



**EMPLOYMENT RISK MANAGEMENT AUTHORITY
BOARD OF DIRECTORS MEETING
AGENDA**

**Tuesday, June 8, 2021
10:00 a.m.**

Zoom

**Dial-in Number: (669) 900-6833
Meeting ID: Meeting ID: 830 4152 4850
Passcode: 136084
[Meeting Link](#)**

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

Members of the public may observe and listen to the meeting telephonically. No physical location will be available from which members of the public may observe the meeting and offer public comment. Public comments may be submitted in advance of the meeting by emailing Jennifer Jobe at jennifer.jobe@sedgwick.com no later than 5 p.m. on Monday, June 7, 2021. If a member of the public would like to address the Board of Directors 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 Board 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 Jennifer Jobe at (916) 244-1141 or jennifer.jobe@sedgwick.com. 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 Board less than 72 hours prior to a regular meeting will be available for public inspection. Please contact Jennifer Jobe at (916) 24-1141 or jennifer.jobe@sedgwick.com.

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|--------------------|--|
| <u>Page</u> | 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 ERMA not on the agenda. No action may be taken on non-agenda items unless authorized by law. |
| | 4. STAFFING UPDATE |

6 5. CONSENT CALENDAR

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

- *A. Minutes of April 27, 2021, Board of Directors Meeting, and Summary of Action Items
- *B. General Warrants from April 1, 2021, through April 30, 2021
- *C. Claims Payments from April 1, 2021, through April 30, 2021
- *D. Treasurer's Report as of March 31, 2021
- *E. Internal Financial Statements as of March 31, 2021
- *F. PFM Quarterly Investment Report as of March 31, 2021
- *G. Conflict of Interest Code for ERMA, Effective June 11, 2021
- *H. Memorandum of Coverage for the 2021/22 Program Year, in redline/strikeout
- *I. Master Program Document for the 2021/22 Program Year, in redline/strikeout
- *J. ERMA Board Document Review Schedule

Recommendation: Approval of the Consent Calendar.

6. ADMINISTRATIVE MATTERS

- 164** A. 2020/21 Goals and Objectives Update

Recommendation: None

- 165** *B. Claims Audit Prepared by Farley Consulting Services

Recommendation: Staff recommends the Board of Directors accept and file the Employment Practices Liability Claims Audit Report.

- 179** *C. Approval of Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services

Recommendation: Staff recommends the Board of Directors approve Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services.

7. ELECTION OF OFFICERS FOR THE 2021/22 AND 2022/2023 PROGRAM YEARS

- A. Nomination and Election of President
- B. Nomination and Election of Vice President
- C. Nomination and Election of Treasurer

8. FINANCIAL MATTERS

- 182** *A. Review of Annual Retrospective Adjustment Calculation

Recommendation: Staff recommends the Board of Directors approve a dividend release not to exceed \$3.0 million from program years 2012/13, 2013/14, 2014/15, and 2015/16.

- 188** *B. Proposed Administrative and Operating Budget for the 2021/22 Program Year -

Recommendation: Staff recommends the Board of Directors approve the Proposed Administrative and Operating Budget for the 2021/22 Program Year, with losses funded at the 80% confidence level and discounted at 1.5%, and authorize the Executive Director to adjust the approved budget for billing if CIRA does not elect excess insurance coverage.

* Reference materials enclosed with staff report.

9. COVERAGE MATTERS

- 217 *A. Discussion and Action Regarding Excess Coverage for the 2021/22 Program Year

Recommendation: Staff recommends the Board of Directors authorize binding excess coverage through RSUI for the 2021/22 Program Year, as presented.

10. MEMBERSHIP MATTERS

- 227 *A. Review of Prospective New Member Application – City of Exeter (CSJVRMA)
Recommendation: The Underwriting Committee recommends the Board of Directors 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.

- 233 *B. Review of Prospective New Member Applications – Redwood Empire Municipal Insurance Fund's (REMIF) Underlying Member Entities
Recommendation: The Underwriting Committee recommends the Board approve:

- 1) *The City of Eureka at a \$250,000 SIR, effective July 1, 2021;*
- 2) *The City of Cloverdale at a \$250,000 SIR or a \$350,000 SIR, effective July 1, 2021, with the condition the City completes the review and update of its written policies and procedures, and reviewed by legal counsel well-versed in public sector employment law;*
- 3) *Cities of Rohnert Park and Willits at a \$250,000 SIR, effective July 1, 2021, with the condition the cities' personnel policies and procedures are updated, and reviewed by legal counsel with expertise in public sector employment law; and*
- 4) *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.*

- 257 *C. Review of Prospective New Member Applications – Yolo County Public Agency Risk Management Insurance Authority's (YCPARMIA) Underlying Member Entities

Recommendation: The Underwriting Committee recommends the Board approve:

- 1) *The Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and the following underlying members at a \$500,000 SIR, effective July 1, 2021, with the condition YCPARMIA and each entity's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by each entity's governing body, no later than July 1, 2023:*

- *City of West Sacramento*
 - *City of Woodland*
 - *Capay Valley Fire Protection District*
 - *Dunnigan Fire Protection District*
 - *Yolo County Emergency Communications Agency*
 - *In-Home Supportive Services Public Authority*
 - *West Plainfield Fire Protection District*
 - *Winters Cemetery District*
 - *Willow Oak Fire Protection District*
- 2) *The following entities at a \$500,000 SIR, effective July 1, 2021:*
- *City of Davis, City of Winters*
 - *Davis Cemetery District*
 - *Esparto Fire Protection District*
 - *Madison Fire Protection District*
 - *Esparto Unified School District*
 - *Valley Clean Energy Alliance*
 - *Yolo-Solano Air Quality Management District*
- 3) *The Clarksburg Fire Protection District at a \$500,000 SIR, effective July 1, 2021, with the condition the district provides proof of compliance with state-mandated training requirements by August 31, 2021.*
- 4) *The Madison Community Services District at a \$500,000 SIR with the conditions the district's personnel policies and procedures are updated, reviewed by legal counsel with public sector employment law expertise, and approved by the district Boards, no later than July 1, 2023, and the district provides proof of compliance with state-mandated training requirements by August 31, 2021;*
- 5) *The County of Yolo at a \$500,000 SIR, with the express condition that any EPL claims be defended by an approved member of ERMA's defense panel; and*
- 6) *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.*

11. TRAINING/LOSS PREVENTION MATTERS

- 354 A. Risk Assessment Update – City of California City (PARSAC)
Recommendation: None

12. LITIGATION MANAGEMENT

- 355 A. Report from Kathy Maylin, Litigation Manager
Recommendation: None

13. CLAIMS MATTERS

356

- A. Pursuant to Government Code Section 54956.95(a), the Board of Directors will recess to Closed Session to discuss the following claims:
- Choate, Shannon v. City of Shafter
 - Soriano, Dina v. City of Twentynine Palms
 - Reynolds, DeAndre v. City of Victorville
- B. Report from Closed Session
Pursuant to Government Code 54957.1, the Board of Directors must report in Open Session any action, or lack thereof, taken in Closed Session.

14. CLOSING COMMENTS

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

- A. Board of Directors
B. Staff

15. ADJOURNMENT

NOTICES:

- The next Board of Directors meeting will be held on Monday, November 1, 2021, at 10:00 a.m. in Sacramento, CA.

CONSENT CALENDAR

SUBJECT: Consent Calendar

BACKGROUND AND STATUS:

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

RECOMMENDATION:

Approval of the Consent Calendar.

REFERENCE MATERIALS ATTACHED:

- A. Minutes of April 27, 2021, Board of Directors Meeting, and Summary of Action Items
- B. General Warrants from April 1, 2021, through April 30, 2021
- C. Claims Payments from April 1, 2021, through April 30, 2021
- D. Treasurer's Report as of March 31, 2021
- E. Internal Financial Statements as of March 31, 2021
- F. PFM: Quarterly Investment Report as of March 31, 2021
- G. Conflict of Interest Code for ERMA, Effective June 11, 2021
- H. Memorandum of Coverage for the 2021/22 Program Year, in redline/strikeout
- I. Master Program Document for the 2021/22 Program Year, in redline/strikeout
- J. ERMA Board Document Review Schedule

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

MINUTES OF THE BOARD OF DIRECTORS MEETING OF APRIL 27, 2021

A regular meeting of the Board of Directors of ERMA was held on April 27, 2021, all portions of this meeting were conducted via Zoom in accordance with Government Code Section 54953(b). The meeting was conducted under Governor Gavin Newsom's Executive Order N-25-20 wherein public noticing of teleconference locations for each meeting participant is suspended.

BOARD MEMBERS PRESENT:

John Gillison, President, PARSAC
Truc Dever, Vice President, VCJPA
Stuart Schillinger, Treasurer, BCJPIA
Robert Thompson, CalTIP
Sean Scully, CSJVRMA
Brett Miller, MBASIA
Linda Cox, MPA
Beth Lyons, PERMA
Kevin Bryant, PLAN
Charlene Calica, CCCHA
Artesia Dupree, OHA

BOARD MEMBERS ABSENT:

John Duckett, SCORE

ALTERNATE MEMBERS PRESENT:

Kin Ong, PARSAC
Jamie Scott, VCJPA (*Arrived during item 5.B.*)
Nataline Jindoian, CCCHA
Mellissa Guerrero, ERMAC
Tina Friend, MBASIA
Roger Carroll, SCORE

ALTERNATE MEMBERS ABSENT:

Heather Rowden, BCJPIA
George Fink, CalTIP
Deneen Proctor, CSJVRMA
Mellissa Guerrero, ERMAC
Reina Schwartz, MPA
Yumi Augustus, PERMA
George Rodericks, PLAN
Drew Felder, OHA

OTHERS PRESENT:

Jennifer Jobe, Executive Director
Mona Hedin, Analyst/Training Coordinator
Kathy Maylin, Litigation Manager
Ligia Nicolae, Litigation Analyst
Jim Elledge, Interim Finance Manager
Chee Xiong, Senior Accountant
Doug Alliston, General Counsel
Michael Christian, Jackson Lewis
Geoff Sheldon, Liebert Cassidy Whitmore
Elizabeth Arce, Liebert Cassidy Whitmore
Seth Cole, Alliant
Michael Simmons, Alliant
Derek Burkhalter, Bickmore Actuarial
Jaesa McCulligan, BCJPIA

Chrissy Mack, CalTIP/VCJPA
Jeanette Workman, CSJVRMA
Marcus Beverly, ERMAC
Conor Boughey, MBASIA
Rachna Singh, Sedgwick (*Arrived during item 5.B.*)

1. CALL TO ORDER/ROLL CALL

The April 27, 2021, Board of Directors Meeting was called to order at 10:01 a.m., by President John Gillison.

2. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

Linda Cox moved to approve the Agenda as posted. Seconded by Brett Miller. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

3. PUBLIC COMMENTS

None

4. CONSENT CALENDAR

Jennifer Jobe, Executive Director, highlighted the proposal with Alliant Insurance Services, Inc. (Alliant) for brokerage services. Ms. Jobe confirmed the proposal included a reduction in Alliant's commission from 10% to 8% over the next three years, expiring June 30, 2024.

Brett Miller moved to approve the Consent Calendar as follows: A) Minutes of February 11, 2021, Meeting of the Board of Directors and Summary of Action Items; B) General Warrants from January 1, 2021, through March 31, 2021; C) Claims Payments from January 1, 2021, through March 31, 2021; D) Proposal from Alliant Insurance Services for Brokerage Services; E) Resolution No. 2021-5, Requiring Members to Provide Proof of Compliance with Training Mandated by State Law; and F) ERMA Board Document Review Schedule. Seconded by Artesia Dupree. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

5. ADMINISTRATIVE MATTERS

A. Staffing Update

Ms. Jobe noted Interim Finance Manager, Jim Elledge, will continue to provide financial oversight through the end of the program year and confirmed Rachna Singh, Sedgwick, will assume the role as Finance Manager, effective immediately.

Ms. Jobe continued her report by discussing Kathy Maylin's September 2021 retirement from her position as ERMA Litigation Manager. She stated the recruitment process remains underway and ERMA Board President, John Gillison, is regularly kept apprised regarding recruitment activities.

B. Excess Coverage Marketing Update for the 2021/22 Program Year

Seth Cole, Alliant, provided the Board with an update regarding the excess coverage renewal for the 2021/22 program year. He confirmed ERMA's incumbent excess carrier, RSUI, continues to review current loss history and has confirmed, barring any adverse claims development, a fair renewal will be provided by the June meeting for the Board's review.

He discussed ERMA's historical renewals indicating only one rate increase occurred in 2018/2019, which was a result of expanding program limits from a \$2M per member aggregate to a \$4M per member aggregate.

C. Resolution No. 2021-4, Establishing Meeting Dates for the 2021/22 Fiscal Year

Ms. Jobe presented meeting dates for the 2021/22 Fiscal Year. She confirmed staff hopes to resume in-person meetings beginning November 2021 and will begin to research venues for the February 2022 Annual Workshop.

Linda Cox moved to approve Resolution No. 2021-4, Establishing Meeting Dates for the 2021/22 Fiscal Year. Seconded by Artesia Dupree. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

6. FINANCIAL MATTERS

A. Actuarial Study and Rates for the 2021/22 Program Year

Derek Burkhalter, Bickmore Actuarial, presented the actuarial study, highlighting the following components: 1) review of the ultimate loss estimates as of June 30, 2021; and 2) forecast analysis to determine funding rates for the 2021/22 program year.

Mr. Burkhalter advised ultimate loss estimates reduced significantly in the last several program years. He further reported:

- The total estimated liability for outstanding claims is \$17,053,000 as of June 30, 2021; and
- The 2021/22 loss rate projection at the 80% confidence level is 6,267,000; an 11% increase due to payroll exposure increase.

The Board discussed the rate increases which occurred over the last several program years. Ms. Jobe stated ERMA recognized a 14% rate increase for the 2020/21 program year and noted that in previous years, rate increases averaged approximately 6%.

Truc Dever moved to accept and file the actuarial study, as presented. Seconded by Brett Miller. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

B. Review of Preliminary Administrative and Operating Budget for the 2021/22 Program Year

Mr. Elledge reported the budget accounts for funding for losses, excess insurance costs, loss prevention and training, and administrative expenses.

He noted the following anticipated membership changes:

1. Addition of the California Intergovernmental Risk Authority (CIRA); a JPA that will form effective July 1, 2021, as a result of a merger between the Public Agency Risk Sharing Authority of California and the Redwood Empire Municipal Insurance Fund;
2. Addition of the City of Sierra Madre to CIRA;
3. Addition of the City of Murrieta Fire Department to the Public Employment Risk Management Association; and
4. Withdrawal of the Oroville Mosquito Abatement District from the Vector Control Joint Powers Agency.

He confirmed that in anticipation of the new members, an additional \$150M in payroll is included in the budget.

Mr. Elledge stated the preliminary budget included \$9,665,854 in 2021/22 contributions, a 5.4% increase over the prior year.

He noted the 4.94% rate increase with the reduction in the discount rate from 1.5% to .5%, contributed to approximately 1% of the overall increase.

He went on to discuss experience modification (ex-mod) factors applied at the JPA level, and stated some members recognized an increased ex-mod factor due to their individual loss experience.

The estimated 10% excess coverage rate increase was questioned, and Mr. Cole responded, stating he believes the increase may ultimately be less than estimated, but stated 10% was an appropriate estimate due to the current insurance market.

C. Review of the Annual Retrospective Adjustment Calculation

Mr. Elledge reported the preliminary calculation indicates net position available for distribution of \$5M, at December 31, 2020. He stated an estimate of \$200,000 was presented to the Board at the February 2020 meeting; however, the net position has increased significantly due to better-than-expected loss experience in program years 2012/13, 2013/14, and 2015/16.

Discussion ensued regarding potential uses of program equity in lieu of a cash dividend.

Ms. Jobe noted the Capital Contribution Fund (CCF) was established in 2015 as a mechanism by which the Board allocates funds to various programs, including the personnel policy review program that occurred in 2018. She further noted the CCF also funds the Training & Risk Management Program, established July 1, 2020. The program provides members with reimbursement for employment-related expenditures such as training and education. Ms. Jobe stated staff will continue to evaluate the CCF for use in future projects.

A discussion ensued regarding claim frequency and severity. Ms. Jobe stated the Litigation Management Program and staff's early involvement in claim matters has resulted in a noticeable reduction of ERMA's overall exposure over the past several years.

Ms. Jobe concluded by presenting a chart outlining historical dividend releases of \$26.6M over the last eight years. She confirmed in the current 2020/21 year, the Board opted to allow members the option to receive the dividend via check or apply it to their membership contribution.

7. MEMBERSHIP MATTERS

A. Review of Prospective New Member Applications – Redwood Empire Municipal Insurance Fund (REMIF) and Underlying Member Entities

Ms. Jobe advised the Underwriting Committee (Committee) met on April 2, 2021, to discuss applications for REMIF and its underlying members' requests for participation in ERMA under the California Intergovernmental Risk Authority (CIRA), effective July 1, 2021.

She stated CIRA's Board has not yet determined the self-insured retention (SIR) at which they will participate, \$250,000 or \$350,000, and advised staff's recommendations for approval include both SIR options.

Ms. Jobe continued by noting the City of Sonoma, in their application for participation, advised their personnel policies and procedures had not been updated since 2015, resulting in the Committee's recommendation of approval based upon the condition the agency updates their policies by July 1, 2023.

She concluded the Committee recommended that any prospective member with outdated policies conduct a comprehensive update of their policies within the next two program years with assistance from legal counsel with employment sector law expertise.

Truc Dever moved to approve: 1) the Redwood Empire Municipal Insurance Fund and underlying members – Cities of Cotati, Fort Bragg, Fortuna, Healdsburg, and St. Helena at a \$250,000 or \$350,000 SIR, effective July 1, 2021; and 2) the City of Sonoma at a \$250,000 or \$350,000 SIR, effective July 1, 2021, with the condition the City's personnel policies and procedures are updated, reviewed by legal counsel, and approved by City Council, no later than July 1, 2023. Seconded by Linda Cox. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

8. COVERAGE MATTERS

A. City of Victorville (PERMA) Appeal of Denial of Coverage

Doug Alliston, General Counsel, stated the City of Victorville (City), an underlying member of the Public Entity Risk Management Authority (PERMA), reported a complaint which, upon initial review, did not include an alleged wrongful employment practice. Mr. Alliston noted a denial of coverage was issued on December 31, 2020, which began the 90-day period for an appeal to the Board. Mr. Alliston stated that after discussions with PERMA, it was determined the complainant may amend the initial complaint upon the appointment of new legal counsel.

Mr. Alliston reported the Coverage Committee met to review the matter and requested the Board consider a stay of the appeal as an amended complaint would automatically initiate a new appeal period.

Beth Lyons moved approve the City of Victorville's (PERMA) request to stay the appeal of denial of coverage. Seconded by Artesia Dupree. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

9. TRAINING/LOSS PREVENTION MATTERS

A. Update Regarding the Training Program for the 2020/21 Program Year

Mona Hedin, Analyst & Training Coordinator, presented an update regarding training conducted during the 2020/21 Program Year.

Ms. Hedin advised to date, 23 trainings were requested, 15 of which were mandated harassment and discrimination trainings.

The Board reviewed a map providing a graphical representation and attendance counts of all trainings conducted throughout the year. She stated the total number of trainings delivered thus far, as compared to last program year, has decreased; however, following the transition from in-person trainings to webinar-based, these sessions have allowed for overall expanded participation of attendees.

She noted online training is heavily utilized via in2vate and advised additional topics were added to the list of available training modules.

Ms. Hedin discussed the training compliance survey, implemented at the Board's direction on January 1, 2021, and advised the self-certification survey is promoted to the membership weekly, via the Training Bulletin. She stated an additional communication would be provided to members and the JPA Administrators in the coming weeks in an effort to drive increased participation in the survey.

Ms. Hedin concluded her report by discussing the Training & Risk Management Program, and advised the Program continues to garner interest from members. She noted staff included training requests via the Program and included the new topics for the Board's consideration for the 2021/22 program year slate of trainings.

B. Review of Training Program for the 2021/22 Program Year

Ms. Jobe stated staff and strategic partner firms Jackson Lewis and Liebert Cassidy Whitmore, developed the following topics for the Board's consideration for the 2021/22 program year:

1. **Harassment, Discrimination and Retaliation Prevention for Supervisors**
AB 1825-compliant
2. **Harassment, Discrimination and Retaliation Prevention for Non-Supervisors**
SB 1343-compliant
3. **Navigating Common Legal Risks for the Front-Line Supervisor:** This training teaches supervisors to effectively and appropriately respond to situations that place the agency at risk by offering real-life scenarios and recommendations for dealing with a myriad of legal and interpersonal issues in the workplace.
4. **Leaves, Leaves, and More Leaves:** This training focuses on the various paid and unpaid leaves, e.g., FMLA/CFRA/ADA/FEHA/sick leave, etc., and will provide participants with important information for addressing and responding to leave requests, including such issues as determining when employees are eligible for leaves and the employers' responsibilities in providing these leaves.
5. **The Disability Interactive Process – Addressing Medical Issues and Disabilities in the Workplace/Understanding the Interactive Process and Required Accommodations:** This training covers the legally mandated reasonable accommodation interactive process including: starting the interactive discussion; what is reasonable accommodation; light-duty assignments; leaves; vacancies, and how long the interactive process must continue.
6. **Public Employee Performance Management, Discipline, and Terminations: Required Process and Substance:** A detailed review of the requirements and best practices for evaluations and the discipline process, including understanding due process and MOU rights. Well-suited for all supervisors and anyone with human resource responsibilities.
7. **Managing COVID-19 Issues: Now and What's Next:** This training addresses how ERMA's member agencies can navigate providing a safe workplace that is balanced with employees' rights, including return-to-work issues.
8. **Technology, Employee Speech, and Employee Privacy:** This training covers the wide range of issues arising from the interplay between technology and privacy in the workplace. It guides managers through the federal and state laws and court decisions that govern these issues. It also identifies ways to respond to inappropriate employee

use of social networking media, as well as when employers can use this same media in hiring, investigations, and discipline.

9. **Discrimination/Harassment/Retaliation for Public Safety Departments**: This session is designed for anyone managing safety employees and covers specific aspects of the special Bill of Rights.
10. **What's New in Employment Law - What Managers Need to Know**: Employment law and guidelines are ever-changing. This session reviews new case law, and new and pending legislation.
11. **Hiring and Managing New Employees**: This training covers what is required and best practices in the hiring process, orientation, and managing new employees, including during "probationary" periods. Understand what can and should be covered during interviews and how to deal with what you learn; understand what a good orientation and training process should entail; and understand how to resolve issues early in employment. This training is good for all supervisors who might be involved in the hiring process in any fashion.
12. **Understanding and Preventing Implicit Bias and Promoting Diversity and Inclusion in the Workplace**: This two-hour training will focus upon avoiding implicit bias and promoting diversity, equality, and inclusion in the workplace.

