CONTRIBUTION **		\$22,520	\$20,263	\$18,527	\$17,139
CSJVRMA Administration Fee ***	5.00%	\$1,126	\$1,013	\$926	\$857
TOTAL CONTRIBUTION		\$23,646	\$21,276	\$19,454	\$17,996

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

^{**} ERMA contribution is calculated using factors and rates per the 2021/22 preliminary budget.

^{***} Administration fee of 5% charged by the CSJVRMA.

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 Exeter Date: 4/21/2021			
EM	PLO	YMENT PRACTICES INFORMATION	
A.	Poli	cies and Procedures	
	1.	Does the Entity have written personnel policies and procedures? X Yes No	
	2.	Does the Entity distribute the manual/rules to all employees?	
	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 Unpaid Leave Grievance Procedures	
		Drug & Alcohol Testing Discipline Attendance	
		Family Medical Leave Act Anti-Harassment Policies Separat Halmin	
		written Job Description for all Positions \(\square\) workplace Violence Policies	
		Annual Written Performance Evaluations for all Employees	
	<i>E</i>	Employee Hotline/Complaint Procedure	
	5.	Do the policies/rules include all protected categories under the Fair Yes X No	
	6	Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)? Does the Entity have legal counsel regularly review the manual/rules? Yes No	
	6. 7.		
	7.	years?	
		If no, when was the manual or rules last reviewed? 2012	
	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?	
	10	Does the entity have an orientation program for all employees that Yes \sum No	
	10.	addresses workplace conduct, EPL policies and practices, and grievance	
		procedures? If you answered no to any of the above, please use this space to provide more information:	
		See Attached	
		ace moreor	
L			
B.	Em	ployee Information	
	1.	Number of Full Time Employees: 3	
	2.	Number of Part time Employees: 10 (approx. 3 FTES)	
	3.	For each of the past five years, what has been your annual percentage turnover rate of	
		employees? See attached for addle information.	
		2020 135 % 2019 8 % 2018 27 % 2017 27.5% 2016 7.14%	
	4.	How many involuntary employment terminations have occurred in the past three years?	
		2020 = 3 $2019 + 3018$	

	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			
	90.25%	Should = 100%		
6.	Percentage of Employees with salaries greater than \$100,000	Should = 100%		
	9.75%			

C.	Em	ployment Practices Claims Handling	
	1.	Who in the Entity has been designated to handle claims? City Clerk	HR Manager
	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:	reviewing, and
	2	Decide Feel China Letter China Wells	·
	3.	Does the Employment Claims handler coordinate with the Workers 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;	X 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;	X 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;	X 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
X		(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 🏻 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;	X 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

		(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			
	7.0	discipline.			
	li t	he answer is yes to any of the above, please attach a listing of the loss(e	s) showing a full		
	des	cription of each claim, including the date filed, the substance of the allegation	ns, the disposition		
	01 (he claim, and any monetary amounts paid in connection with the claim.			
n	ITm	-la			
D.		ployment Practices Risk Management	□ 17 □ NI		
	1.	Does the applicant have a Human Resources or Personnel Department?	Yes No		
		If no, please describe handling of this function:			
-	1	Dl	I TO TO DATE		
	2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	X Yes ☐ No		
	3.	Do you anticipate any "layoffs" during the next 24 months?	☐ Yes 🛛 No		
	1.	If yes, please provide details.	I ES M INO		
		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 the Covid-19 pan	demic.		
		If yes, please provide details. Due to the Covict-19 pan the City's Parkst Rec Staff Neve laid off.	,		
	5.	To assess and the limit Colling on the limit of the formation of the limit of the l	Tryl var D Ma		
	٥.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	X Yes □ No		
		If no, please explain.	<u> </u>		
		in no, piease explain.			
	6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343	training records:		
	Si osc	See attached.	M		
	7.	Does your entity provide SB 1343 training?	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			
X S	\$25K	□ \$50K □ \$75K □ \$100K □ \$250K □ \$350K	□ \$500K		
Plea	ise ati	tach 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 Mad Broad Firms in April			
		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.

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Agency or Entity Name

Applicant's Name (please print)

Applicant's Name (please print)

Applicant's Signature

Date

aty Clerk/HR Manager