Ms. Jobe stated, upon approval from the Board, staff will begin to schedule trainings for the 2021/22 program year.

Linda Cox moved to approve the proposed slate of training topics for the 2021/22 program year. Seconded by Truc Dever. Roll call was conducted with affirmative votes by Truc Dever, Stuart Schillinger, Beth Lyons, Robert Thompson, Sean Scully, Melissa Guerrero, Brett Miller, Linda Cox, Roger Carroll, Charlene Calica, Artesia Dupree, and John Gillison, with no nays or abstentions. The motion passed unanimously.

10. CLAIMS MATTERS

A. Closed Session Pursuant to Government Code Section 54956.95(a) to Discuss Claims

Pursuant to Government Code Section 54956.95(a), the Board recessed to Closed Session at 11:35 a.m. to discuss the following claims:

- Aguilar v. Ceres
- Soriano v. Twentynine Palms
- Guy v. Watsonville

B. Report from Closed Session

The Board reconvened to Open Session at 11:53 a.m. Mr. Alliston advised no reportable action was taken in Closed Session.

11. CLOSING COMMENTS

A. Board of Directors

None

B. Staff

Ms. Jobe reported John Duckett, SCORE, will retire prior to the June 8, 2021, Board Meeting and expressed staff's gratitude for Mr. Duckett's years of service to the ERMA Board and the member agencies.

12. ADJOURNMENT

The April 27, 2021, ERMA Board of Directors Meeting adjourned at 11:53 a.m. by general consent.

Mona Hedin

Mona Hedin, Board Secretary

**EMPLOYMENT RISK MANAGEMENT AUTHORITY
SUMMARY OF ACTION ITEMS
BOARD OF DIRECTORS MEETING OF APRIL 27, 2021**

- ❖ The following consent calendar items were approved by the Board:
 - A. Minutes of February 11, 2021, Meeting of the Board of Directors and Summary of Action Items
 - B. General Warrants from January 1, 2021, through March 31, 2021
 - C. Claims Payments from January 1, 2021, through March 31, 2021
 - D. Proposal from Alliant Insurance Services for Brokerage Services
 - E. Resolution No. 2021-5, Requiring Members to Provide Proof of Compliance with Training Mandated by State Law
 - F. ERMA Board Document Review Schedule
 - G. Resolution No. 2021-4, Establishing Meeting Dates for the 2021/22 Fiscal Year
- ❖ The Board accepted and filed the actuarial study and rates for the 2021/22 Program Year.
- ❖ The Board approved: 1) the Redwood Empire Municipal Insurance Fund and underlying members – Cities of Cotati, Fort Bragg, Fortuna, Healdsburg, and St. Helena at a \$250,000 or \$350,000 SIR, effective July 1, 2021; and 2) the City of Sonoma at a \$250,000 or \$350,000 SIR, effective July 1, 2021, with the condition the City's personnel policies and procedures are updated, reviewed by legal counsel, and approved by City Council, no later than July 1, 2023.
- ❖ The Board approved the City of Victorville's (PERMA) request to stay the appeal of denial of coverage.
- ❖ The Board approved the proposed slate of training topics for the 2021/22 program year.

System: 5/17/2021 3:53:08 PM
User Date: 5/17/2021

Employment Risk Management Aut
VENDOR CHECK REGISTER REPORT
Payables Management

Page: 1
User ID: lkokhanets

Ranges:	From:	To:	From:	To:
Check Number	First	Last	Check Date	4/1/2021
Vendor ID	First	Last	Checkbook ID	CBT GENERAL
Vendor Name	First	Last		CBT GENERAL

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
EFT000195	BI105	Prime Actuarial Consulting, LL	4/15/2021	CBT GENERAL	PMCHK00000760	\$10,450.00
EFT000196	JA100 EFT	Jackson Lewis P.C.	4/15/2021	CBT GENERAL	PMCHK00000760	\$2,500.00
EFT000197	MU110	Murphy, Campbell, Alliston & Q	4/15/2021	CBT GENERAL	PMCHK00000760	\$2,209.00
G 003284	AL125	City of Albany	4/15/2021	CBT GENERAL	PMCHK00000761	\$1,800.00
G 003285	LA120	City of Lathrop	4/15/2021	CBT GENERAL	PMCHK00000761	\$350.00
G 003286	LO125	City of Los Altos	4/15/2021	CBT GENERAL	PMCHK00000761	\$2,500.00
G 003287	SH115	City of Shafter	4/15/2021	CBT GENERAL	PMCHK00000761	\$1,500.00

Total Checks:	7					Total Amount of Checks: \$21,309.00
						=====

Ranges:	From:	To:	From:	To:
Check Number	First	Last	Check Date	4/1/2021
Vendor ID	First	Last	Checkbook ID	CBT CLAIMS
Vendor Name	First	Last		CBT CLAIMS

Sorted By: Check Number

* Voided Checks

Check Number	Vendor ID	Vendor Check Name	Check Date	Checkbook ID	Audit Trail Code	Amount
L 007502	OA100	Oakland Housing Authority	4/15/2021	CBT CLAIMS	PMCHK00000762	\$44,685.50
L EFT000128	BE100	Best Best and Krieger LLP	4/15/2021	CBT CLAIMS	PMCHK00000758	\$7,711.34
L EFT000129	BE100	Best Best and Krieger LLP	4/15/2021	CBT CLAIMS	PMCHK00000758	\$7,330.00
L EFT000130	BE100	Best Best and Krieger LLP	4/15/2021	CBT CLAIMS	PMCHK00000758	\$9,732.25
L EFT000131	BE130	Bertrand, Fox, Elliot, Osman &	4/15/2021	CBT CLAIMS	PMCHK00000758	\$23,746.86
L EFT000132	JA100	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000758	\$5,642.50
L EFT000133	JA100	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000758	\$1,475.00
L EFT000134	JA100	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000758	\$588.00
L EFT000135	JA100	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000758	\$4,172.00
L EFT000136	JA100	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000758	\$10,078.50
L EFT000137	JA100	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000758	\$15,908.52
L EFT000138	LI100	Liebert Cassidy Whitmore	4/15/2021	CBT CLAIMS	PMCHK00000758	\$206.50
L EFT000139	LI100	Liebert Cassidy Whitmore	4/15/2021	CBT CLAIMS	PMCHK00000758	\$29.50
L EFT000140	LI100	Liebert Cassidy Whitmore	4/15/2021	CBT CLAIMS	PMCHK00000758	\$731.00
L EFT000141	LO100	Lozano Smith, LLP	4/15/2021	CBT CLAIMS	PMCHK00000758	\$22,144.78
L EFT000142	LO100	Lozano Smith, LLP	4/15/2021	CBT CLAIMS	PMCHK00000758	\$3,812.05
* L EFT000144	BI105	Prime Actuarial Consulting, LL	4/15/2021	CBT CLAIMS	PMCHK00000759	\$10,450.00
* L EFT000145	JA100 EFT	Jackson Lewis P.C.	4/15/2021	CBT CLAIMS	PMCHK00000759	\$2,500.00
* L EFT000146	MU110	Murphy, Campbell, Alliston & Q	4/15/2021	CBT CLAIMS	PMCHK00000759	\$2,209.00

Total Checks:	19		Total Amount of Checks:	\$157,994.30
				=====

Employment Risk Management Authority

Cash & Investment Report

March 31, 2021

Accounts	Book Value	Market Value *	% of Total	Effective Yield
California Bank & Trust - Administration ¹	\$ 3,506	\$ 3,506	0.01%	0.00%
California Bank & Trust - General Operating ¹	112,957	112,957	0.34%	0.00%
California Bank & Trust - Claims Payment ²	(101,471)	(101,471)	-0.30%	0.00%
Local Agency Investment Fund	7,474,876	7,484,368	22.24%	0.44%
CAMP - Liquidity Account	10,002	10,002	0.03%	0.08%
CAMP - Money Market	418,578	418,578	1.24%	0.08%
CAMP - Investments managed by PFM	25,347,207	25,725,408	76.44%	1.55%
Total	\$ 33,265,655	\$ 33,653,348		1.28%

* Yield to Maturity at Cost

Notes:

¹ These accounts are non-interest bearing analysis checking accounts in which the earning credit offsets a portion of the banking service charges.

² Beginning on February 2, 2016, ERMA's claims account was converted to a zero-balance account with a sweep arrangement to the general operating account. The negative balance represents the total outstanding checks as of the end of the quarter.

Attached are the PFM Asset Management (PFM), Local Agency Investment Fund (LAIF), and CAMP Liquidity Account statements detailing all investment transactions. Market prices are derived from closing bid prices as of the last business day of the month from either Interactive Data, Bloomberg, Telerate, and other widely-used third party pricing vendors.

This report reflects all cash and investments and is in conformity with the investment policy of the Authority. The investment program shown herein is sufficient to meet the Authority's expenditure requirements over the next six months.

Respectfully submitted,



5/6/2021

Jim Elledge, Interim Finance Manager

Accepted,



Stuart Schillinger, Treasurer

California State Treasurer

Fiona Ma, CPA



Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

April 01, 2021

[LAIF Home](#)
[PMIA Average Monthly Yields](#)

EMPLOYMENT RISK MANAGEMENT AUTHORITY

ASSISTANT TREASURER
1750 CREEKSIDE OAKS DRIVE
SACRAMENTO, CA 95833

[Tran Type Definitions](#)

Account Number: 35-34-011

March 2021 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Web Confirm Number	Authorized Caller	Amount
3/18/2021	3/17/2021	RW	1669462	1629627	KATIE O'BRIEN	-465,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	7,939,876.26
Total Withdrawal:	-465,000.00	Ending Balance:	7,474,876.26

**ERMA
LAIF Market Value
3/31/2021**

Adjustment for Market Value

LAIF Statement Balance	\$ 7,474,876.26
Fair Value Factor per LAIF Performance Report	<u>1.001269853</u>
Adjusted Market Value	<u><u>\$ 7,484,368.25</u></u>



PMIA/LAIF Performance Report as of 04/15/21



PMIA Average Monthly Effective Yields⁽¹⁾

Mar	0.357
Feb	0.407
Jan	0.458

Quarterly Performance Quarter Ended 03/31/21

LAIF Apportionment Rate ⁽²⁾ :	0.44
LAIF Earnings Ratio ⁽²⁾ :	0.00001214175683392
LAIF Fair Value Factor ⁽¹⁾ :	1.001269853
PMIA Daily ⁽¹⁾ :	0.35%
PMIA Quarter to Date ⁽¹⁾ :	0.41%
PMIA Average Life ⁽¹⁾ :	220

Pooled Money Investment Account Monthly Portfolio Composition ⁽¹⁾ 03/31/21 \$126.7 billion

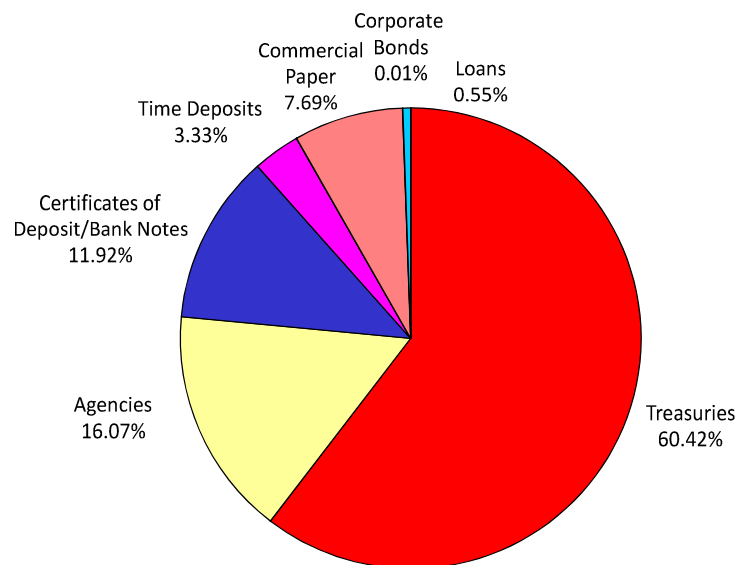


Chart does not include 0.01% of mortgages. Percentages may not total 100% due to rounding.

Daily rates are now available here. [View PMIA Daily Rates](#)

Notes: The apportionment rate includes interest earned on the CalPERS Supplemental Pension Payment pursuant to Government Code 20825 (c)(1) and interest earned on the Wildfire Fund loan pursuant to Public Utility Code 3288 (a).

Source:

⁽¹⁾ State of California, Office of the Treasurer

⁽²⁾ State of California, Office of the Controller

California State Treasurer

Fiona Ma, CPA



Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

March 01, 2021

[LAIF Home](#)
[PMIA Average Monthly Yields](#)

EMPLOYMENT RISK MANAGEMENT AUTHORITY

ASSISTANT TREASURER
1750 CREEKSIDE OAKS DRIVE
SACRAMENTO, CA 95833

[Tran Type Definitions](#)

Account Number: 35-34-011

February 2021 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Web Confirm Number	Authorized Caller	Amount
2/11/2021	2/10/2021	RW	1667541	1627689	KATIE O'BRIEN	-180,000.00
2/19/2021	2/18/2021	RW	1668010	1628178	KATIE O'BRIEN	-15,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	8,134,876.26
Total Withdrawal:	-195,000.00	Ending Balance:	7,939,876.26

California State Treasurer
Fiona Ma, CPA



Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

February 09, 2021

[LAIF Home](#)
[PMIA Average](#)
[Monthly Yields](#)

EMPLOYMENT RISK MANAGEMENT AUTHORITY

ASSISTANT TREASURER
1750 CREEKSIDE OAKS DRIVE
SACRAMENTO, CA 95833

[Tran Type](#)
[Definitions](#)

Account Number: 35-34-011

January 2021 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Web Confirm Number	Authorized Caller	Amount
1/15/2021	1/14/2021	QRD	1664207	N/A	SYSTEM	13,957.83

Account Summary

Total Deposit:	13,957.83	Beginning Balance:	8,120,918.43
Total Withdrawal:	0.00	Ending Balance:	8,134,876.26



Account Statement

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - Liquidity Account - 596-01

Trade Date	Settlement Date	Transaction Description	Share or Unit Price	Dollar Amount of Transaction	Total Shares Owned
CAMP Pool					
Opening Balance					10,001.24
03/31/21	04/01/21	Accrual Income Div Reinvestment - Distributions	1.00	0.71	10,001.95
Closing Balance					10,001.95

	Month of March	Fiscal YTD January-March		
Opening Balance	10,001.24	9,999.50	Closing Balance	10,001.95
Purchases	0.71	2.45	Average Monthly Balance	10,001.26
Redemptions (Excl. Checks)	0.00	0.00	Monthly Distribution Yield	0.08%
Check Disbursements	0.00	0.00		
Closing Balance	10,001.95	10,001.95		
Cash Dividends and Income	0.71	2.45		



Account Statement

For the Month Ending **February 28, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - Liquidity Account - 596-01

Trade Date	Settlement Date	Transaction Description	Share or Unit Price	Dollar Amount of Transaction	Total Shares Owned
CAMP Pool					
Opening Balance					10,000.51
02/26/21	03/01/21	Accrual Income Div Reinvestment - Distributions	1.00	0.73	10,001.24
Closing Balance					10,001.24

	Month of February	Fiscal YTD January-February		
Opening Balance	10,000.51	9,999.50	Closing Balance	10,001.24
Purchases	0.73	1.74	Average Monthly Balance	10,000.59
Redemptions (Excl. Checks)	0.00	0.00	Monthly Distribution Yield	0.10%
Check Disbursements	0.00	0.00		
Closing Balance	10,001.24	10,001.24		
Cash Dividends and Income	0.73	1.74		



Account Statement

For the Month Ending **January 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - Liquidity Account - 596-01

Trade Date	Settlement Date	Transaction Description	Share or Unit Price	Dollar Amount of Transaction	Total Shares Owned
CAMP Pool					
Opening Balance					9,999.50
01/29/21	02/01/21	Accrual Income Div Reinvestment - Distributions	1.00	1.01	10,000.51
Closing Balance					10,000.51

	Month of January	Fiscal YTD January-January		
Opening Balance	9,999.50	9,999.50	Closing Balance	10,000.51
Purchases	1.01	1.01	Average Monthly Balance	9,999.60
Redemptions (Excl. Checks)	0.00	0.00	Monthly Distribution Yield	0.12%
Check Disbursements	0.00	0.00		
Closing Balance	10,000.51	10,000.51		
Cash Dividends and Income	1.01	1.01		



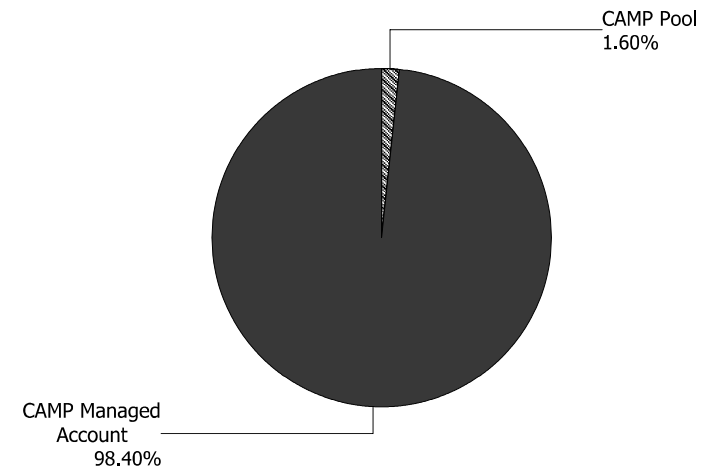
Account Statement - Transaction Summary

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00

CAMP Pool	
Opening Market Value	608,875.36
Purchases	515,905.88
Redemptions	(706,202.84)
Unsettled Trades	0.00
Change in Value	0.00
Closing Market Value	\$418,578.40
Cash Dividends and Income	26.35
CAMP Managed Account	
Opening Market Value	25,571,801.24
Purchases	703,964.34
Redemptions	(479,680.62)
Unsettled Trades	0.00
Change in Value	(70,676.47)
Closing Market Value	\$25,725,408.49
Cash Dividends and Income	10,858.03

Asset Summary		
	March 31, 2021	February 28, 2021
CAMP Pool	418,578.40	608,875.36
CAMP Managed Account	25,725,408.49	25,571,801.24
Total	\$26,143,986.89	\$26,180,676.60
Asset Allocation		





Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
U.S. Treasury Bond / Note											
US TREASURY NOTES DTD 05/31/2016 1.375% 05/31/2021	912828R77	150,000.00	AA+	Aaa	03/15/17	03/17/17	146,103.52	2.02	691.28	149,847.79	150,328.13
US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	410,000.00	AA+	Aaa	12/01/16	12/05/16	411,217.19	1.93	713.04	410,106.94	413,331.25
US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	900,000.00	AA+	Aaa	07/06/17	07/11/17	905,449.22	1.85	1,565.22	900,547.81	907,312.50
US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	1,100,000.00	AA+	Aaa	06/27/17	06/29/17	1,111,988.28	1.73	1,913.04	1,101,195.68	1,108,937.50
US TREASURY NOTES DTD 10/31/2016 1.250% 10/31/2021	912828T67	550,000.00	AA+	Aaa	08/30/17	08/31/17	541,320.31	1.64	2,886.74	548,785.30	553,867.16
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	275,000.00	AA+	Aaa	01/03/18	01/04/18	271,508.79	2.18	2,165.06	274,127.75	280,285.17
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	525,000.00	AA+	Aaa	07/03/18	07/06/18	509,496.09	2.69	4,133.29	520,617.98	535,089.87
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	600,000.00	AA+	Aaa	05/03/18	05/07/18	580,828.13	2.73	4,723.76	594,804.87	611,531.28
US TREASURY NOTES DTD 08/15/2012 1.625% 08/15/2022	912828TJ9	450,000.00	AA+	Aaa	09/05/18	09/07/18	431,121.09	2.76	909.01	443,422.58	459,281.25
US TREASURY NOTES DTD 05/31/2016 1.625% 05/31/2023	912828R69	100,000.00	AA+	Aaa	06/03/19	06/07/19	99,214.84	1.83	544.64	99,573.40	103,062.50
US TREASURY NOTES DTD 10/31/2016 1.625% 10/31/2023	912828T91	325,000.00	AA+	Aaa	07/01/19	07/03/19	322,854.49	1.78	2,217.54	323,720.29	336,476.56
US TREASURY NOTES DTD 10/31/2016 1.625% 10/31/2023	912828T91	450,000.00	AA+	Aaa	10/02/19	10/04/19	452,583.98	1.48	3,070.44	451,637.56	465,890.63
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	300,000.00	AA+	Aaa	02/03/20	02/07/20	308,144.53	1.36	1,508.29	306,018.33	315,187.50
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	350,000.00	AA+	Aaa	03/02/20	03/06/20	367,048.83	0.85	1,759.67	362,821.76	367,718.75



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
U.S. Treasury Bond / Note											
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	650,000.00	AA+	Aaa	01/02/20	01/07/20	659,572.27	1.66	3,267.96	656,939.31	682,906.25
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	950,000.00	AA+	Aaa	11/01/19	11/06/19	969,222.66	1.55	4,776.24	963,426.43	998,093.75
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	1,200,000.00	AA+	Aaa	12/02/19	12/05/19	1,218,000.00	1.66	6,033.15	1,212,790.89	1,260,750.00
US TREASURY NOTES DTD 12/31/2019 1.750% 12/31/2024	912828YY0	175,000.00	AA+	Aaa	08/05/20	08/07/20	187,044.92	0.18	769.86	185,268.54	182,546.87
US TREASURY NOTES DTD 12/31/2019 1.750% 12/31/2024	912828YY0	325,000.00	AA+	Aaa	07/01/20	07/06/20	346,226.56	0.28	1,429.73	342,742.76	339,015.63
US TREASURY NOTES DTD 06/30/2020 0.250% 06/30/2025	912828ZW3	425,000.00	AA+	Aaa	03/01/21	03/04/21	419,006.84	0.58	267.09	419,113.12	416,367.19
Security Type Sub-Total		10,210,000.00					10,257,952.54	1.71	45,345.05	10,267,509.09	10,487,979.74
Supra-National Agency Bond / Note											
INTER-AMERICAN DEVELOPMENT BANK NOTE DTD 04/19/2018 2.625% 04/19/2021	4581X0DB1	150,000.00	AAA	Aaa	04/12/18	04/19/18	149,670.00	2.70	1,771.88	149,994.58	150,137.10
INTL BANK OF RECONSTRUCTION AND DEV NOTE DTD 07/25/2018 2.750% 07/23/2021	459058GH0	500,000.00	AAA	Aaa	07/18/18	07/25/18	498,830.00	2.83	2,597.22	499,879.15	503,956.50
INTER-AMERICAN DEVEL BK CORPORATE NOTES DTD 04/24/2020 0.500% 05/24/2023	4581X0DM7	125,000.00	AAA	Aaa	04/17/20	04/24/20	124,957.50	0.51	220.49	124,970.42	125,675.00
INTL BK RECON & DEVELOP CORPORATE NOTES DTD 11/24/2020 0.250% 11/24/2023	459058JM6	400,000.00	AAA	Aaa	11/17/20	11/24/20	399,140.00	0.32	352.78	399,240.53	398,989.60
Security Type Sub-Total		1,175,000.00					1,172,597.50	1.72	4,942.37	1,174,084.68	1,178,758.20



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Municipal Bond / Note											
CT ST TXBL GO BONDS DTD 06/11/2020 1.998% 07/01/2024	20772KJW0	50,000.00	A	Aa3	05/29/20	06/11/20	50,000.00	2.00	249.75	50,000.00	51,693.00
CHAFFEY UHSD, CA TXBL GO BONDS DTD 12/05/2019 2.101% 08/01/2024	157411TK5	60,000.00	AA-	Aa1	11/06/19	12/05/19	60,000.00	2.10	210.10	60,000.00	62,465.40
SAN JUAN USD, CA TXBL GO BONDS DTD 10/29/2020 0.702% 08/01/2024	798306WN2	125,000.00	NR	Aa2	10/16/20	10/29/20	125,000.00	0.70	146.25	125,000.00	123,891.25
NY ST URBAN DEV CORP TXBL REV BONDS DTD 12/23/2020 0.870% 03/15/2025	650036DT0	250,000.00	AA+	NR	12/16/20	12/23/20	250,000.00	0.87	96.67	250,000.00	249,197.50
UNIV OF CAL TXBL REV BONDS DTD 07/16/2020 0.883% 05/15/2025	91412HGE7	70,000.00	AA	Aa2	07/10/20	07/16/20	70,000.00	0.88	233.50	70,000.00	69,920.90
CT ST T/E GO BONDS DTD 06/25/2020 2.000% 06/01/2025	20772KKK4	70,000.00	A	Aa3	06/12/20	06/25/20	73,567.90	0.94	466.67	73,013.51	72,760.80
FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	50,000.00	AA	Aa3	09/03/20	09/16/20	50,353.50	1.11	157.25	50,313.68	50,390.50
FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	65,000.00	AA	Aa3	09/03/20	09/16/20	65,430.95	1.12	204.42	65,382.41	65,507.65
FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	125,000.00	AA	Aa3	09/03/20	09/16/20	125,000.00	1.26	393.12	125,000.00	125,976.25
MN ST TXBL GO BONDS DTD 08/25/2020 0.630% 08/01/2025	60412AVJ9	80,000.00	AAA	Aa1	08/11/20	08/25/20	80,000.00	0.63	84.00	80,000.00	79,663.20
LOS ANGELES CCD, CA TXBL GO BONDS DTD 11/10/2020 0.773% 08/01/2025	54438CYK2	100,000.00	AA+	Aaa	10/30/20	11/10/20	100,000.00	0.77	128.83	100,000.00	98,836.00
Security Type Sub-Total		1,045,000.00					1,049,352.35	1.03	2,370.56	1,048,709.60	1,050,302.45
Federal Agency Collateralized Mortgage Obligation											
FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	21,875.16	AA+	Aaa	04/11/18	04/30/18	22,310.29	2.93	64.90	21,929.73	21,875.16
FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	129,250.81	AA+	Aaa	04/04/18	04/09/18	130,351.46	2.88	332.82	129,591.14	132,716.95



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Federal Agency Collateralized Mortgage Obligation											
FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	17,051.54	AA+	Aaa	12/07/18	12/17/18	17,051.49	3.20	45.51	17,051.52	17,415.88
FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FO3V3	71,205.51	AA+	Aaa	11/20/19	11/26/19	71,203.77	2.09	124.13	71,204.28	72,755.47
FHMS K043 A2 DTD 03/01/2015 3.062% 12/01/2024	3137BGK24	175,000.00	AA+	Aaa	03/19/20	03/25/20	183,667.97	1.95	446.54	181,784.51	188,249.20
Security Type Sub-Total		414,383.02					424,584.98	2.36	1,013.90	421,561.18	433,012.66
Federal Agency Bond / Note											
FHLB GLOBAL NOTE DTD 07/14/2016 1.125% 07/14/2021	3130A8OS5	625,000.00	AA+	Aaa	07/14/16	07/15/16	621,199.38	1.25	1,503.91	624,783.42	626,948.13
FREDDIE MAC NOTES DTD 05/07/2020 0.375% 05/05/2023	3137EAER6	250,000.00	AA+	Aaa	05/05/20	05/07/20	249,895.00	0.39	380.21	249,926.61	250,933.00
FREDDIE MAC NOTES DTD 08/21/2020 0.250% 08/24/2023	3137EAEV7	750,000.00	AA+	Aaa	08/19/20	08/21/20	749,235.00	0.28	192.71	749,390.37	749,991.75
FREDDIE MAC NOTES DTD 09/04/2020 0.250% 09/08/2023	3137EAEW5	225,000.00	AA+	Aaa	09/02/20	09/04/20	225,041.09	0.24	35.94	225,033.28	224,888.40
FREDDIE MAC NOTES DTD 09/04/2020 0.250% 09/08/2023	3137EAEW5	300,000.00	AA+	Aaa	09/02/20	09/04/20	299,901.00	0.26	47.91	299,919.83	299,851.20
FREDDIE MAC NOTES DTD 10/16/2020 0.125% 10/16/2023	3137EAEY1	250,000.00	AA+	Aaa	10/14/20	10/16/20	249,067.50	0.25	143.23	249,209.72	249,016.50
FREDDIE MAC NOTES DTD 11/05/2020 0.250% 11/06/2023	3137EAEZ8	275,000.00	AA+	Aaa	11/03/20	11/05/20	274,752.50	0.28	278.82	274,785.70	274,712.35
FANNIE MAE NOTES DTD 11/25/2020 0.250% 11/27/2023	3135G06H1	250,000.00	AA+	Aaa	11/23/20	11/25/20	249,715.00	0.29	218.75	249,747.99	249,732.50
FREDDIE MAC NOTES DTD 12/04/2020 0.250% 12/04/2023	3137EAFA2	250,000.00	AA+	Aaa	12/02/20	12/04/20	249,752.50	0.28	203.13	249,779.17	249,730.75



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Federal Agency Bond / Note											
FEDERAL HOME LOAN BANK NOTES DTD 04/16/2020 0.500% 04/14/2025	3130AJHU6	250,000.00	AA+	Aaa	04/15/20	04/16/20	248,760.00	0.60	579.86	248,997.94	248,215.25
FANNIE MAE NOTES DTD 04/24/2020 0.625% 04/22/2025	3135G03U5	250,000.00	AA+	Aaa	04/22/20	04/24/20	249,485.00	0.67	690.10	249,581.56	249,554.25
FREDDIE MAC NOTES DTD 07/23/2020 0.375% 07/21/2025	3137EAEU9	325,000.00	AA+	Aaa	07/21/20	07/23/20	323,381.50	0.48	236.98	323,605.11	319,442.83
FANNIE MAE NOTES DTD 08/27/2020 0.375% 08/25/2025	3135G05X7	275,000.00	AA+	Aaa	08/25/20	08/27/20	273,713.00	0.47	103.13	273,866.11	270,314.00
FEDERAL HOME LOAN BANK NOTES DTD 09/11/2020 0.375% 09/04/2025	3130AK5E2	115,000.00	AA+	Aaa	09/10/20	09/11/20	114,655.00	0.44	32.34	114,693.31	112,881.24
FREDDIE MAC NOTES DTD 09/25/2020 0.375% 09/23/2025	3137EAEX3	275,000.00	AA+	Aaa	09/23/20	09/25/20	274,172.25	0.44	22.92	274,257.57	270,112.98
FANNIE MAE NOTES DTD 11/12/2020 0.500% 11/07/2025	3135G06G3	275,000.00	AA+	Aaa	11/09/20	11/12/20	274,015.50	0.57	530.90	274,091.19	270,548.85
Security Type Sub-Total		4,940,000.00					4,926,741.22	0.49	5,200.84	4,931,668.88	4,916,873.98
Corporate Note											
BANK OF NEW YORK MELLON (CALLED, OMD 05/ DTD 05/02/2016 2.050% 04/05/2021	06406FAB9	150,000.00	A	A1	05/17/16	05/20/16	150,319.50	2.00	1,264.17	150,000.72	150,000.00
AMERICAN EXPRESS CREDIT (CALLED, OMD 05/ DTD 05/05/2016 2.250% 04/05/2021	0258M0EB1	150,000.00	A-	A2	05/25/16	05/31/16	149,721.00	2.29	1,368.75	149,999.37	150,004.50
PEPSICO INC CORP (CALLABLE) NOTE DTD 10/10/2017 2.000% 04/15/2021	713448DX3	165,000.00	A+	A1	10/05/17	10/10/17	164,967.00	2.01	1,521.67	164,999.64	165,083.82
BANK OF AMERICA CORP NOTE DTD 04/19/2016 2.625% 04/19/2021	06051GFW4	25,000.00	A-	A2	11/01/17	11/03/17	25,194.00	2.39	295.31	25,002.76	25,024.35
HERSHEY COMPANY CORP NOTES DTD 05/10/2018 3.100% 05/15/2021	427866BA5	100,000.00	A	A1	05/03/18	05/10/18	99,931.00	3.12	1,171.11	99,997.24	100,323.00



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Corporate Note											
STATE STREET CORP NOTES DTD 05/19/2016 1.950% 05/19/2021	857477AV5	70,000.00	A	A1	05/19/16	05/24/16	69,735.40	2.03	500.50	69,993.03	70,135.45
CHARLES SCHWAB (CALLABLE) CORP NOTES DTD 05/22/2018 3.250% 05/21/2021	808513AW5	160,000.00	A	A2	05/17/18	05/22/18	159,995.20	3.25	1,877.78	159,999.78	160,336.00
JOHN DEERE CAPITAL CORP NOTES DTD 01/06/2017 2.650% 01/06/2022	24422ETL3	225,000.00	A	A2	03/10/17	03/15/17	224,007.75	2.75	1,407.81	224,841.96	228,854.03
PACCAR FINANCIAL CORP NOTE DTD 03/01/2019 2.850% 03/01/2022	69371RP75	50,000.00	A+	A1	02/22/19	03/01/19	49,956.00	2.88	118.75	49,986.59	51,183.85
BANK OF AMERICA CORP NOTES DTD 05/17/2018 3.499% 05/17/2022	06051GHH5	50,000.00	A-	A2	05/14/18	05/17/18	50,000.00	3.50	651.20	50,000.00	50,168.90
JPMORGAN CHASE & CO BONDS DTD 03/22/2019 3.207% 04/01/2023	46647PBB1	250,000.00	A-	A2	03/15/19	03/22/19	250,000.00	3.21	4,008.75	250,000.00	256,581.25
CATERPILLAR FINL SERVICE CORPORATE NOTES DTD 07/08/2020 0.650% 07/07/2023	14913R2D8	200,000.00	A	A3	07/06/20	07/08/20	199,888.00	0.67	303.33	199,915.33	200,580.00
PNC BANK NA CORP NOTES DTD 01/23/2019 3.500% 01/23/2024	693475AV7	250,000.00	A-	A3	02/12/19	02/15/19	251,780.00	3.34	1,652.78	251,013.90	269,730.00
CHARLES SCHWAB CORP NOTES (CALLABLE) DTD 03/18/2021 0.750% 03/18/2024	808513BN4	85,000.00	A	A2	03/16/21	03/18/21	84,957.50	0.77	23.02	84,958.04	85,421.77
MORGAN STANLEY CORP NOTES DTD 04/28/2014 3.875% 04/29/2024	61746BDQ6	250,000.00	BBB+	A1	07/19/19	07/23/19	264,322.50	2.59	4,090.28	259,241.38	272,183.50
AMERICAN HONDA FINANCE CORP NOTE DTD 06/27/2019 2.400% 06/27/2024	02665WCZ2	250,000.00	A-	A3	07/11/19	07/15/19	248,760.00	2.51	1,566.67	249,189.10	262,118.75
GOLDMAN SACHS GROUP INC BONDS DTD 07/08/2014 3.850% 07/08/2024	38141EC23	250,000.00	BBB+	A2	07/08/19	07/11/19	261,645.00	2.84	2,219.10	257,622.88	271,119.00
BB&T CORPORATION CORP BONDS DTD 07/29/2019 2.500% 08/01/2024	05531FBH5	250,000.00	A-	A3	08/01/19	08/05/19	250,415.00	2.46	1,041.67	250,277.27	263,258.00



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Corporate Note											
WALT DISNEY COMPANY/THE DTD 09/06/2019 1.750% 08/30/2024	254687FK7	250,000.00	BBB+	A2	09/03/19	09/06/19	248,980.00	1.84	376.74	249,301.13	258,085.00
BANK OF NY MELLON CORP DTD 10/24/2019 2.100% 10/24/2024	06406RAL1	100,000.00	A	A1	01/21/20	01/28/20	100,440.00	2.00	915.83	100,330.95	105,289.60
TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	25,000.00	A+	A1	05/21/20	05/26/20	25,348.00	1.49	60.00	25,285.42	25,629.65
TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	50,000.00	A+	A1	05/20/20	05/26/20	50,488.50	1.58	120.00	50,400.66	51,259.30
TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	125,000.00	A+	A1	05/20/20	05/26/20	126,221.25	1.58	300.00	126,001.65	128,148.25
APPLE INC (CALLABLE) CORP NOTES DTD 05/11/2020 1.125% 05/11/2025	037833DT4	450,000.00	AA+	Aa1	05/11/20	05/13/20	450,904.50	1.08	1,968.75	450,741.65	452,891.70
Security Type Sub-Total		3,930,000.00					3,957,977.10	2.26	28,823.97	3,949,100.45	4,053,409.67
Certificate of Deposit											
ROYAL BANK OF CANADA NY CD DTD 06/08/2018 3.240% 06/07/2021	78012UEE1	425,000.00	A-1+	P-1	06/07/18	06/08/18	425,000.00	3.24	4,360.50	425,000.00	427,483.70
MUFG BANK LTD/NY CERT DEPOS DTD 02/28/2019 2.980% 02/25/2022	55379WZU3	250,000.00	A-1	P-1	02/27/19	02/28/19	250,000.00	2.96	703.61	250,000.00	256,405.25
SUMITOMO MITSUI BANK NY CERT DEPOS DTD 07/14/2020 0.700% 07/08/2022	86565CKU2	250,000.00	A	A1	07/10/20	07/14/20	250,000.00	0.70	403.47	250,000.00	251,394.25
NORDEA BANK ABP NEW YORK CERT DEPOS DTD 08/29/2019 1.850% 08/26/2022	65558TLL7	250,000.00	AA-	Aa3	08/27/19	08/29/19	250,000.00	1.84	436.81	250,000.00	255,796.75
SKANDINAV ENSKILDA BANK LT CD DTD 09/03/2019 1.860% 08/26/2022	83050PDR7	250,000.00	A+	Aa2	08/29/19	09/03/19	250,000.00	1.85	439.17	250,000.00	255,831.75



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Certificate of Deposit											
DNB BANK ASA/NY LT CD DTD 12/06/2019 2.040% 12/02/2022	23341VZT1	250,000.00	AA-	Aa2	12/04/19	12/06/19	250,000.00	2.03	1,700.00	250,000.00	257,489.25
CREDIT SUISSE NEW YORK CERT DEPOS DTD 03/23/2021 0.590% 03/17/2023	22552G3C2	200,000.00	A+	Aa3	03/19/21	03/23/21	200,000.00	0.59	29.50	200,000.00	199,967.80
Security Type Sub-Total		1,875,000.00					1,875,000.00	2.05	8,073.06	1,875,000.00	1,904,368.75
Asset-Backed Security											
TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	11,412.91	AAA	Aaa	01/23/18	01/31/18	11,412.78	2.35	11.92	11,412.88	11,433.28
HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	116,199.19	AAA	Aaa	11/20/18	11/28/18	116,181.82	3.16	163.20	116,191.66	117,782.73
NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	145,714.78	AAA	Aaa	12/04/18	12/12/18	145,686.85	3.22	208.53	145,701.12	147,944.46
VZOT 2020-A A1A DTD 01/29/2020 1.850% 07/22/2024	92348TAA2	125,000.00	AAA	Aaa	01/21/20	01/29/20	124,985.36	1.85	70.66	124,989.19	127,453.75
COMET 2019-A2 A2 DTD 09/05/2019 1.720% 08/15/2024	14041NFU0	500,000.00	AAA	NR	08/28/19	09/05/19	499,874.10	1.73	382.22	499,914.11	509,854.50
HAROT 2020-3 A3 DTD 09/29/2020 0.370% 10/18/2024	43813KAC6	115,000.00	AAA	NR	09/22/20	09/29/20	114,983.11	0.37	15.37	114,985.21	114,984.29
GMALT 2020-3 A4 DTD 09/29/2020 0.510% 10/21/2024	362569AD7	65,000.00	AAA	Aaa	09/22/20	09/29/20	64,990.90	0.51	10.13	64,992.03	65,194.47
BMWOT 2020-A A3 DTD 07/15/2020 0.480% 10/25/2024	09661RAD3	90,000.00	AAA	NR	07/08/20	07/15/20	89,993.21	0.48	7.20	89,994.34	90,199.45
CARMX 2020-3 A3 DTD 07/22/2020 0.620% 03/17/2025	14315FAD9	130,000.00	AAA	NR	07/14/20	07/22/20	129,977.72	0.62	35.82	129,981.04	130,525.38
GMCAR 2020-3 A3 DTD 08/19/2020 0.450% 04/16/2025	362590AC5	150,000.00	NR	Aaa	08/11/20	08/19/20	149,965.68	0.46	28.13	149,970.22	150,294.03
VWALT 2020-A A4 DTD 12/03/2020 0.450% 07/21/2025	92868VAD1	150,000.00	AAA	NR	11/24/20	12/03/20	149,968.98	0.45	20.63	149,971.16	149,941.94



Managed Account Detail of Securities Held

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Asset-Backed Security											
CARMX 2020-4 A3 DTD 10/21/2020 0.500% 08/15/2025	14316HAC6	85,000.00	AAA	NR	10/14/20	10/21/20	84,981.29	0.50	18.89	84,983.01	85,094.76
Security Type Sub-Total		1,683,326.88					1,683,001.80	1.40	972.70	1,683,085.97	1,700,703.04
Managed Account Sub-Total		25,272,709.90					25,347,207.49	1.55	96,742.45	25,350,719.85	25,725,408.49
Money Market Mutual Fund											
CAMP Pool		418,578.40	AAAm	NR			418,578.40		0.00	418,578.40	418,578.40
Money Market Sub-Total		418,578.40					418,578.40		0.00	418,578.40	418,578.40
Securities Sub-Total		\$25,691,288.30					\$25,765,785.89	1.55%	\$96,742.45	\$25,769,298.25	\$26,143,986.89
Accrued Interest											\$96,742.45
Total Investments											\$26,240,729.34



Managed Account Security Transactions & Interest

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal Proceeds	Accrued Interest	Total	Realized G/L Cost	Realized G/L Amort Cost	Sale Method
Trade	Settle									
BUY										
03/01/21	03/04/21	US TREASURY NOTES DTD 06/30/2020 0.250% 06/30/2025	912828ZW3	425,000.00	(419,006.84)	(184.91)	(419,191.75)			
03/16/21	03/18/21	CHARLES SCHWAB CORP NOTES (CALLABLE) DTD 03/18/2021 0.750% 03/18/2024	808513BN4	85,000.00	(84,957.50)	0.00	(84,957.50)			
03/19/21	03/23/21	CREDIT SUISSE NEW YORK CERT DEPOS DTD 03/23/2021 0.590% 03/17/2023	22552G3C2	200,000.00	(200,000.00)	0.00	(200,000.00)			

Transaction Type Sub-Total				710,000.00	(703,964.34)	(184.91)	(704,149.25)			
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INTEREST										
03/01/21	03/01/21	PACCAR FINANCIAL CORP NOTE DTD 03/01/2019 2.850% 03/01/2022	69371RP75	50,000.00	0.00	712.50	712.50			
03/01/21	03/25/21	FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	22,672.10	0.00	67.26	67.26			
03/01/21	03/25/21	FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	129,490.51	0.00	333.44	333.44			
03/01/21	03/25/21	FHMS K043 A2 DTD 03/01/2015 3.062% 12/01/2024	3137BGK24	175,000.00	0.00	446.54	446.54			
03/01/21	03/25/21	FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FO3V3	71,386.47	0.00	124.45	124.45			
03/01/21	03/25/21	FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	17,077.66	0.00	45.58	45.58			
03/04/21	03/04/21	FEDERAL HOME LOAN BANK NOTES DTD 09/11/2020 0.375% 09/04/2025	3130AK5E2	115,000.00	0.00	207.24	207.24			
03/08/21	03/08/21	FREDDIE MAC NOTES DTD 09/04/2020 0.250% 09/08/2023	3137EAEW5	525,000.00	0.00	670.83	670.83			
03/15/21	03/15/21	HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	128,643.94	0.00	338.76	338.76			
03/15/21	03/15/21	NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	157,264.91	0.00	421.99	421.99			
03/15/21	03/15/21	COMET 2019-A2 A2 DTD 09/05/2019 1.720% 08/15/2024	14041NFU0	500,000.00	0.00	716.67	716.67			



Managed Account Security Transactions & Interest

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal Proceeds	Accrued Interest	Total	Realized G/L	Realized G/L	Sale Method
Trade	Settle							Cost	Amort Cost	
INTEREST										
03/15/21	03/15/21	CARMX 2020-3 A3 DTD 07/22/2020 0.620% 03/17/2025	14315FAD9	130,000.00	0.00	67.17	67.17			
03/15/21	03/15/21	NY ST URBAN DEV CORP TXBL REV BONDS DTD 12/23/2020 0.870% 03/15/2025	650036DT0	250,000.00	0.00	495.42	495.42			
03/15/21	03/15/21	CARMX 2020-4 A3 DTD 10/21/2020 0.500% 08/15/2025	14316HAC6	85,000.00	0.00	35.42	35.42			
03/15/21	03/15/21	TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	15,455.13	0.00	30.27	30.27			
03/16/21	03/16/21	GMCAR 2020-3 A3 DTD 08/19/2020 0.450% 04/16/2025	362590AC5	150,000.00	0.00	56.25	56.25			
03/18/21	03/18/21	HAROT 2020-3 A3 DTD 09/29/2020 0.370% 10/18/2024	43813KAC6	115,000.00	0.00	35.46	35.46			
03/20/21	03/20/21	VZOT 2020-A A1A DTD 01/29/2020 1.850% 07/22/2024	92348TAA2	125,000.00	0.00	192.71	192.71			
03/20/21	03/20/21	GMALT 2020-3 A4 DTD 09/29/2020 0.510% 10/21/2024	362569AD7	65,000.00	0.00	27.63	27.63			
03/20/21	03/20/21	VWALT 2020-A A4 DTD 12/03/2020 0.450% 07/21/2025	92868VAD1	150,000.00	0.00	56.25	56.25			
03/23/21	03/23/21	FREDDIE MAC NOTES DTD 09/25/2020 0.375% 09/23/2025	3137EAEX3	275,000.00	0.00	509.90	509.90			
03/25/21	03/25/21	BMWOT 2020-A A3 DTD 07/15/2020 0.480% 10/25/2024	09661RAD3	90,000.00	0.00	36.00	36.00			
Transaction Type Sub-Total				3,341,990.72	0.00	5,627.74	5,627.74			
MATURITY										
03/15/21	03/15/21	NATIONAL RURAL UTIL COOP NOTE DTD 02/26/2018 2.900% 03/15/2021	63743HER9	100,000.00	100,000.00	1,450.00	101,450.00	111.00	0.00	
03/15/21	03/15/21	NATIONAL RURAL UTIL COOP NOTE DTD 02/26/2018 2.900% 03/15/2021	63743HER9	150,000.00	150,000.00	2,175.00	152,175.00	634.50	0.00	
Transaction Type Sub-Total				250,000.00	250,000.00	3,625.00	253,625.00	745.50	0.00	
PAYDOWNS										



Managed Account Security Transactions & Interest

For the Month Ending **March 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal Proceeds	Accrued Interest	Total	Realized G/L Cost	Realized G/L Amort Cost	Sale Method
Trade	Settle									
PAYDOWNS										
03/01/21	03/25/21	FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	796.94	796.94	0.00	796.94	(15.85)	0.00	
03/01/21	03/25/21	FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	26.12	26.12	0.00	26.12	0.00	0.00	
03/01/21	03/25/21	FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	239.70	239.70	0.00	239.70	(2.04)	0.00	
03/01/21	03/25/21	FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FQ3V3	180.96	180.96	0.00	180.96	0.00	0.00	
03/15/21	03/15/21	NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	11,550.13	11,550.13	0.00	11,550.13	2.21	0.00	
03/15/21	03/15/21	HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	12,444.75	12,444.75	0.00	12,444.75	1.86	0.00	
03/15/21	03/15/21	TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	4,042.22	4,042.22	0.00	4,042.22	0.05	0.00	
Transaction Type Sub-Total				29,280.82	29,280.82	0.00	29,280.82	(13.77)	0.00	
SELL										
03/19/21	03/23/21	CREDIT SUISSE NEW YORK CERT DEPOS DTD 08/07/2020 0.520% 02/01/2022	22549L6F7	200,000.00	200,399.80	658.67	201,058.47	399.80	399.80	FIFO
Transaction Type Sub-Total				200,000.00	200,399.80	658.67	201,058.47	399.80	399.80	
Managed Account Sub-Total					(224,283.72)	9,726.50	(214,557.22)	1,131.53	399.80	
Total Security Transactions					(\$224,283.72)	\$9,726.50	(\$214,557.22)	\$1,131.53	\$399.80	



Managed Account Security Transactions & Interest

For the Month Ending February 28, 2021

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal	Accrued	Total	Realized G/L	Realized G/L	Sale
Trade	Settle				Proceeds	Interest		Cost	Amort Cost	Method
INTEREST										
02/01/21	02/01/21	SAN JUAN USD, CA TXBL GO BONDS DTD 10/29/2020 0.702% 08/01/2024	798306WN2	125,000.00	0.00	224.25	224.25			
02/01/21	02/01/21	LOS ANGELES CCD, CA TXBL GO BONDS DTD 11/10/2020 0.773% 08/01/2025	54438CYK2	100,000.00	0.00	173.93	173.93			
02/01/21	02/01/21	MN ST TXBL GO BONDS DTD 08/25/2020 0.630% 08/01/2025	60412AVJ9	80,000.00	0.00	218.40	218.40			
02/01/21	02/01/21	BB&T CORPORATION CORP BONDS DTD 07/29/2019 2.500% 08/01/2024	05531FBH5	250,000.00	0.00	3,125.00	3,125.00			
02/01/21	02/01/21	CHAFFEY UHSD, CA TXBL GO BONDS DTD 12/05/2019 2.101% 08/01/2024	157411TK5	60,000.00	0.00	630.30	630.30			
02/01/21	02/25/21	FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	23,520.44	0.00	69.78	69.78			
02/01/21	02/25/21	FHMS K043 A2 DTD 03/01/2015 3.062% 12/01/2024	3137BGK24	175,000.00	0.00	446.54	446.54			
02/01/21	02/25/21	FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FQ3V3	71,516.27	0.00	124.67	124.67			
02/01/21	02/25/21	FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	17,100.88	0.00	45.65	45.65			
02/01/21	02/25/21	FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	130,000.00	0.00	334.75	334.75			
02/13/21	02/13/21	TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	200,000.00	0.00	1,800.00	1,800.00			
02/15/21	02/15/21	US TREASURY NOTES DTD 08/15/2012 1.625% 08/15/2022	912828TJ9	450,000.00	0.00	3,656.25	3,656.25			
02/15/21	02/15/21	NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	170,530.95	0.00	457.59	457.59			
02/15/21	02/15/21	CARMX 2020-3 A3 DTD 07/22/2020 0.620% 03/17/2025	14315FAD9	130,000.00	0.00	67.17	67.17			
02/15/21	02/15/21	COMET 2019-A2 A2 DTD 09/05/2019 1.720% 08/15/2024	14041NFU0	500,000.00	0.00	716.67	716.67			
02/15/21	02/15/21	CARMX 2020-4 A3 DTD 10/21/2020 0.500% 08/15/2025	14316HAC6	85,000.00	0.00	35.42	35.42			



Managed Account Security Transactions & Interest

For the Month Ending February 28, 2021

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type	Trade	Settle	Security Description	CUSIP	Par	Principal Proceeds	Accrued Interest	Total	Realized G/L Cost	Realized G/L Amort Cost	Sale Method
INTEREST											
	02/15/21	02/15/21	HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	141,544.23	0.00	372.73	372.73			
	02/15/21	02/15/21	TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	19,906.71	0.00	38.98	38.98			
	02/16/21	02/16/21	GMCAR 2020-3 A3 DTD 08/19/2020 0.450% 04/16/2025	362590AC5	150,000.00	0.00	56.25	56.25			
	02/18/21	02/18/21	HAROT 2020-3 A3 DTD 09/29/2020 0.370% 10/18/2024	43813KAC6	115,000.00	0.00	35.46	35.46			
	02/20/21	02/20/21	GMALT 2020-3 A4 DTD 09/29/2020 0.510% 10/21/2024	362569AD7	65,000.00	0.00	27.63	27.63			
	02/20/21	02/20/21	VWALT 2020-A A4 DTD 12/03/2020 0.450% 07/21/2025	92868VAD1	150,000.00	0.00	56.25	56.25			
	02/20/21	02/20/21	VZOT 2020-A A1A DTD 01/29/2020 1.850% 07/22/2024	92348TAA2	125,000.00	0.00	192.71	192.71			
	02/24/21	02/24/21	FREDDIE MAC NOTES DTD 08/21/2020 0.250% 08/24/2023	3137EAEV7	750,000.00	0.00	953.12	953.12			
	02/25/21	02/25/21	BMWOT 2020-A A3 DTD 07/15/2020 0.480% 10/25/2024	09661RAD3	90,000.00	0.00	36.00	36.00			
	02/25/21	02/25/21	FANNIE MAE NOTES DTD 08/27/2020 0.375% 08/25/2025	3135G05X7	275,000.00	0.00	509.90	509.90			
	02/26/21	02/26/21	NORDEA BANK ABP NEW YORK CERT DEPOS DTD 08/29/2019 1.850% 08/26/2022	65558TLL7	250,000.00	0.00	2,363.89	2,363.89			
	02/26/21	02/26/21	SKANDINAV ENSKILDA BANK LT CD DTD 09/03/2019 1.860% 08/26/2022	83050PDR7	250,000.00	0.00	2,376.67	2,376.67			
	02/26/21	02/26/21	MUFG BANK LTD/NY CERT DEPOS DTD 02/28/2019 2.980% 02/25/2022	55379WZU3	250,000.00	0.00	7,574.17	7,574.17			
	02/28/21	02/28/21	US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	2,410,000.00	0.00	24,100.00	24,100.00			
	02/28/21	02/28/21	WALT DISNEY COMPANY/THE DTD 09/06/2019 1.750% 08/30/2024	254687FK7	250,000.00	0.00	2,187.50	2,187.50			
Transaction Type Sub-Total					7,859,119.48	0.00	53,007.63	53,007.63			

MATURITY



Managed Account Security Transactions & Interest

For the Month Ending **February 28, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal	Accrued	Total	Realized G/L	Realized G/L	Sale
Trade	Settle				Proceeds	Interest		Cost	Amort Cost	
MATURITY										
02/05/21	02/05/21	IBM CORP CORP NOTES DTD 02/06/2018 2.650% 02/05/2021	44932HAG8	250,000.00	250,000.00	3,312.50	253,312.50	122.50	0.00	
Transaction Type Sub-Total				250,000.00	250,000.00	3,312.50	253,312.50	122.50	0.00	
PAYDOWNS										
02/01/21	02/25/21	FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	509.49	509.49	0.00	509.49	(4.34)	0.00	
02/01/21	02/25/21	FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	848.34	848.34	0.00	848.34	(16.87)	0.00	
02/01/21	02/25/21	FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	23.22	23.22	0.00	23.22	0.00	0.00	
02/01/21	02/25/21	FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FO3V3	129.80	129.80	0.00	129.80	0.00	0.00	
02/15/21	02/15/21	HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	12,900.29	12,900.29	0.00	12,900.29	1.93	0.00	
02/15/21	02/15/21	NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	13,266.04	13,266.04	0.00	13,266.04	2.54	0.00	
02/15/21	02/15/21	TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	4,451.58	4,451.58	0.00	4,451.58	0.05	0.00	
Transaction Type Sub-Total				32,128.76	32,128.76	0.00	32,128.76	(16.69)	0.00	
Managed Account Sub-Total					282,128.76	56,320.13	338,448.89	105.81	0.00	
Total Security Transactions					\$282,128.76	\$56,320.13	\$338,448.89	\$105.81	\$0.00	



Managed Account Security Transactions & Interest

For the Month Ending **January 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal Proceeds	Accrued Interest	Total	Realized G/L	Realized G/L	Sale Method
Trade	Settle							Cost	Amort Cost	
INTEREST										
01/01/21	01/01/21	CT ST TXBL GO BONDS DTD 06/11/2020 1.998% 07/01/2024	20772KJW0	50,000.00	0.00	555.00	555.00			
01/01/21	01/01/21	FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	240,000.00	0.00	880.60	880.60			
01/01/21	01/25/21	FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	60,018.61	0.00	178.06	178.06			
01/01/21	01/25/21	FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	17,123.97	0.00	45.71	45.71			
01/01/21	01/25/21	FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FQ3V3	71,645.48	0.00	124.90	124.90			
01/01/21	01/25/21	FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	130,000.00	0.00	334.75	334.75			
01/01/21	01/25/21	FHMS K043 A2 DTD 03/01/2015 3.062% 12/01/2024	3137BGK24	175,000.00	0.00	446.54	446.54			
01/06/21	01/06/21	JOHN DEERE CAPITAL CORP NOTES DTD 01/06/2017 2.650% 01/06/2022	24422ETL3	225,000.00	0.00	2,981.25	2,981.25			
01/07/21	01/07/21	CATERPILLAR FINL SERVICE CORPORATE NOTES DTD 07/08/2020 0.650% 07/07/2023	14913R2D8	200,000.00	0.00	646.39	646.39			
01/08/21	01/08/21	SUMITOMO MITSUI BANK NY CERT DEPOS DTD 07/14/2020 0.700% 07/08/2022	86565CKU2	250,000.00	0.00	865.28	865.28			
01/08/21	01/08/21	GOLDMAN SACHS GROUP INC BONDS DTD 07/08/2014 3.850% 07/08/2024	38141EC23	250,000.00	0.00	4,812.50	4,812.50			
01/14/21	01/14/21	FHLB GLOBAL NOTE DTD 07/14/2016 1.125% 07/14/2021	3130A8QS5	625,000.00	0.00	3,515.63	3,515.63			
01/15/21	01/15/21	CARMX 2020-3 A3 DTD 07/22/2020 0.620% 03/17/2025	14315FAD9	130,000.00	0.00	67.17	67.17			
01/15/21	01/15/21	TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	24,689.77	0.00	48.35	48.35			
01/15/21	01/15/21	HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	155,611.19	0.00	409.78	409.78			



Managed Account Security Transactions & Interest

For the Month Ending **January 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal Proceeds	Accrued Interest	Total	Realized G/L Cost	Realized G/L Amort Cost	Sale Method
Trade	Settle									
INTEREST										
01/15/21	01/15/21	CARMX 2020-4 A3 DTD 10/21/2020 0.500% 08/15/2025	14316HAC6	85,000.00	0.00	35.42	35.42			
01/15/21	01/15/21	COMET 2019-A2 A2 DTD 09/05/2019 1.720% 08/15/2024	14041NFU0	500,000.00	0.00	716.67	716.67			
01/15/21	01/15/21	NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	184,435.86	0.00	494.90	494.90			
01/16/21	01/16/21	GMCAR 2020-3 A3 DTD 08/19/2020 0.450% 04/16/2025	362590AC5	150,000.00	0.00	56.25	56.25			
01/18/21	01/18/21	HAROT 2020-3 A3 DTD 09/29/2020 0.370% 10/18/2024	43813KAC6	115,000.00	0.00	35.46	35.46			
01/20/21	01/20/21	VZOT 2020-A A1A DTD 01/29/2020 1.850% 07/22/2024	92348TAA2	125,000.00	0.00	192.71	192.71			
01/20/21	01/20/21	GMALT 2020-3 A4 DTD 09/29/2020 0.510% 10/21/2024	362569AD7	65,000.00	0.00	27.63	27.63			
01/20/21	01/20/21	VWALT 2020-A A4 DTD 12/03/2020 0.450% 07/21/2025	92868VAD1	150,000.00	0.00	56.25	56.25			
01/21/21	01/21/21	FREDDIE MAC NOTES DTD 07/23/2020 0.375% 07/21/2025	3137EAEU9	325,000.00	0.00	602.60	602.60			
01/23/21	01/23/21	INTL BANK OF RECONSTRUCTION AND DEV NOTE DTD 07/25/2018 2.750% 07/23/2021	459058GH0	500,000.00	0.00	6,875.00	6,875.00			
01/23/21	01/23/21	PNC BANK NA CORP NOTES DTD 01/23/2019 3.500% 01/23/2024	693475AV7	250,000.00	0.00	4,375.00	4,375.00			
01/25/21	01/25/21	BMWOT 2020-A A3 DTD 07/15/2020 0.480% 10/25/2024	09661RAD3	90,000.00	0.00	36.00	36.00			

Transaction Type Sub-Total				5,143,524.88	0.00	29,415.80	29,415.80			
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PAYDOWNS

01/01/21	01/25/21	FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FQ3V3	129.21	129.21	0.00	129.21	0.00	0.00	
01/01/21	01/25/21	FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	36,498.17	36,498.17	0.00	36,498.17	(725.99)	0.00	
01/01/21	01/25/21	FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	23.09	23.09	0.00	23.09	0.00	0.00	



Managed Account Security Transactions & Interest

For the Month Ending **January 31, 2021**

EMPLOYMENT RISK MANAGEMENT AUTHORITY - ERMA - 596-00 - (12510475)

Transaction Type		Security Description	CUSIP	Par	Principal	Accrued	Total	Realized G/L	Realized G/L	Sale
Trade	Settle				Proceeds	Interest		Cost	Amort Cost	
PAYDOWNS										
01/15/21	01/15/21	TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	4,783.06	4,783.06	0.00	4,783.06	0.06	0.00	
01/15/21	01/15/21	HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	14,066.96	14,066.96	0.00	14,066.96	2.10	0.00	
01/15/21	01/15/21	NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	13,904.91	13,904.91	0.00	13,904.91	2.66	0.00	
Transaction Type Sub-Total				69,405.40	69,405.40	0.00	69,405.40	(721.17)	0.00	
Managed Account Sub-Total					69,405.40	29,415.80	98,821.20	(721.17)	0.00	
Total Security Transactions					\$69,405.40	\$29,415.80	\$98,821.20	(\$721.17)	\$0.00	

EMPLOYMENT RISK MANAGEMENT AUTHORITY

~ STATEMENT OF NET POSITION ~

March 31, 2021

(Unaudited)

ASSETS

CURRENT ASSETS

Cash in Bank	\$	14,992	
Camp Liquidity Account		10,002	
Local Agency Investment Fund		7,474,876	
Market Valuation - LAIF		9,492	
Investments - Managed Portfolio		6,595,493	
Market Valuation - Investments		44,612	
Accounts Receivable - Members		30,092	
Interest Receivable		105,436	
Prepaid Expense		199,077	
Prepaid Insurance		85,021	
TOTAL CURRENT ASSETS			14,569,093

NONCURRENT ASSETS

Investments - Managed Portfolio		19,170,292	
Market Valuation - Investments		333,589	
TOTAL NONCURRENT ASSETS			19,503,881
TOTAL ASSETS			\$ 34,072,974

LIABILITIES AND NET POSITION

CURRENT LIABILITIES

Accounts Payable	\$	38,955	
Unearned Revenue		2,285,168	
Reserve - Claims		2,966,058	
Reserve - IBNR & ULAE		2,197,774	
TOTAL CURRENT LIABILITIES			7,487,955

NONCURRENT LIABILITIES

Reserve - IBNR & ULAE		11,908,907	
TOTAL NONCURRENT LIABILITIES			11,908,907
TOTAL LIABILITIES			19,396,861

NET POSITION

Net Position - Undesignated		9,421,704	
Net Position - Capital Fund		828,307	
TOTAL NET POSITION - BEGINNING OF YEAR			10,250,011
Change in Net Position - Undesignated		4,437,411	
Change in Net Position - Capital Fund		(11,309)	
TOTAL CHANGE IN NET POSITION - CURRENT YEAR			4,426,102
TOTAL NET POSITION - ENDING			\$ 14,676,113
TOTAL LIABILITIES AND NET POSITION			\$ 34,072,974

\$ -

EMPLOYMENT RISK MANAGEMENT AUTHORITY
~ STATEMENT OF REVENUES, EXPENSES, AND CHANGE IN NET POSITION ~
For the Quarter Ended March 31, 2021
(Unaudited)

	<u>Actual</u>	<u>2020-21 Budget</u>	<u>% Used</u>	<u>\$ Variance</u>
REVENUES				
Deposit Premium	\$ 6,605,732	\$ 8,838,339	75%	\$ (2,232,607)
Prior Year Deposit Premium	(13,198)			(13,198)
Excess Insurance Premium	249,772	333,029	75%	(83,257)
Miscellaneous Income	16,937			16,937
Interest Income	77,759			77,759
TOTAL REVENUES	<u>6,937,002</u>	<u>9,171,368</u>	<u>76%</u>	<u>(2,234,366)</u>
EXPENSES				
Claims Expense				
Claims Paid	\$ 2,490,758 **	\$ 7,778,834 *	20%	(6,206,142)
Incr/(Decr) in Reserves	(918,066) **			
Excess Insurance	<u>249,772</u>	<u>333,029</u>	<u>75%</u>	<u>(83,257)</u>
Subtotal Claims Expense	<u>1,822,464</u>	<u>8,111,863</u>	<u>22%</u>	<u>(6,289,399)</u>
Loss Prevention & Training				
Employee Reporting	8,299	11,500	72%	(3,201)
Web-based Training / Training Bulletins	18,000	24,000	75%	(6,000)
Additional Web-based Training	9,000	12,000	75%	(3,000)
Hotline Services	0	6,500	0%	(6,500)
Miscellaneous Training Expenses	0	6,000	0%	(6,000)
Attorney / Training Workshops	<u>14,650</u>	<u>88,750</u>	<u>17%</u>	<u>(74,100)</u>
Subtotal Loss Prevention & Training	<u>49,949</u>	<u>148,750</u>	<u>34%</u>	<u>(98,801)</u>
Capital Fund Expenditures				
Training & Risk Management Consortium	<u>13,300</u>			<u>13,300</u>
SubtotalCapital Fund Expenditures	<u>13,300</u>			<u>13,300</u>
General & Administrative Expenses				
Program Management	554,179	738,905	75%	(184,726)
Risk Assessments	0	10,000	0%	(10,000)
Board Meetings & Retreat	304	30,000	1%	(29,696)
Memberships & Conferences	1,836	7,500	24%	(5,664)
Actuarial Study	0	10,450	0%	(10,450)
Legal Services	26,649	50,000	53%	(23,351)
Financial Audit	10,200	10,200	100% +	0
Claims Audit	0	5,900	0%	(5,900)
Accreditation	1,063	1,500	71%	(437)
Fidelity Bond	962	1,300	74%	(339)
SLIP Insurance	2,126	3,000	71%	(874)
Investment Management Services	20,488	32,000	64%	(11,512)
Claims System	3,750	5,000	75%	(1,250)
Miscellaneous	<u>3,632</u>	<u>5,000</u>	<u>73%</u>	<u>(1,368)</u>
Subtotal General & Admin Expenses	<u>625,187</u>	<u>910,755</u>	<u>69%</u>	<u>(285,568)</u>
Dividend Expense - Return of Equity	<u>0</u>	<u>0</u>		<u>0</u>
TOTAL EXPENSES	<u>2,510,900</u>	<u>9,171,368</u>	<u>27%</u>	<u>(6,660,468)</u>
CHANGE IN NET POSITION	<u>\$ 4,426,102</u>	<u>\$ -</u>		

* Amount budgeted for claims expense is for the current program year only, to be paid in current and future years.

** Amount paid for claims is for all program years paid in the current year, as well as changes in reserves for prior years.

+ See attached "Report of Line Items Exceeded Budgeted Amount"

EMPLOYMENT RISK MANAGEMENT AUTHORITY
~ STATEMENT OF REVENUES, EXPENSES, AND CHANGE IN NET POSITION ~
Report of Line Items Exceeded Budgeted Amount
For the Quarter Ended March 31, 2021

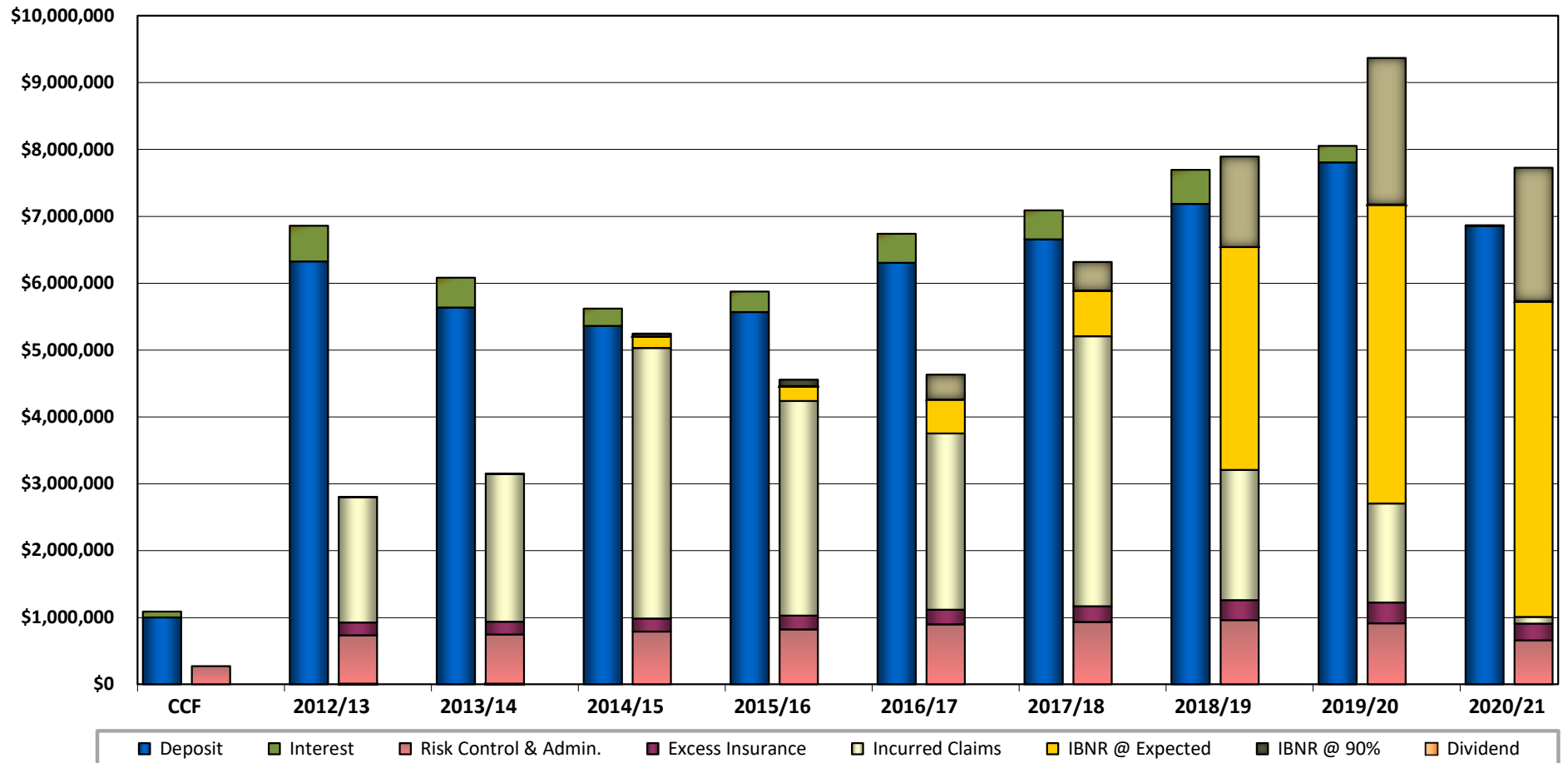
	<u>Actual</u>	<u>Budget</u>	<u>% Used</u>	<u>\$ Variance</u>
General & Administrative Expenses				
+ <u>Financial Audit</u>	10,200	10,200	100%	-
<i>Work is performed early in the year and billed based on percentage of completion (i.e. progress billing).</i>				
<hr/>				

As of March 31, 2021

[illegible]

Employment Risk Management Authority

Review of Financial Condition As of March 31, 2021





EMPLOYMENT RISK MANAGEMENT AUTHORITY

Investment Performance Review For the Quarter Ended March 31, 2021

Client Management Team

Lesley Murphy, Senior Managing Consultant

PFM Asset Management LLC

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213 Market Street
Harrisburg, PA 17101-2141
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Market Update

QUARTERLY MARKET SUMMARY

SUMMARY

- In Q1, U.S. economic conditions were impacted by: (1) optimism regarding a lower COVID-19 caseload as vaccine inoculations ramped up despite initial logistical challenges; (2) a new administration in Washington pushing new policies and priorities; (3) improving economic data supported by an additional \$1.9 trillion in relief funds from the American Rescue Plan Act; (4) reaffirmed commitment by the Federal Reserve (Fed) to keep short-term rates near-zero for the foreseeable future; (5) expectations for higher inflation; and (6) a significantly steeper U.S. Treasury yield curve.
- The Fed spent much of the first quarter continuing to convey its commitment to utilize the full scope of its monetary authority to facilitate economic recovery. As a result, the Fed made no changes to the near-zero fed funds policy rate and continued its large-scale monthly asset purchases. The Fed's most recent messaging has evolved to require actual outcomes—not just strong forecasts—before considering any current policy changes. Over the quarter, Fed Chairman Jerome Powell addressed the notable increase in longer term U.S. Treasury yields as unlikely to get out of hand, nor does the Fed expect any destructive breakout of inflation. Building on positive vaccine news and the new relief package, the Federal Open Market Committee (FOMC) raised its projections for real GDP growth to 6.5% for 2021 and now expects the unemployment rate to fall to 4.5% by year-end.
- Shorter-term U.S. Treasury yields remained low and range-bound, while longer-term Treasury yields rose sharply, steepening the yield curve.
- Amidst many market-moving events, domestic equity markets continued their march forward with the Dow Jones Industrial Average, S&P 500, and Nasdaq each posting record highs during the quarter. International and emerging market returns also continued to be strongly influenced by the degree of regional virus containment alongside the value of the U.S. Dollar bouncing off a multi-year low during Q1.

ECONOMIC SNAPSHOT

- In the final revision, U.S. GDP posted a 4.3% expansion in the fourth quarter of 2020, although consumer spending grew at a tepid 2.4% pace. Meanwhile, housing construction was the star performer, growing at a 35.8% rate in the fourth quarter. GDP forecasts for the first quarter are around 5%, with even greater growth expected in Q2 and Q3.
- The labor market recovery in the first quarter progressively improved month by month. The unemployment rate ended the quarter at 6.0%, down 0.7% from the end of 2020. Non-farm payrolls showed strong and accelerating improvement, topping out at 916,000 new jobs in March. Initial jobless claims remained elevated during the quarter but saw claims drop below 700,000 for the first time since the beginning of the pandemic.
- U.S. manufacturing and services activity continued to recover at a healthy rate in Q1. The ISM Manufacturing and Service Sector purchasing manager indices (PMIs) surged to multi-year highs, indicating the strength of the business recovery that is underway. On the housing front, new and existing home sales slowed over the quarter largely due to a lack of inventory, although the 30-year mortgage rate rose sharply from 2.71% at the end of 2020 to 3.18% as of March 31, 2021.

INTEREST RATES

- The U.S. Treasury yield curve steepened dramatically over the quarter. Maturities of less than one year were flat to lower over the quarter as they continued to be anchored by the Fed's zero-interest-rate policy. Yields on maturities of seven years or more rose sharply, steepening the curve and increasing the spread between the 2- and 10-year U.S. Treasury yields to 1.58%, the largest spread since June 2015. Inflation concerns, fueled by a combination of stimulus dollars and economic optimism, were the primary catalysts for the steeper curve.
- At quarter-end, the yield on a 3-month U.S. Treasury Bill stood at 0.02%. The 2-year note was 0.16% and the 5-year note 0.94%, while 10- and 30-year Treasuries ended the quarter at 1.74% and 2.41%, respectively.
- As a result of ultra-low short-term rates and a steeper curve, U.S. Treasury index returns were mixed for the quarter. Shorter-duration U.S. Treasury indices (two years and under) were relatively muted and only slightly positive. Longer maturity yields rose precipitously, resulting in the worst returns for 10- and 30-year constant maturity indices on record. For example, the 3-month and 1-year Constant Maturity U.S. Treasury Indices returned 0.03% and 0.07%, respectively. Meanwhile, the 5- and 7-year indices returned -2.41% and -4.60%, and the 10- and 30-year indices returned -7.10% and -16.25%, respectively.

SECTOR PERFORMANCE

- Diversification away from U.S. Treasuries was generally additive to performance, but only modestly. Following three consecutive quarters of significant spread narrowing, most sectors held at tight levels. Two notable exceptions were the investment-grade (IG) corporate sector, where spreads widened a bit off record lows, and the mortgage-backed securities (MBS) sector, where slowing prepayments caused durations to extend materially. On balance, diversification remained a net positive to performance relative to Treasuries, but by a much smaller amount than in recent periods, as spreads began the quarter offering only modest incremental yield.
- The federal agency sector offered record low yield spreads, especially on maturities inside of five years. New issue supply was very light with few new issues. The sector posted modest positive excess returns for the quarter. Callable structures outperformed non-callables in Q1 but continue to trail sharply over the past 1-, 3-, and 5-year periods.
- The taxable municipal sector was one of the best-performing IG sectors in Q1. Excess returns bested most other alternatives by a wide margin. Absolute returns from the sector were generally positive, while other fixed income investments posted negative absolute returns in Q1, highlighting the value municipal debt had in fixed income portfolios to start the year.
- IG corporates generated muted excess returns over the quarter (although still positive) compared to other spread sectors. Spreads drifted wider as yields rose, and new issue supply came at a near-record pace for a first calendar quarter. As a result, the relative outperformance of corporates over U.S. Treasuries was generally muted as incremental income from the sector largely offset the adverse impact of the widening spread.
- Federal agency-backed MBS excess returns were positive in aggregate, but low coupon pass-throughs notably underperformed. Conventional 30-year collateral generated modest outperformance relative to 15-year, while higher coupons performed better as prepayments slowed. Commercial MBS was again additive to performance while providing insulation against typical adverse rate-sensitive mortgage duration movements.

QUARTERLY MARKET SUMMARY

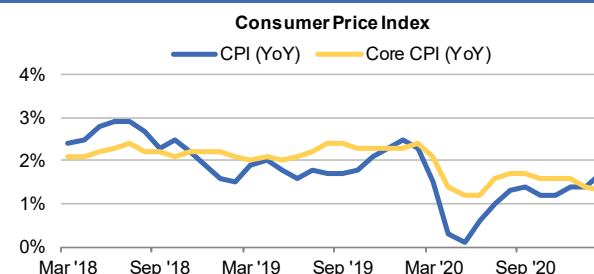
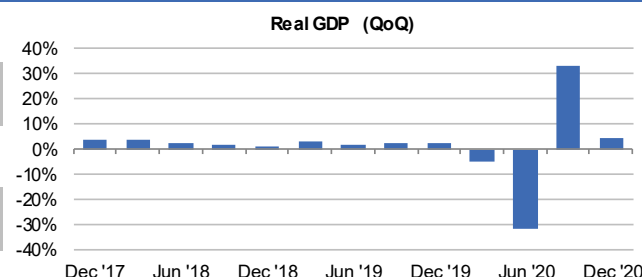
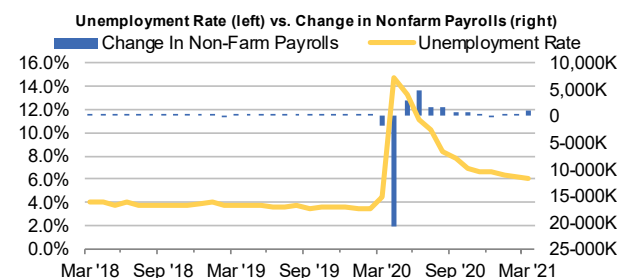
Fixed Income Management

Economic Snapshot

Labor Market		Latest	Dec '20	Mar '20
Unemployment Rate	Mar '21	6.0%	6.7%	4.4%
Change In Non-Farm Payrolls	Mar '21	916,000	-306,000	-1,683,000
Average Hourly Earnings (YoY)	Mar '21	4.2%	5.5%	3.5%
Personal Income (YoY)	Feb '21	4.3%	3.7%	1.8%
Initial Jobless Claims (week)	3/27/21	719,000	763,000	5,985,000

Growth		Latest	Dec '20	Mar '20
Real GDP (QoQ SAAR)	2020 Q4	4.3%	33.4% ¹	2.4% ²
GDP Personal Consumption (QoQ SAAR)	2020 Q4	2.3%	41.0% ¹	1.6% ²
Retail Sales (YoY)	Feb '21	6.3%	2.3%	-5.6%
ISM Manufacturing Survey (month)	Mar '21	64.7	60.5	49.7
Existing Home Sales SAAR (month)	Feb '21	6.22 mil.	6.65 mil.	5.35 mil.

Inflation / Prices		Latest	Dec '20	Mar '20
Personal Consumption Expenditures (YoY)	Feb '21	1.6%	1.2%	1.3%
Consumer Price Index (YoY)	Feb '21	1.7%	1.4%	1.5%
Consumer Price Index Core (YoY)	Feb '21	1.3%	1.6%	2.1%
Crude Oil Futures (WTI, per barrel)	Mar 31	\$59.16	\$48.52	\$20.48
Gold Futures (oz.)	Mar 31	\$1,714	\$1,895	\$1,583



1. Data as of Third Quarter 2020.

2. Data as of Fourth Quarter 2019.

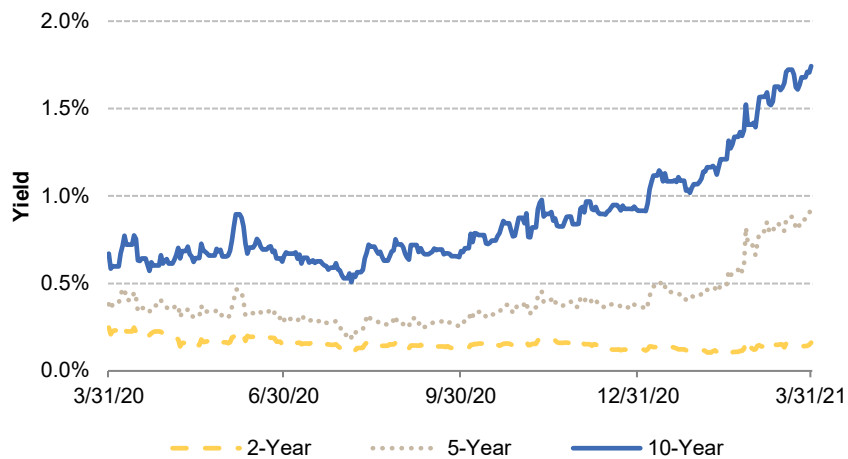
Note: YoY = year-over-year, QoQ = quarter-over-quarter, SAAR = seasonally adjusted annual rate, WTI = West Texas Intermediate crude oil.

Source: Bloomberg.

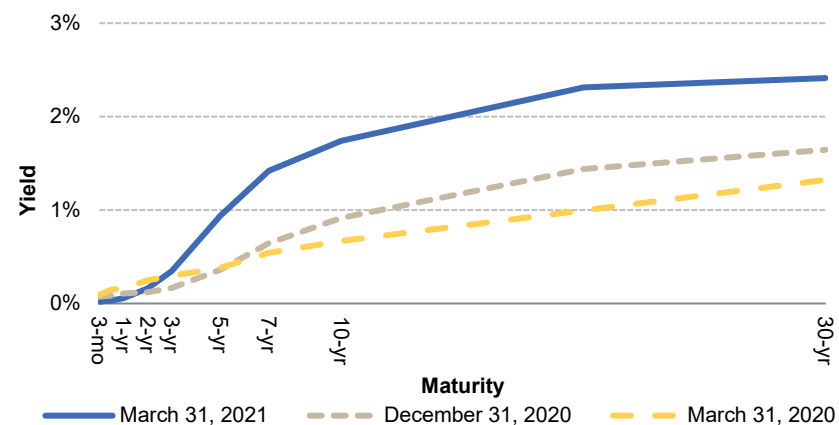
QUARTERLY MARKET SUMMARY

Interest Rate Overview

U.S. Treasury Note Yields



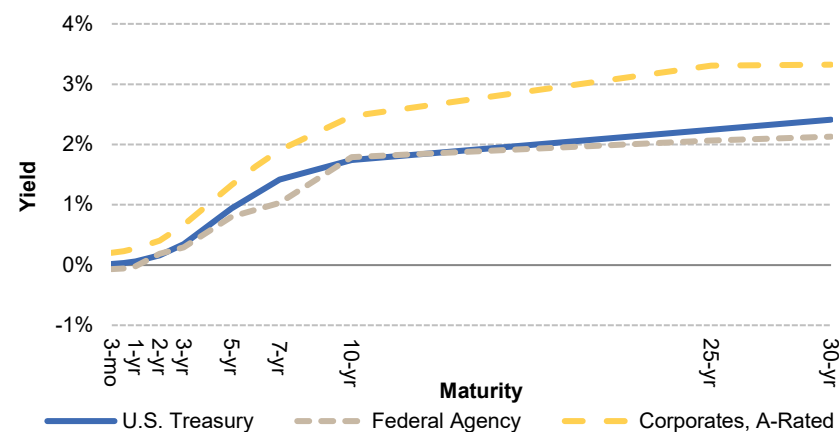
U.S. Treasury Yield Curve



U.S. Treasury Yields

Maturity	Mar '21	Dec '20	Change over Quarter	Mar '20	Change over Year
3-Month	0.02%	0.07%	(0.05%)	0.09%	(0.07%)
1-Year	0.06%	0.11%	(0.05%)	0.16%	(0.10%)
2-Year	0.16%	0.12%	0.04%	0.25%	(0.09%)
5-Year	0.94%	0.36%	0.58%	0.38%	0.56%
10-Year	1.74%	0.92%	0.82%	0.67%	1.07%
30-Year	2.41%	1.65%	0.76%	1.32%	1.09%

Yield Curves as of 03/31/2021



Source: Bloomberg.

QUARTERLY MARKET SUMMARY

Fixed Income Management

ICE BofAML Index Returns

As of 03/31/2021		Returns for Periods ended 03/31/2021			
March 31, 2021	Duration	Yield	3 Month	1 Year	3 Years
1-3 Year Indices					
U.S. Treasury	1.91	0.19%	(0.05%)	0.24%	2.77%
Federal Agency	1.77	0.22%	(0.02%)	0.69%	2.64%
U.S. Corporates, A-AAA rated	1.86	0.54%	(0.05%)	4.23%	3.65%
Agency MBS (0 to 3 years)	1.67	0.63%	(1.23%)	(0.43%)	3.58%
Taxable Municipals	1.69	0.87%	0.91%	4.74%	3.91%
1-5 Year Indices					
U.S. Treasury	2.66	0.37%	(0.52%)	(0.09%)	3.26%
Federal Agency	2.46	0.41%	(0.44%)	0.48%	2.86%
U.S. Corporates, A-AAA rated	2.77	0.85%	(0.61%)	5.14%	4.34%
Agency MBS (0 to 5 years)	2.45	1.19%	(0.81%)	0.27%	3.34%
Taxable Municipals	2.69	0.89%	0.15%	4.49%	3.95%
Master Indices (Maturities 1 Year or Greater)					
U.S. Treasury	7.01	1.05%	(4.61%)	(5.11%)	4.06%
Federal Agency	4.09	0.81%	(1.77%)	(0.34%)	3.87%
U.S. Corporates, A-AAA rated	8.24	2.03%	(5.04%)	5.06%	5.72%
Agency MBS (0 to 30 years)	3.54	1.49%	(1.15%)	0.10%	3.86%
Taxable Municipals	11.17	2.83%	(4.28%)	6.86%	6.99%

Returns for periods greater than one year are annualized.

Source: ICE BofAML Indices.

QUARTERLY MARKET SUMMARY

Fixed Income Management

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Investment Performance Review

Portfolio Recap

- ◆ Our strategy for the first quarter encompassed the following:
 - We maintained core allocations in most sectors while modestly reducing allocations to **federal agencies** and **corporate notes** due to unattractive yield spreads and to **federal agency MBS** due to heightened risks associated with elevated prepayments which are expected to slow.
 - We shifted from a neutral duration stance in the fourth quarter to a modestly **conservative** and **shorter duration** posture in the first quarter. This defensive bias added notable value to performance relative to the benchmark as the steeper curve resulted in significant underperformance of the longer end of the curve.
 - The **federal agency** sector offered record-low yield spreads, especially on maturities inside of five years. New issue supply was very light. The combination of light issuance and historically tight spreads led to our preference for reducing agency allocations. The **supranational** sector offered better supply dynamics and more opportunities to add to allocations during the quarter.
 - Investment-grade **corporate notes** eked out muted excess returns as higher income offset modestly wider yield spreads. Supply was strong and rising rates put natural upward pressure on yields spreads. We continued our fourth quarter strategy of gradually reducing allocations, except for an occasional attractive new issue.
 - **Federal agency MBS** performance was mixed for the quarter. Lower coupon pass-throughs performed poorly as prepayments slowed and durations extended. Higher coupon MBS generated strong positive excess returns after generally poor performance in 2020. The commercial MBS (CMBS) sector continued its strong and consistent positive performance. Taken together, the risks in the MBS sector appeared greater than the potential reward of historically narrow yield spreads, so we continued to reduce allocations as principal paydowns come due.
 - Allocations to **asset-backed securities (ABS)** declined modestly over the quarter as light new issuance at attractive levels did not offset normal paydowns. Like corporates, excess returns were positive but muted compared to the very strong performance of the prior few quarters.
 - In the **taxable municipal** sector, allocations were generally maintained as attractive offerings were limited despite robust issuance in the first quarter. Increased allocations to the sector in prior periods added notable value to portfolio performance as municipals were one of the best investment-grade performers for the quarter.
 - **Short-term credit** (negotiable CDs and commercial paper) spreads stabilized, with some widening in the latter half of the quarter due to increased issuance. As a result, better opportunities became available to increase allocations and pick up incremental yield over short-term Treasuries and agencies.

Fixed Income Sector Outlook – April 2021

Sector	Our Investment Preferences	Comments
COMMERCIAL PAPER / CD		<ul style="list-style-type: none"> Credit spreads have widened with issuers pushing levels higher to fulfill funding needs. Recent spread widening offers an opportunity to increase exposure.
TREASURIES		
T-Bill		<ul style="list-style-type: none"> T-Bill yields are experiencing continued pressure and increased demand as investors look to spend down cash.
T-Note		<ul style="list-style-type: none"> The Treasury curve steepened with a 10 basis points spread between 6-months and 2-years as short-term yields continue to fall.
FEDERAL AGENCIES		
Bullets		<ul style="list-style-type: none"> Agency bullet spreads are relatively unchanged across the curve and are offering little value. Given current spread levels, there is limited room for spread narrowing moving forward. While any attractive new issues will continue to be evaluated, accounts should reduce allocations for better relative value opportunities elsewhere.
Callables		<ul style="list-style-type: none"> Callable spreads have widened with market volatility but remain unattractive at current valuations.
SUPRANATIONALS		<ul style="list-style-type: none"> Spreads narrowed in the long end of the curve yet remain modestly wide compared to UST/GSE. After a quiet month for supply in March, the new issue market has been busy in April, with the cross currency basis favoring USD funding vs. EUR funding. Accounts should modestly shift from UST/GSEs to SSAs for better spread pick-ups, particularly via new issues.
CORPORATES		
Financials		<ul style="list-style-type: none"> Corporate spreads narrowed from recent widening amid normalization in Treasury volatility. Demand for IG corporates remain strong though valuations are rich. Accommodative monetary policy continues to ensure favorable financing conditions.
Industrials		<ul style="list-style-type: none"> Accounts should selectively increase exposure, reflecting wider spreads in corporates and lack of value in alternative sectors.
SECURITIZED		
Asset-Backed		<ul style="list-style-type: none"> ABS spreads moved wider over the month but remain relatively tight on a historical basis. Issuance remained elevated and demand is strong. Collateral delinquency rates and net losses may increase over the short-term but should remain well contained as the economy recovers
Agency Mortgage-Backed		<ul style="list-style-type: none"> MBS spreads are tight. While prepayments are elevated, the second quarter should commence a meaningful slowing trend. Low coupon structures most susceptible to duration extension are likely to trail Treasuries as rates move higher.
Agency CMBS		<ul style="list-style-type: none"> CMBS provide insulation against typical adverse rate-sensitive mortgage duration movements. The scope for spread tightening is limited, and modest spread widening is expected. There is limited value in the sector given fundamentals remain challenged.
MUNICIPALS		<ul style="list-style-type: none"> Taxable supply is robust. The sector may experience pressure as tax season approaches. Although new issuance have gotten more expensive recently, current allocations will be maintained as the sector has been a boon for portfolio performance.

● Current outlook

○ Outlook one month ago

Negative

Slightly Negative

Neutral

Slightly Positive

Positive

Sector Allocation and Compliance

- The portfolio is in compliance with the Authority's Investment Policy and California Government Code.

Security Type	Market Value As of 3/31/21	% of Portfolio	% Change vs. 12/31/20	Permitted by Policy	In Compliance
U.S. Treasury	\$10,487,980	40.1%	+1.4%	100%	✓
Federal Agency	\$4,916,874	18.8%	-0.1%	100%	✓
Federal Agency CMOs	\$433,013	1.7%	-	20%	✓
Municipal Obligations	\$1,050,302	4.0%	-	100%	✓
Supranationals	\$1,178,758	4.5%	-	30%	✓
Negotiable CDs	\$1,904,369	7.3%	-	30%	✓
Corporate Notes	\$4,053,410	15.5%	-1.7%	30%	✓
Asset-Backed Securities	\$1,700,703	6.5%	-0.4%	20%	✓
Securities Sub-Total	\$25,725,408	98.4%			
Accrued Interest	\$96,767				
Securities Total	\$25,822,175				
CAMP Pool - Portfolio	\$418,578	1.6%	0.8%	100%	✓
CAMP Pool - Liquidity	10,002	<0.1%	-		
Total Investments	\$26,250,756	100.0%			

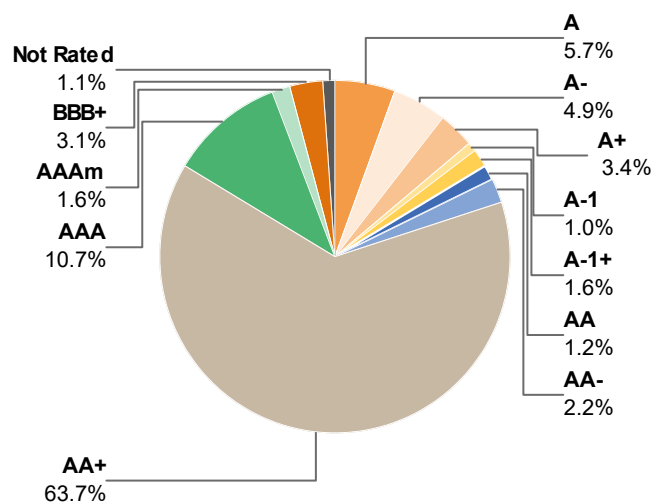
Market values, excluding accrued interest. Detail may not add to total due to rounding. Current Investment Policy as of February 2021.

Portfolio Statistics

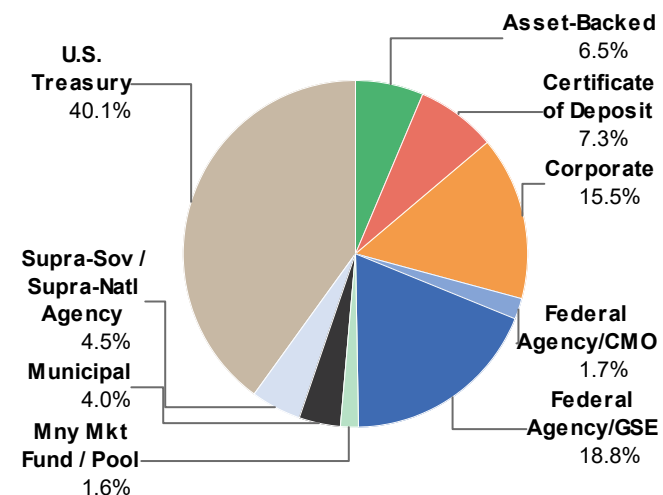
As of March 31, 2021

Par Value:	\$25,691,288
Total Market Value:	\$26,240,754
Security Market Value:	\$25,725,408
Accrued Interest:	\$96,767
Cash:	-
CAMP	\$418,578
Amortized Cost:	\$25,769,298
Yield at Market:	0.51%
Yield at Cost:	1.55%
Effective Duration:	2.13 Years
Average Maturity:	2.33 Years
Average Credit: *	AA

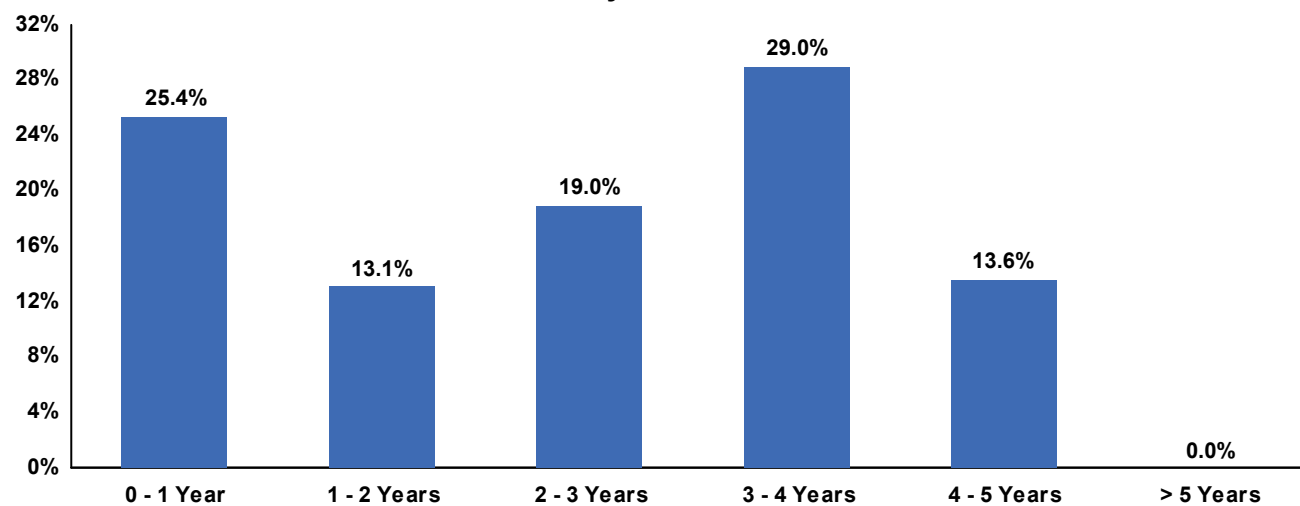
Credit Quality (S&P Ratings)**



Sector Allocation



Maturity Distribution

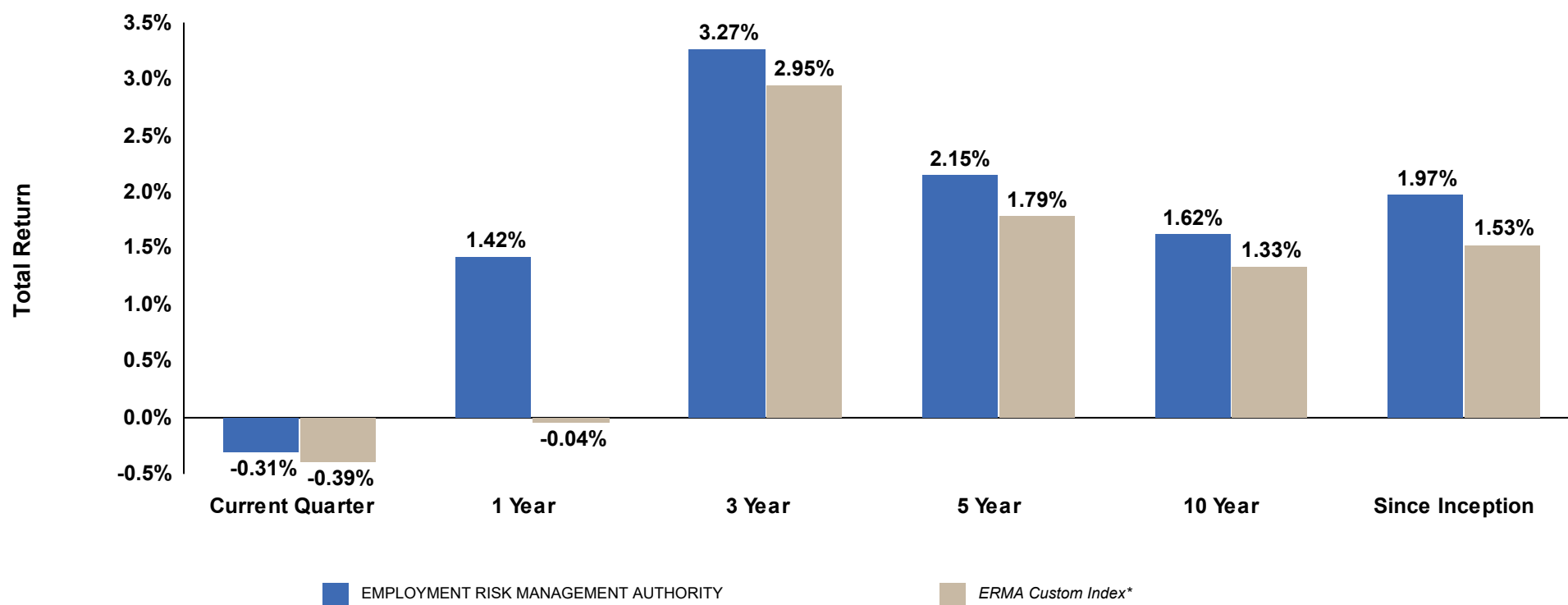


*An average of each security's credit rating assigned a numeric value and adjusted for its relative weighting in the portfolio.

**Securities held in the Authority's portfolio are in compliance with California Government Code and the Authority's Investment Policy dated February 2021.

Portfolio Performance (Total Return)

Portfolio/Benchmark	Effective Duration	Current Quarter	Annualized Return				
			1 Year	3 Year	5 Year	10 Year	Since Inception (09/30/08)
EMPLOYMENT RISK MANAGEMENT AUTHORITY	2.13	-0.31%	1.42%	3.27%	2.15%	1.62%	1.97%
ERMA Custom Index*	2.12	-0.39%	-0.04%	2.95%	1.79%	1.33%	1.53%
Difference		0.08%	1.46%	0.32%	0.36%	0.29%	0.44%



Portfolio performance is gross of fees unless otherwise indicated.

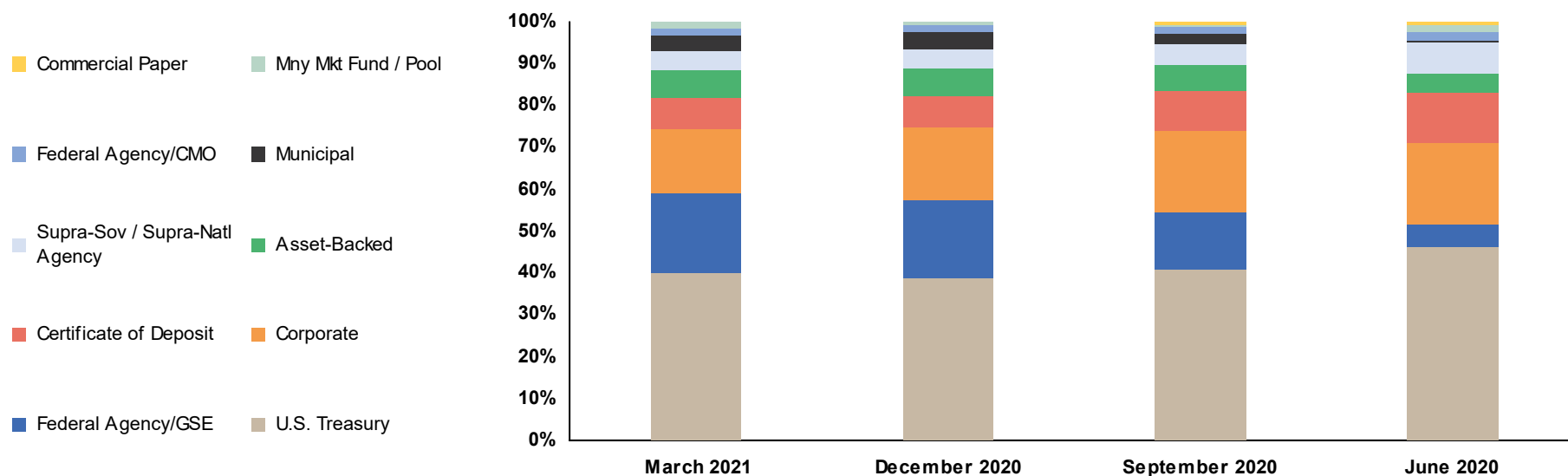
*ERMA's Custom Index is the ICE Bank of America Merrill Lynch (BofAML) 1-3 Year Treasury Index from inception through March 31, 2016 and the ICE BofAML 0-5 Year U.S. Treasury Index thereafter.

Portfolio Earnings**Quarter-Ended March 31, 2021**

	Market Value Basis	Accrual (Amortized Cost) Basis
Beginning Value (12/31/2020)	\$26,240,608.88	\$25,683,852.33
Net Purchases/Sales	\$88,815.17	\$88,815.17
Change in Value	(\$185,437.16)	(\$3,369.25)
Ending Value (03/31/2021)	\$26,143,986.89	\$25,769,298.25
Interest Earned	\$103,027.44	\$103,027.44
Portfolio Earnings	(\$82,409.72)	\$99,658.19

Sector Allocation

Sector	March 31, 2021		December 31, 2020		September 30, 2020		June 30, 2020	
	MV (\$MM)	% of Total	MV (\$MM)	% of Total	MV (\$MM)	% of Total	MV (\$MM)	% of Total
U.S. Treasury	10.5	40.1%	10.1	38.6%	10.7	40.7%	12.1	46.2%
Federal Agency/GSE	4.9	18.8%	4.9	18.8%	3.6	13.9%	1.4	5.3%
Corporate	4.1	15.5%	4.5	17.2%	5.1	19.4%	5.1	19.4%
Certificate of Deposit	1.9	7.3%	1.9	7.3%	2.4	9.2%	3.1	11.9%
Asset-Backed	1.7	6.5%	1.8	6.9%	1.7	6.4%	1.2	4.5%
Supra-Sov / Supra-Natl Agency	1.2	4.5%	1.2	4.5%	1.3	4.9%	1.9	7.4%
Municipal	1.1	4.0%	1.1	4.1%	0.6	2.2%	0.2	0.7%
Federal Agency/CMO	0.4	1.7%	0.5	1.8%	0.5	2.0%	0.6	2.1%
Mny Mkt Fund / Pool	0.4	1.6%	0.2	0.8%	0.1	0.3%	0.4	1.5%
Commercial Paper	0.0	0.0%	0.0	0.0%	0.2	1.0%	0.2	1.0%
Total	\$26.1	100.0%	\$26.2	100.0%	\$26.2	100.0%	\$26.1	100.0%

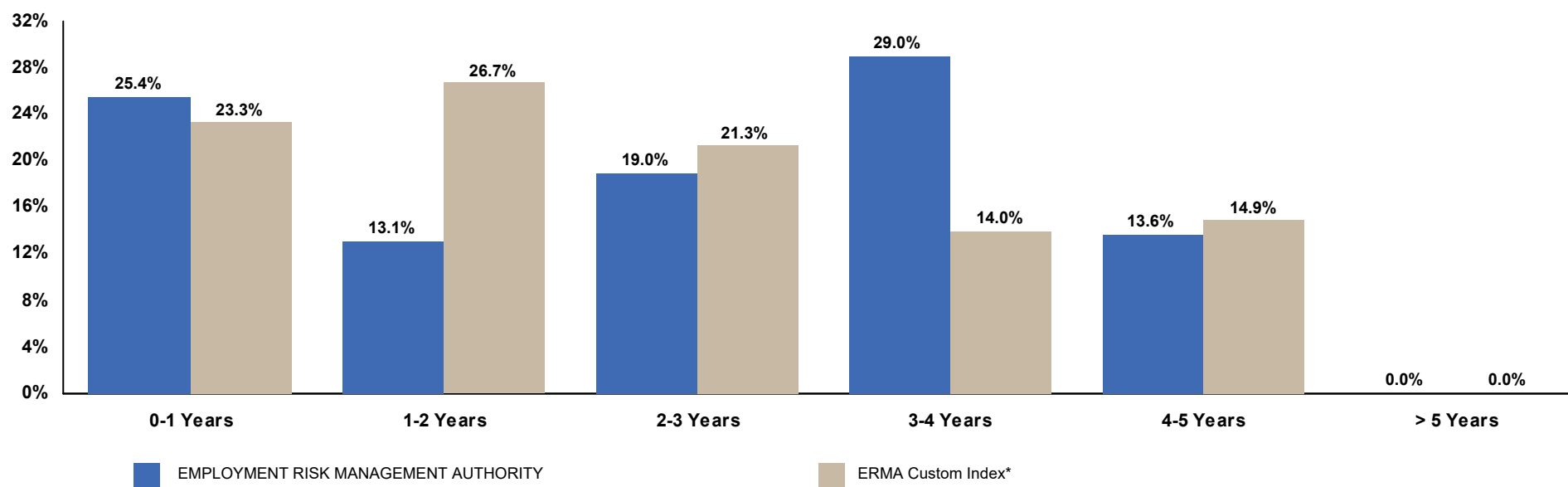


Detail may not add to total due to rounding.

Maturity Distribution

As of March 31, 2021

Portfolio/Benchmark	Yield at Market	Average Maturity	0-1 Years	1-2 Years	2-3 Years	3-4 Years	4-5 Years	>5 Years
EMPLOYMENT RISK MANAGEMENT AUTHORITY	0.51%	2.33 yrs	25.4%	13.1%	19.0%	29.0%	13.6%	0.0%
ERMA Custom Index*	0.30%	2.24 yrs	23.3%	26.7%	21.3%	14.0%	14.9%	0.0%



*ERMA's Custom Index is the ICE Bank of America Merrill Lynch (BofAML) 1-3 Year Treasury Index from inception through March 31, 2016 and the ICE BofAML 0-5 Year U.S. Treasury Index thereafter.

Issuer Distribution

As of March 31, 2021

Issuer	Market Value (\$)	% of Portfolio	Top 5 = 64.0%	Top 10 = 72.0%
UNITED STATES TREASURY	10,487,980	40.1%		
FREDDIE MAC	3,299,817	12.6%		
FANNIE MAE	1,062,025	4.1%		
FEDERAL HOME LOAN BANKS	988,045	3.8%		
INTL BANK OF RECONSTRUCTION AND DEV	902,946	3.5%		
CAPITAL ONE FINANCIAL CORP	509,855	2.0%		
APPLE INC	452,892	1.7%		
ROYAL BANK OF CANADA	427,484	1.6%		
CAMP POOL	418,578	1.6%		
INTER-AMERICAN DEVELOPMENT BANK	275,812	1.1%		
MORGAN STANLEY	272,184	1.0%		
GOLDMAN SACHS GROUP INC	271,119	1.0%		
PNC FINANCIAL SERVICES GROUP	269,730	1.0%		
TRUIST FIN CORP	263,258	1.0%		
AMERICAN HONDA FINANCE	262,119	1.0%		
THE WALT DISNEY CORPORATION	258,085	1.0%		
DNB ASA	257,489	1.0%		
JP MORGAN CHASE & CO	256,581	1.0%		

EMPLOYMENT RISK MANAGEMENT AUTHORITY

Portfolio Composition

Issuer	Market Value (\$)	% of Portfolio
MITSUBISHI UFJ FINANCIAL GROUP INC	256,405	1.0%
SKANDINAVISKA ENSKILDA BANKEN AB	255,832	1.0%
NORDEA BANK ABP	255,797	1.0%
THE BANK OF NEW YORK MELLON CORPORATION	255,290	1.0%
SUMITOMO MITSUI FINANCIAL GROUP INC	251,394	1.0%
NEW YORK ST URBAN DEVELOPMENT CORP	249,198	1.0%
CHARLES SCHWAB	245,758	0.9%
FLORIDA STATE BOARD OF ADMIN FIN CORP	241,874	0.9%
HONDA AUTO RECEIVABLES	232,767	0.9%
DEERE & COMPANY	228,854	0.9%
TOYOTA MOTOR CORP	216,470	0.8%
CARMAX AUTO OWNER TRUST	215,620	0.8%
CATERPILLAR INC	200,580	0.8%
CREDIT SUISSE GROUP RK	199,968	0.8%
PEPSICO INC	165,084	0.6%
GM FINANCIAL CONSUMER AUTOMOBILE TRUST	150,294	0.6%
AMERICAN EXPRESS CO	150,005	0.6%
VOLKSWAGEN AUTO LEASE TURST	149,942	0.6%
NISSAN AUTO RECEIVABLES	147,944	0.6%
VERIZON OWNER TRUST	127,454	0.5%
STATE OF CONNECTICUT	124,454	0.5%

EMPLOYMENT RISK MANAGEMENT AUTHORITY

Portfolio Composition

Issuer	Market Value (\$)	% of Portfolio
SAN JUAN UNIFIED SCHOOL DISTRICT	123,891	0.5%
HERSHEY COMPANY	100,323	0.4%
LOS ANGELES COMMUNITY COLLEGE DISTRICT	98,836	0.4%
BMW VEHICLE OWNER TRUST	90,199	0.4%
STATE OF MINNESOTA	79,663	0.3%
BANK OF AMERICA CO	75,193	0.3%
STATE STREET CORPORATION	70,135	0.3%
UNIVERSITY OF CALIFORNIA	69,921	0.3%
GM FINANCIAL LEASINGTRUST	65,194	0.3%
CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT	62,465	0.2%
PACCAR FINANCIAL CORP	51,184	0.2%
Grand Total:	26,143,987	100.0%

Portfolio Transactions and Holdings

Quarterly Portfolio Transactions

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
BUY									
3/1/21	3/4/21	425,000	912828ZW3	US TREASURY NOTES	0.25%	6/30/25	419,191.75	0.58%	
3/16/21	3/18/21	85,000	808513BN4	CHARLES SCHWAB CORP NOTES (CALLABLE)	0.75%	3/18/24	84,957.50	0.77%	
3/19/21	3/23/21	200,000	22552G3C2	CREDIT SUISSE NEW YORK CERT DEPOS	0.59%	3/17/23	200,000.00	0.59%	
Total BUY		710,000					704,149.25		
INTEREST									
1/1/21	1/25/21	175,000	3137BGK24	FHMS K043 A2	3.06%	12/1/24	446.54		
1/1/21	1/25/21	60,019	3136B1XP4	FNA 2018-M5 A2	3.56%	9/1/21	178.06		
1/1/21	1/25/21	71,645	3137FQ3V3	FHMS KJ27 A1	2.09%	7/1/24	124.90		
1/1/21	1/25/21	17,124	3137FKK39	FHMS KP05 A	3.20%	7/1/23	45.71		
1/1/21	1/25/21	130,000	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/1/22	334.75		
1/1/21	1/1/21	50,000	20772KJW0	CT ST TXBL GO BONDS	1.99%	7/1/24	555.00		
1/1/21	1/1/21	240,000	341271AD6	FL ST BOARD OF ADMIN TXBL REV BONDS	1.25%	7/1/25	880.60		
1/6/21	1/6/21	225,000	24422ETL3	JOHN DEERE CAPITAL CORP NOTES	2.65%	1/6/22	2,981.25		
1/7/21	1/7/21	200,000	14913R2D8	CATERPILLAR FINL SERVICE CORPORATE NOTES	0.65%	7/7/23	646.39		
1/8/21	1/8/21	250,000	86565CKU2	SUMITOMO MITSUI BANK NY CERT DEPOS	0.70%	7/8/22	865.28		
1/8/21	1/8/21	250,000	38141EC23	GOLDMAN SACHS GROUP INC BONDS	3.85%	7/8/24	4,812.50		
1/14/21	1/14/21	625,000	3130A8QS5	FHLB GLOBAL NOTE	1.12%	7/14/21	3,515.63		
1/15/21	1/15/21	85,000	14316HAC6	CARMX 2020-4 A3	0.50%	8/15/25	35.42		
1/15/21	1/15/21	155,611	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	409.78		
1/15/21	1/15/21	500,000	14041NFU0	COMET 2019-A2 A2	1.72%	8/15/24	716.67		
1/15/21	1/15/21	24,690	89238BAD4	TAOT 2018-A A3	2.35%	5/16/22	48.35		
1/15/21	1/15/21	184,436	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	494.90		
1/15/21	1/15/21	130,000	14315FAD9	CARMX 2020-3 A3	0.62%	3/17/25	67.17		

EMPLOYMENT RISK MANAGEMENT AUTHORITY

Portfolio Activity

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
1/16/21	1/16/21	150,000	362590AC5	GMCAR 2020-3 A3	0.45%	4/16/25	56.25		
1/18/21	1/18/21	115,000	43813KAC6	HAROT 2020-3 A3	0.37%	10/18/24	35.46		
1/20/21	1/20/21	150,000	92868VAD1	VWALT 2020-A A4	0.45%	7/21/25	56.25		
1/20/21	1/20/21	65,000	362569AD7	GMALT 2020-3 A4	0.51%	10/21/24	27.63		
1/20/21	1/20/21	125,000	92348TAA2	VZOT 2020-A A1A	1.85%	7/22/24	192.71		
1/21/21	1/21/21	325,000	3137EAEU9	FREDDIE MAC NOTES	0.37%	7/21/25	602.60		
1/23/21	1/23/21	500,000	459058GH0	INTL BANK OF RECONSTRUCTION AND DEV NOTE	2.75%	7/23/21	6,875.00		
1/23/21	1/23/21	250,000	693475AV7	PNC BANK NA CORP NOTES	3.50%	1/23/24	4,375.00		
1/25/21	1/25/21	90,000	09661RAD3	BMWOT 2020-A A3	0.48%	10/25/24	36.00		
2/1/21	2/1/21	60,000	157411TK5	CHAFFEY UHSD, CA TXBL GO BONDS	2.10%	8/1/24	630.30		
2/1/21	2/1/21	100,000	54438CYK2	LOS ANGELES CCD, CA TXBL GO BONDS	0.77%	8/1/25	173.93		
2/1/21	2/1/21	125,000	798306WN2	SAN JUAN USD, CA TXBL GO BONDS	0.70%	8/1/24	224.25		
2/1/21	2/1/21	250,000	05531FBH5	BB&T CORPORATION CORP BONDS	2.50%	8/1/24	3,125.00		
2/1/21	2/1/21	80,000	60412AVJ9	MN ST TXBL GO BONDS	0.63%	8/1/25	218.40		
2/1/21	2/25/21	71,516	3137FQ3V3	FHMS KJ27 A1	2.09%	7/1/24	124.67		
2/1/21	2/25/21	130,000	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/1/22	334.75		
2/1/21	2/25/21	17,101	3137FKK39	FHMS KP05 A	3.20%	7/1/23	45.65		
2/1/21	2/25/21	23,520	3136B1XP4	FNA 2018-M5 A2	3.56%	9/1/21	69.78		
2/1/21	2/25/21	175,000	3137BGK24	FHMS K043 A2	3.06%	12/1/24	446.54		
2/13/21	2/13/21	200,000	89236TGT6	TOYOTA MOTOR CREDIT CORP CORP NOTES	1.80%	2/13/25	1,800.00		
2/15/21	2/15/21	85,000	14316HAC6	CARMX 2020-4 A3	0.50%	8/15/25	35.42		
2/15/21	2/15/21	450,000	912828TJ9	US TREASURY NOTES	1.62%	8/15/22	3,656.25		
2/15/21	2/15/21	141,544	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	372.73		
2/15/21	2/15/21	500,000	14041NFU0	COMET 2019-A2 A2	1.72%	8/15/24	716.67		
2/15/21	2/15/21	19,907	89238BAD4	TAOT 2018-A A3	2.35%	5/16/22	38.98		
2/15/21	2/15/21	130,000	14315FAD9	CARMX 2020-3 A3	0.62%	3/17/25	67.17		
2/15/21	2/15/21	170,531	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	457.59		
2/16/21	2/16/21	150,000	362590AC5	GMCAR 2020-3 A3	0.45%	4/16/25	56.25		
2/18/21	2/18/21	115,000	43813KAC6	HAROT 2020-3 A3	0.37%	10/18/24	35.46		
2/20/21	2/20/21	125,000	92348TAA2	VZOT 2020-A A1A	1.85%	7/22/24	192.71		

EMPLOYMENT RISK MANAGEMENT AUTHORITY

Portfolio Activity

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
2/20/21	2/20/21	150,000	92868VAD1	VWALT 2020-A A4	0.45%	7/21/25	56.25		
2/20/21	2/20/21	65,000	362569AD7	GMALT 2020-3 A4	0.51%	10/21/24	27.63		
2/24/21	2/24/21	750,000	3137EAEV7	FREDDIE MAC NOTES	0.25%	8/24/23	953.12		
2/25/21	2/25/21	90,000	09661RAD3	BMWOT 2020-A A3	0.48%	10/25/24	36.00		
2/25/21	2/25/21	275,000	3135G05X7	FANNIE MAE NOTES	0.37%	8/25/25	509.90		
2/26/21	2/26/21	250,000	55379WZU3	MUFG BANK LTD/NY CERT DEPOS	2.98%	2/25/22	7,574.17		
2/26/21	2/26/21	250,000	65558TLL7	NORDEA BANK ABP NEW YORK CERT DEPOS	1.85%	8/26/22	2,363.89		
2/26/21	2/26/21	250,000	83050PDR7	SKANDINAV ENSKILDA BANK LT CD	1.86%	8/26/22	2,376.67		
2/28/21	2/28/21	250,000	254687FK7	WALT DISNEY COMPANY/THE	1.75%	8/30/24	2,187.50		
2/28/21	2/28/21	2,410,000	912828D72	US TREASURY NOTES	2.00%	8/31/21	24,100.00		
3/1/21	3/1/21	50,000	69371RP75	PACCAR FINANCIAL CORP NOTE	2.85%	3/1/22	712.50		
3/1/21	3/25/21	175,000	3137BGK24	FHMS K043 A2	3.06%	12/1/24	446.54		
3/1/21	3/25/21	71,386	3137FQ3V3	FHMS KJ27 A1	2.09%	7/1/24	124.45		
3/1/21	3/25/21	17,078	3137FKK39	FHMS KP05 A	3.20%	7/1/23	45.58		
3/1/21	3/25/21	22,672	3136B1XP4	FNA 2018-M5 A2	3.56%	9/1/21	67.26		
3/1/21	3/25/21	129,491	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/1/22	333.44		
3/4/21	3/4/21	115,000	3130AK5E2	FEDERAL HOME LOAN BANK NOTES	0.37%	9/4/25	207.24		
3/8/21	3/8/21	525,000	3137EAEW5	FREDDIE MAC NOTES	0.25%	9/8/23	670.83		
3/15/21	3/15/21	500,000	14041NFU0	COMET 2019-A2 A2	1.72%	8/15/24	716.67		
3/15/21	3/15/21	128,644	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	338.76		
3/15/21	3/15/21	250,000	650036DT0	NY ST URBAN DEV CORP TXBL REV BONDS	0.87%	3/15/25	495.42		
3/15/21	3/15/21	15,455	89238BAD4	TAOT 2018-A A3	2.35%	5/16/22	30.27		
3/15/21	3/15/21	85,000	14316HAC6	CARMX 2020-4 A3	0.50%	8/15/25	35.42		
3/15/21	3/15/21	157,265	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	421.99		
3/15/21	3/15/21	130,000	14315FAD9	CARMX 2020-3 A3	0.62%	3/17/25	67.17		
3/16/21	3/16/21	150,000	362590AC5	GMCAR 2020-3 A3	0.45%	4/16/25	56.25		
3/18/21	3/18/21	115,000	43813KAC6	HAROT 2020-3 A3	0.37%	10/18/24	35.46		
3/20/21	3/20/21	65,000	362569AD7	GMALT 2020-3 A4	0.51%	10/21/24	27.63		
3/20/21	3/20/21	150,000	92868VAD1	VWALT 2020-A A4	0.45%	7/21/25	56.25		
3/20/21	3/20/21	125,000	92348TAA2	VZOT 2020-A A1A	1.85%	7/22/24	192.71		

EMPLOYMENT RISK MANAGEMENT AUTHORITY

Portfolio Activity

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
3/23/21	3/23/21	275,000	3137EAEX3	FREDDIE MAC NOTES	0.37%	9/23/25	509.90		
3/25/21	3/25/21	90,000	09661RAD3	BMWOT 2020-A A3	0.48%	10/25/24	36.00		
Total INTEREST		16,344,635					88,051.17		

MATURITY

2/5/21	2/5/21	250,000	44932HAG8	IBM CORP CORP NOTES	2.65%	2/5/21	253,312.50		0.00
3/15/21	3/15/21	100,000	63743HER9	NATIONAL RURAL UTIL COOP NOTE	2.90%	3/15/21	101,450.00		0.00
3/15/21	3/15/21	150,000	63743HER9	NATIONAL RURAL UTIL COOP NOTE	2.90%	3/15/21	152,175.00		0.00
Total MATURITY		500,000					506,937.50		0.00

PAYDOWNS

1/1/21	1/25/21	36,498	3136B1XP4	FNA 2018-M5 A2	3.56%	9/1/21	36,498.17		0.00
1/1/21	1/25/21	23	3137FKK39	FHMS KP05 A	3.20%	7/1/23	23.09		0.00
1/1/21	1/25/21	129	3137FQ3V3	FHMS KJ27 A1	2.09%	7/1/24	129.21		0.00
1/15/21	1/15/21	13,905	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	13,904.91		0.00
1/15/21	1/15/21	14,067	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	14,066.96		0.00
1/15/21	1/15/21	4,783	89238BAD4	TAOT 2018-A A3	2.35%	5/16/22	4,783.06		0.00
2/1/21	2/25/21	23	3137FKK39	FHMS KP05 A	3.20%	7/1/23	23.22		0.00
2/1/21	2/25/21	848	3136B1XP4	FNA 2018-M5 A2	3.56%	9/1/21	848.34		0.00
2/1/21	2/25/21	509	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/1/22	509.49		0.00
2/1/21	2/25/21	130	3137FQ3V3	FHMS KJ27 A1	2.09%	7/1/24	129.80		0.00
2/15/21	2/15/21	13,266	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	13,266.04		0.00
2/15/21	2/15/21	4,452	89238BAD4	TAOT 2018-A A3	2.35%	5/16/22	4,451.58		0.00
2/15/21	2/15/21	12,900	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	12,900.29		0.00
3/1/21	3/25/21	797	3136B1XP4	FNA 2018-M5 A2	3.56%	9/1/21	796.94		0.00
3/1/21	3/25/21	26	3137FKK39	FHMS KP05 A	3.20%	7/1/23	26.12		0.00

EMPLOYMENT RISK MANAGEMENT AUTHORITY

Portfolio Activity

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
3/1/21	3/25/21	240	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/1/22	239.70		0.00
3/1/21	3/25/21	181	3137FQ3V3	FHMS KJ27 A1	2.09%	7/1/24	180.96		0.00
3/15/21	3/15/21	11,550	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	11,550.13		0.00
3/15/21	3/15/21	12,445	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	12,444.75		0.00
3/15/21	3/15/21	4,042	89238BAD4	TAOT 2018-A A3	2.35%	5/16/22	4,042.22		0.00
Total PAYDOWNS		130,815					130,814.98		0.00
SELL									
3/19/21	3/23/21	200,000	22549L6F7	CREDIT SUISSE NEW YORK CERT DEPOS	0.52%	2/1/22	201,058.47		399.80
Total SELL		200,000					201,058.47		399.80

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
U.S. Treasury Bond / Note											
US TREASURY NOTES DTD 05/31/2016 1.375% 05/31/2021	912828R77	150,000.00	AA+	Aaa	3/15/2017	3/17/2017	146,103.52	2.02	691.28	149,847.79	150,328.13
US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	1,100,000.00	AA+	Aaa	6/27/2017	6/29/2017	1,111,988.28	1.73	1,913.04	1,101,195.68	1,108,937.50
US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	900,000.00	AA+	Aaa	7/6/2017	7/11/2017	905,449.22	1.85	1,565.22	900,547.81	907,312.50
US TREASURY NOTES DTD 09/02/2014 2.000% 08/31/2021	912828D72	410,000.00	AA+	Aaa	12/1/2016	12/5/2016	411,217.19	1.93	713.04	410,106.94	413,331.25
US TREASURY NOTES DTD 10/31/2016 1.250% 10/31/2021	912828T67	550,000.00	AA+	Aaa	8/30/2017	8/31/2017	541,320.31	1.64	2,886.74	548,785.30	553,867.16
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	600,000.00	AA+	Aaa	5/3/2018	5/7/2018	580,828.13	2.73	4,723.76	594,804.87	611,531.28
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	275,000.00	AA+	Aaa	1/3/2018	1/4/2018	271,508.79	2.18	2,165.06	274,127.75	280,285.17
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	525,000.00	AA+	Aaa	7/3/2018	7/6/2018	509,496.09	2.69	4,133.29	520,617.98	535,089.87
US TREASURY NOTES DTD 08/15/2012 1.625% 08/15/2022	912828TJ9	450,000.00	AA+	Aaa	9/5/2018	9/7/2018	431,121.09	2.76	909.01	443,422.58	459,281.25
US TREASURY NOTES DTD 05/31/2016 1.625% 05/31/2023	912828R69	100,000.00	AA+	Aaa	6/3/2019	6/7/2019	99,214.84	1.83	544.64	99,573.40	103,062.50
US TREASURY NOTES DTD 10/31/2016 1.625% 10/31/2023	912828T91	450,000.00	AA+	Aaa	10/2/2019	10/4/2019	452,583.98	1.48	3,070.44	451,637.56	465,890.63
US TREASURY NOTES DTD 10/31/2016 1.625% 10/31/2023	912828T91	325,000.00	AA+	Aaa	7/1/2019	7/3/2019	322,854.49	1.78	2,217.54	323,720.29	336,476.56
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	650,000.00	AA+	Aaa	1/2/2020	1/7/2020	659,572.27	1.66	3,267.96	656,939.31	682,906.25
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	950,000.00	AA+	Aaa	11/1/2019	11/6/2019	969,222.66	1.55	4,776.24	963,426.43	998,093.75
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	300,000.00	AA+	Aaa	2/3/2020	2/7/2020	308,144.53	1.36	1,508.29	306,018.33	315,187.50

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
U.S. Treasury Bond / Note											
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	350,000.00	AA+	Aaa	3/2/2020	3/6/2020	367,048.83	0.85	1,759.67	362,821.76	367,718.75
US TREASURY NOTES DTD 06/30/2017 2.000% 06/30/2024	912828XX3	1,200,000.00	AA+	Aaa	12/2/2019	12/5/2019	1,218,000.00	1.66	6,033.15	1,212,790.89	1,260,750.00
US TREASURY NOTES DTD 12/31/2019 1.750% 12/31/2024	912828YY0	325,000.00	AA+	Aaa	7/1/2020	7/6/2020	346,226.56	0.28	1,429.73	342,742.76	339,015.63
US TREASURY NOTES DTD 12/31/2019 1.750% 12/31/2024	912828YY0	175,000.00	AA+	Aaa	8/5/2020	8/7/2020	187,044.92	0.18	769.86	185,268.54	182,546.87
US TREASURY NOTES DTD 06/30/2020 0.250% 06/30/2025	912828ZW3	425,000.00	AA+	Aaa	3/1/2021	3/4/2021	419,006.84	0.58	267.09	419,113.12	416,367.19
Security Type Sub-Total		10,210,000.00					10,257,952.54	1.71	45,345.05	10,267,509.09	10,487,979.74
Supra-National Agency Bond / Note											
INTER-AMERICAN DEVELOPMENT BANK NOTE DTD 04/19/2018 2.625% 04/19/2021	4581X0DB1	150,000.00	AAA	Aaa	4/12/2018	4/19/2018	149,670.00	2.70	1,771.88	149,994.58	150,137.10
INTL BANK OF RECONSTRUCTION AND DEV NOTE DTD 07/25/2018 2.750% 07/23/2021	459058GH0	500,000.00	AAA	Aaa	7/18/2018	7/25/2018	498,830.00	2.83	2,597.22	499,879.15	503,956.50
INTER-AMERICAN DEVEL BK CORPORATE NOTES DTD 04/24/2020 0.500% 05/24/2023	4581X0DM7	125,000.00	AAA	Aaa	4/17/2020	4/24/2020	124,957.50	0.51	220.49	124,970.42	125,675.00
INTL BK RECON & DEVELOP CORPORATE NOTES DTD 11/24/2020 0.250% 11/24/2023	459058JM6	400,000.00	AAA	Aaa	11/17/2020	11/24/2020	399,140.00	0.32	352.78	399,240.53	398,989.60
Security Type Sub-Total		1,175,000.00					1,172,597.50	1.72	4,942.37	1,174,084.68	1,178,758.20
Municipal Bond / Note											

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Municipal Bond / Note											
CT ST TXBL GO BONDS DTD 06/11/2020 1.998% 07/01/2024	20772KJW0	50,000.00	A	Aa3	5/29/2020	6/11/2020	50,000.00	2.00	249.75	50,000.00	51,693.00
SAN JUAN USD, CA TXBL GO BONDS DTD 10/29/2020 0.702% 08/01/2024	798306WN2	125,000.00	NR	Aa2	10/16/2020	10/29/2020	125,000.00	0.70	146.25	125,000.00	123,891.25
CHAFFEY UHSD, CA TXBL GO BONDS DTD 12/05/2019 2.101% 08/01/2024	157411TK5	60,000.00	AA-	Aa1	11/6/2019	12/5/2019	60,000.00	2.10	210.10	60,000.00	62,465.40
NY ST URBAN DEV CORP TXBL REV BONDS DTD 12/23/2020 0.870% 03/15/2025	650036DT0	250,000.00	AA+	NR	12/16/2020	12/23/2020	250,000.00	0.87	96.67	250,000.00	249,197.50
UNIV OF CAL TXBL REV BONDS DTD 07/16/2020 0.883% 05/15/2025	91412HGE7	70,000.00	AA	Aa2	7/10/2020	7/16/2020	70,000.00	0.88	233.50	70,000.00	69,920.90
CT ST T/E GO BONDS DTD 06/25/2020 2.000% 06/01/2025	20772KKK4	70,000.00	A	Aa3	6/12/2020	6/25/2020	73,567.90	0.94	466.67	73,013.51	72,760.80
FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	65,000.00	AA	Aa3	9/3/2020	9/16/2020	65,430.95	1.12	204.42	65,382.41	65,507.65
FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	50,000.00	AA	Aa3	9/3/2020	9/16/2020	50,353.50	1.11	157.25	50,313.68	50,390.50
FL ST BOARD OF ADMIN TXBL REV BONDS DTD 09/16/2020 1.258% 07/01/2025	341271AD6	125,000.00	AA	Aa3	9/3/2020	9/16/2020	125,000.00	1.26	393.12	125,000.00	125,976.25
MN ST TXBL GO BONDS DTD 08/25/2020 0.630% 08/01/2025	60412AVJ9	80,000.00	AAA	Aa1	8/11/2020	8/25/2020	80,000.00	0.63	84.00	80,000.00	79,663.20
LOS ANGELES CCD, CA TXBL GO BONDS DTD 11/10/2020 0.773% 08/01/2025	54438CYK2	100,000.00	AA+	Aaa	10/30/2020	11/10/2020	100,000.00	0.77	128.83	100,000.00	98,836.00
Security Type Sub-Total		1,045,000.00					1,049,352.35	1.03	2,370.56	1,048,709.60	1,050,302.45

Federal Agency Collateralized Mortgage Obligation

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Federal Agency Collateralized Mortgage Obligation											
FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/01/2021	3136B1XP4	21,875.16	AA+	Aaa	4/11/2018	4/30/2018	22,310.29	2.93	64.90	21,929.73	21,875.16
FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/01/2022	3137BM6P6	129,250.81	AA+	Aaa	4/4/2018	4/9/2018	130,351.46	2.88	332.82	129,591.14	132,716.95
FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	17,051.54	AA+	Aaa	12/7/2018	12/17/2018	17,051.49	3.20	45.51	17,051.52	17,415.88
FHMS KJ27 A1 DTD 11/01/2019 2.092% 07/01/2024	3137FQ3V3	71,205.51	AA+	Aaa	11/20/2019	11/26/2019	71,203.77	2.09	124.13	71,204.28	72,755.47
FHMS K043 A2 DTD 03/01/2015 3.062% 12/01/2024	3137BGK24	175,000.00	AA+	Aaa	3/19/2020	3/25/2020	183,667.97	1.95	446.54	181,784.51	188,249.20
Security Type Sub-Total		414,383.02					424,584.98	2.36	1,013.90	421,561.18	433,012.66
Federal Agency Bond / Note											
FHLB GLOBAL NOTE DTD 07/14/2016 1.125% 07/14/2021	3130A8QS5	625,000.00	AA+	Aaa	7/14/2016	7/15/2016	621,199.38	1.25	1,503.91	624,783.42	626,948.13
FREDDIE MAC NOTES DTD 05/07/2020 0.375% 05/05/2023	3137EAER6	250,000.00	AA+	Aaa	5/5/2020	5/7/2020	249,895.00	0.39	380.21	249,926.61	250,933.00
FREDDIE MAC NOTES DTD 08/21/2020 0.250% 08/24/2023	3137EAEV7	750,000.00	AA+	Aaa	8/19/2020	8/21/2020	749,235.00	0.28	192.71	749,390.37	749,991.75
FREDDIE MAC NOTES DTD 09/04/2020 0.250% 09/08/2023	3137EAEW5	225,000.00	AA+	Aaa	9/2/2020	9/4/2020	225,041.09	0.24	35.94	225,033.28	224,888.40
FREDDIE MAC NOTES DTD 09/04/2020 0.250% 09/08/2023	3137EAEW5	300,000.00	AA+	Aaa	9/2/2020	9/4/2020	299,901.00	0.26	47.91	299,919.83	299,851.20
FREDDIE MAC NOTES DTD 10/16/2020 0.125% 10/16/2023	3137EAEY1	250,000.00	AA+	Aaa	10/14/2020	10/16/2020	249,067.50	0.25	143.23	249,209.72	249,016.50
FREDDIE MAC NOTES DTD 11/05/2020 0.250% 11/06/2023	3137EAEZ8	275,000.00	AA+	Aaa	11/3/2020	11/5/2020	274,752.50	0.28	278.82	274,785.70	274,712.35
FANNIE MAE NOTES DTD 11/25/2020 0.250% 11/27/2023	3135G06H1	250,000.00	AA+	Aaa	11/23/2020	11/25/2020	249,715.00	0.29	218.75	249,747.99	249,732.50

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Federal Agency Bond / Note											
FREDDIE MAC NOTES DTD 12/04/2020 0.250% 12/04/2023	3137EAF2	250,000.00	AA+	Aaa	12/2/2020	12/4/2020	249,752.50	0.28	203.13	249,779.17	249,730.75
FEDERAL HOME LOAN BANK NOTES DTD 04/16/2020 0.500% 04/14/2025	3130AJHU6	250,000.00	AA+	Aaa	4/15/2020	4/16/2020	248,760.00	0.60	579.86	248,997.94	248,215.25
FANNIE MAE NOTES DTD 04/24/2020 0.625% 04/22/2025	3135G03U5	250,000.00	AA+	Aaa	4/22/2020	4/24/2020	249,485.00	0.67	690.10	249,581.56	249,554.25
FREDDIE MAC NOTES DTD 07/23/2020 0.375% 07/21/2025	3137EAEU9	325,000.00	AA+	Aaa	7/21/2020	7/23/2020	323,381.50	0.48	236.98	323,605.11	319,442.83
FANNIE MAE NOTES DTD 08/27/2020 0.375% 08/25/2025	3135G05X7	275,000.00	AA+	Aaa	8/25/2020	8/27/2020	273,713.00	0.47	103.13	273,866.11	270,314.00
FEDERAL HOME LOAN BANK NOTES DTD 09/11/2020 0.375% 09/04/2025	3130AK5E2	115,000.00	AA+	Aaa	9/10/2020	9/11/2020	114,655.00	0.44	32.34	114,693.31	112,881.24
FREDDIE MAC NOTES DTD 09/25/2020 0.375% 09/23/2025	3137EAEX3	275,000.00	AA+	Aaa	9/23/2020	9/25/2020	274,172.25	0.44	22.92	274,257.57	270,112.98
FANNIE MAE NOTES DTD 11/12/2020 0.500% 11/07/2025	3135G06G3	275,000.00	AA+	Aaa	11/9/2020	11/12/2020	274,015.50	0.57	530.90	274,091.19	270,548.85
Security Type Sub-Total		4,940,000.00					4,926,741.22	0.49	5,200.84	4,931,668.88	4,916,873.98
Corporate Note											
AMERICAN EXPRESS CREDIT (CALLED, OMD 05/ DTD 05/05/2016 2.250% 04/05/2021	0258M0EB1	150,000.00	A-	A2	5/25/2016	5/31/2016	149,721.00	2.29	1,368.75	149,999.37	150,004.50
BANK OF NEW YORK MELLON (CALLED, OMD 05/ DTD 05/02/2016 2.050% 04/05/2021	06406FAB9	150,000.00	A	A1	5/17/2016	5/20/2016	150,319.50	2.00	1,264.17	150,000.72	150,000.00
PEPSICO INC CORP (CALLABLE) NOTE DTD 10/10/2017 2.000% 04/15/2021	713448DX3	165,000.00	A+	A1	10/5/2017	10/10/2017	164,967.00	2.01	1,521.67	164,999.64	165,083.82
BANK OF AMERICA CORP NOTE DTD 04/19/2016 2.625% 04/19/2021	06051GFW4	25,000.00	A-	A2	11/1/2017	11/3/2017	25,194.00	2.39	295.31	25,002.76	25,024.35

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Corporate Note											
HERSHEY COMPANY CORP NOTES DTD 05/10/2018 3.100% 05/15/2021	427866BA5	100,000.00	A	A1	5/3/2018	5/10/2018	99,931.00	3.12	1,171.11	99,997.24	100,323.00
STATE STREET CORP NOTES DTD 05/19/2016 1.950% 05/19/2021	857477AV5	70,000.00	A	A1	5/19/2016	5/24/2016	69,735.40	2.03	500.50	69,993.03	70,135.45
CHARLES SCHWAB (CALLABLE) CORP NOTES DTD 05/22/2018 3.250% 05/21/2021	808513AW5	160,000.00	A	A2	5/17/2018	5/22/2018	159,995.20	3.25	1,877.78	159,999.78	160,336.00
JOHN DEERE CAPITAL CORP NOTES DTD 01/06/2017 2.650% 01/06/2022	24422ETL3	225,000.00	A	A2	3/10/2017	3/15/2017	224,007.75	2.75	1,407.81	224,841.96	228,854.03
PACCAR FINANCIAL CORP NOTE DTD 03/01/2019 2.850% 03/01/2022	69371RP75	50,000.00	A+	A1	2/22/2019	3/1/2019	49,956.00	2.88	118.75	49,986.59	51,183.85
BANK OF AMERICA CORP NOTES DTD 05/17/2018 3.499% 05/17/2022	06051GHH5	50,000.00	A-	A2	5/14/2018	5/17/2018	50,000.00	3.50	651.20	50,000.00	50,168.90
JPMORGAN CHASE & CO BONDS DTD 03/22/2019 3.207% 04/01/2023	46647PBB1	250,000.00	A-	A2	3/15/2019	3/22/2019	250,000.00	3.21	4,008.75	250,000.00	256,581.25
CATERPILLAR FINL SERVICE CORPORATE NOTES DTD 07/08/2020 0.650% 07/07/2023	14913R2D8	200,000.00	A	A3	7/6/2020	7/8/2020	199,888.00	0.67	303.33	199,915.33	200,580.00
PNC BANK NA CORP NOTES DTD 01/23/2019 3.500% 01/23/2024	693475AV7	250,000.00	A-	A3	2/12/2019	2/15/2019	251,780.00	3.34	1,652.78	251,013.90	269,730.00
CHARLES SCHWAB CORP NOTES (CALLABLE) DTD 03/18/2021 0.750% 03/18/2024	808513BN4	85,000.00	A	A2	3/16/2021	3/18/2021	84,957.50	0.77	23.02	84,958.04	85,421.77
MORGAN STANLEY CORP NOTES DTD 04/28/2014 3.875% 04/29/2024	61746BDQ6	250,000.00	BBB+	A1	7/19/2019	7/23/2019	264,322.50	2.59	4,090.28	259,241.38	272,183.50
AMERICAN HONDA FINANCE CORP NOTE DTD 06/27/2019 2.400% 06/27/2024	02665WCZ2	250,000.00	A-	A3	7/11/2019	7/15/2019	248,760.00	2.51	1,566.67	249,189.10	262,118.75
GOLDMAN SACHS GROUP INC BONDS DTD 07/08/2014 3.850% 07/08/2024	38141EC23	250,000.00	BBB+	A2	7/8/2019	7/11/2019	261,645.00	2.84	2,219.10	257,622.88	271,119.00

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Corporate Note											
BB&T CORPORATION CORP BONDS DTD 07/29/2019 2.500% 08/01/2024	05531FBH5	250,000.00	A-	A3	8/1/2019	8/5/2019	250,415.00	2.46	1,041.67	250,277.27	263,258.00
WALT DISNEY COMPANY/THE DTD 09/06/2019 1.750% 08/30/2024	254687FK7	250,000.00	BBB+	A2	9/3/2019	9/6/2019	248,980.00	1.84	401.04	249,301.13	258,085.00
BANK OF NY MELLON CORP DTD 10/24/2019 2.100% 10/24/2024	06406RAL1	100,000.00	A	A1	1/21/2020	1/28/2020	100,440.00	2.00	915.83	100,330.95	105,289.60
TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	50,000.00	A+	A1	5/20/2020	5/26/2020	50,488.50	1.58	120.00	50,400.66	51,259.30
TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	125,000.00	A+	A1	5/20/2020	5/26/2020	126,221.25	1.58	300.00	126,001.65	128,148.25
TOYOTA MOTOR CREDIT CORP CORP NOTES DTD 02/13/2020 1.800% 02/13/2025	89236TGT6	25,000.00	A+	A1	5/21/2020	5/26/2020	25,348.00	1.49	60.00	25,285.42	25,629.65
APPLE INC (CALLABLE) CORP NOTES DTD 05/11/2020 1.125% 05/11/2025	037833DT4	450,000.00	AA+	Aa1	5/11/2020	5/13/2020	450,904.50	1.08	1,968.75	450,741.65	452,891.70
Security Type Sub-Total		3,930,000.00					3,957,977.10	2.26	28,848.27	3,949,100.45	4,053,409.67
Certificate of Deposit											
ROYAL BANK OF CANADA NY CD DTD 06/08/2018 3.240% 06/07/2021	78012UEE1	425,000.00	A-1+	P-1	6/7/2018	6/8/2018	425,000.00	3.24	4,360.50	425,000.00	427,483.70
MUFG BANK LTD/NY CERT DEPOS DTD 02/28/2019 2.980% 02/25/2022	55379WZU3	250,000.00	A-1	P-1	2/27/2019	2/28/2019	250,000.00	2.96	703.61	250,000.00	256,405.25
SUMITOMO MITSUI BANK NY CERT DEPOS DTD 07/14/2020 0.700% 07/08/2022	86565CKU2	250,000.00	A	A1	7/10/2020	7/14/2020	250,000.00	0.70	403.47	250,000.00	251,394.25
SKANDINAV ENSKILDA BANK LT CD DTD 09/03/2019 1.860% 08/26/2022	83050PDR7	250,000.00	A+	Aa2	8/29/2019	9/3/2019	250,000.00	1.85	439.17	250,000.00	255,831.75

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Certificate of Deposit											
NORDEA BANK ABP NEW YORK CERT DEPOS DTD 08/29/2019 1.850% 08/26/2022	65558TLL7	250,000.00	AA-	Aa3	8/27/2019	8/29/2019	250,000.00	1.84	436.81	250,000.00	255,796.75
DNB BANK ASA/NY LT CD DTD 12/06/2019 2.040% 12/02/2022	23341VZT1	250,000.00	AA-	Aa2	12/4/2019	12/6/2019	250,000.00	2.03	1,700.00	250,000.00	257,489.25
CREDIT SUISSE NEW YORK CERT DEPOS DTD 03/23/2021 0.590% 03/17/2023	22552G3C2	200,000.00	A+	Aa3	3/19/2021	3/23/2021	200,000.00	0.59	29.50	200,000.00	199,967.80
Security Type Sub-Total		1,875,000.00					1,875,000.00	2.05	8,073.06	1,875,000.00	1,904,368.75
Asset-Backed Security											
TAOT 2018-A A3 DTD 01/31/2018 2.350% 05/16/2022	89238BAD4	11,412.91	AAA	Aaa	1/23/2018	1/31/2018	11,412.78	2.35	11.92	11,412.88	11,433.28
HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	116,199.19	AAA	Aaa	11/20/2018	11/28/2018	116,181.82	3.16	163.20	116,191.66	117,782.73
NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	145,714.78	AAA	Aaa	12/4/2018	12/12/2018	145,686.85	3.22	208.53	145,701.12	147,944.46
VZOT 2020-A A1A DTD 01/29/2020 1.850% 07/22/2024	92348TAA2	125,000.00	AAA	Aaa	1/21/2020	1/29/2020	124,985.36	1.85	70.66	124,989.19	127,453.75
COMET 2019-A2 A2 DTD 09/05/2019 1.720% 08/15/2024	14041NFU0	500,000.00	AAA	NR	8/28/2019	9/5/2019	499,874.10	1.73	382.22	499,914.11	509,854.50
HAROT 2020-3 A3 DTD 09/29/2020 0.370% 10/18/2024	43813KAC6	115,000.00	AAA	NR	9/22/2020	9/29/2020	114,983.11	0.37	15.37	114,985.21	114,984.29
GMALT 2020-3 A4 DTD 09/29/2020 0.510% 10/21/2024	362569AD7	65,000.00	AAA	Aaa	9/22/2020	9/29/2020	64,990.90	0.51	10.13	64,992.03	65,194.47
BMWOT 2020-A A3 DTD 07/15/2020 0.480% 10/25/2024	09661RAD3	90,000.00	AAA	NR	7/8/2020	7/15/2020	89,993.21	0.48	7.20	89,994.34	90,199.45
CARMX 2020-3 A3 DTD 07/22/2020 0.620% 03/17/2025	14315FAD9	130,000.00	AAA	NR	7/14/2020	7/22/2020	129,977.72	0.62	35.82	129,981.04	130,525.38

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Asset-Backed Security											
GMCAR 2020-3 A3 DTD 08/19/2020 0.450% 04/16/2025	362590AC5	150,000.00	NR	Aaa	8/11/2020	8/19/2020	149,965.68	0.46	28.13	149,970.22	150,294.03
VWALT 2020-A A4 DTD 12/03/2020 0.450% 07/21/2025	92868VAD1	150,000.00	AAA	NR	11/24/2020	12/3/2020	149,968.98	0.45	20.63	149,971.16	149,941.94
CARMX 2020-4 A3 DTD 10/21/2020 0.500% 08/15/2025	14316HAC6	85,000.00	AAA	NR	10/14/2020	10/21/2020	84,981.29	0.50	18.89	84,983.01	85,094.76
Security Type Sub-Total		1,683,326.88					1,683,001.80	1.40	972.70	1,683,085.97	1,700,703.04
Managed Account Sub Total		25,272,709.90					25,347,207.49	1.55	96,766.75	25,350,719.85	25,725,408.49
Money Market Mutual Fund											
CAMP Pool		418,578.40	AAAm	NR			418,578.40		0.00	418,578.40	418,578.40
Money Market Sub Total		418,578.40					418,578.40		0.00	418,578.40	418,578.40
Securities Sub-Total		\$25,691,288.30					\$25,765,785.89	1.55%	\$96,766.75	\$25,769,298.25	\$26,143,986.89
Accrued Interest											\$96,766.75
Total Investments											\$26,240,753.64

Bolded items are forward settling trades.

Appendix

IMPORTANT DISCLOSURES

This material is based on information obtained from sources generally believed to be reliable and available to the public; however, PFM Asset Management LLC cannot guarantee its accuracy, completeness or suitability. This material is for general information purposes only and is not intended to provide specific advice or a specific recommendation. All statements as to what will or may happen under certain circumstances are based on assumptions, some, but not all of which, are noted in the presentation. Assumptions may or may not be proven correct as actual events occur, and results may depend on events outside of your or our control. Changes in assumptions may have a material effect on results. Past performance does not necessarily reflect and is not a guaranty of future results. The information contained in this presentation is not an offer to purchase or sell any securities.

- Market values that include accrued interest are derived from closing bid prices as of the last business day of the month as supplied by Refinitiv, Bloomberg, or Telerate. Where prices are not available from generally recognized sources, the securities are priced using a yield based matrix system to arrive at an estimated market value.
- In accordance with generally accepted accounting principles, information is presented on a trade date basis; forward settling purchases are included in the monthly balances, and forward settling sales are excluded.
- Performance is presented in accordance with the CFA Institute's Global Investment Performance Standards (GIPS). Unless otherwise noted, performance is shown gross of fees. Quarterly returns are presented on an unannualized basis. Returns for periods greater than one year are presented on an annualized basis. Past performance is not indicative of future returns.
- Bank of America/Merrill Lynch Indices provided by Bloomberg Financial Markets.
- Money market fund/cash balances are included in performance and duration computations.
- Standard & Poor's is the source of the credit ratings. Distribution of credit rating is exclusive of money market fund/LGIP holdings.
- Callable securities in the portfolio are included in the maturity distribution analysis to their stated maturity date, although, they may be called prior to maturity.
- MBS maturities are represented by expected average life.

GLOSSARY

- **ACCRUED INTEREST:** Interest that is due on a bond or other fixed income security since the last interest payment was made.
- **AGENCIES:** Federal agency securities and/or Government-sponsored enterprises.
- **AMORTIZED COST:** The original cost of the principal of the security is adjusted for the amount of the periodic reduction of any discount or premium from the purchase date until the date of the report. Discount or premium with respect to short-term securities (those with less than one year to maturity at time of issuance) is amortized on a straight line basis. Such discount or premium with respect to longer-term securities is amortized using the constant yield basis.
- **BANKERS' ACCEPTANCE:** A draft or bill of exchange accepted by a bank or trust company. The accepting institution guarantees payment of the bill as well as the insurer.
- **COMMERCIAL PAPER:** An unsecured obligation issued by a corporation or bank to finance its short-term credit needs, such as accounts receivable and inventory.
- **CONTRIBUTION TO DURATION:** Represents each sector or maturity range's relative contribution to the overall duration of the portfolio measured as a percentage weighting. Since duration is a key measure of interest rate sensitivity, the contribution to duration measures the relative amount or contribution of that sector or maturity range to the total rate sensitivity of the portfolio.
- **EFFECTIVE DURATION:** A measure of the sensitivity of a security's price to a change in interest rates, stated in years.
- **EFFECTIVE YIELD:** The total yield an investor receives in relation to the nominal yield or coupon of a bond. Effective yield takes into account the power of compounding on investment returns, while nominal yield does not.
- **FDIC:** Federal Deposit Insurance Corporation. A federal agency that insures bank deposits to a specified amount.
- **INTEREST RATE:** Interest per year divided by principal amount and expressed as a percentage.
- **MARKET VALUE:** The value that would be received or paid for an investment in an orderly transaction between market participants at the measurement date.
- **MATURITY:** The date upon which the principal or stated value of an investment becomes due and payable.
- **NEGOTIABLE CERTIFICATES OF DEPOSIT:** A CD with a very large denomination, usually \$1 million or more, that can be traded in secondary markets.
- **PAR VALUE:** The nominal dollar face amount of a security.
- **PASS THROUGH SECURITY:** A security representing pooled debt obligations that passes income from debtors to its shareholders. The most common type is the mortgage-backed security.

GLOSSARY

- **REPURCHASE AGREEMENTS:** A holder of securities sells these securities to an investor with an agreement to repurchase them at a fixed price on a fixed date.
- **SETTLE DATE:** The date on which the transaction is settled and monies/securities are exchanged. If the settle date of the transaction (i.e., coupon payments and maturity proceeds) occurs on a non-business day, the funds are exchanged on the next business day.
- **TRADE DATE:** The date on which the transaction occurred; however, the final consummation of the security transaction and payment has not yet taken place.
- **UNSETTLED TRADE:** A trade which has been executed; however, the final consummation of the security transaction and payment has not yet taken place.
- **U.S. TREASURY:** The department of the U.S. government that issues Treasury securities.
- **YIELD:** The rate of return based on the current market value, the annual interest receipts, maturity value, and the time period remaining until maturity, stated as a percentage on an annualized basis.
- **YTM AT COST:** The yield to maturity at cost is the expected rate of return based on the original cost, the annual interest receipts, maturity value, and the time period from purchase date to maturity, stated as a percentage on an annualized basis.
- **YTM AT MARKET:** The yield to maturity at market is the rate of return based on the current market value, the annual interest receipts, maturity value, and the time period remaining until maturity, stated as a percentage on an annualized basis.

CONFLICT OF INTEREST CODE FOR THE EMPLOYMENT RISK MANAGEMENT AUTHORITY

The Political Reform Act, Government Code Sections 81000 et seq., requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation, 2 Cal. Code of Regs., Section 18730, which contains the terms of a standard Conflict of Interest Code, which can be incorporated by reference and which may be amended by the Fair Political Practices Commission to conform to amendments to the Political Reform Act after public notice and hearings. Therefore, the terms of 2 Cal. Code of Regs., Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission, along with the attached Appendix in which officials and employees are designated and disclosure categories are set forth, are hereby incorporated by reference and constitute the Conflict of Interest Code of the **Employment Risk Management Authority** (Authority).

Individuals holding designated positions shall file their statements of economic interests with the Authority, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the Authority.

CONFLICT OF INTEREST CODE FOR THE
EMPLOYMENT RISK MANAGEMENT AUTHORITY

APPENDIX A

DESIGNATED EMPLOYEES	DISCLOSURE CATEGORIES
Executive Committee	All
Administrator	All
Board Secretary	All
Litigation Manager	All
General Counsel	All
Insurance Broker	All
Consultants & New Positions	*

*Consultants/new positions shall be included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The Administrator, or the President in the absence of the Administrator, may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Administrator determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code (Gov. Code Sec. 81008).

The following positions are not covered by the code because the positions manage public investments. Individuals holding such positions must file under Government Code Section 87200 and are listed for informational purposes only. Section 87200 requires disclosure of all investments and business positions in business entities, all income, including gifts, loans and travel payments, and real property.

Members of the Board
Alternate Members of the Board

DISCLOSURE CATEGORIES

1. Investments and business positions in business entities, and sources of income, of the type to contract with ERMA to supply materials, commodities, supplies, books, machinery, vehicles or equipment utilized by the agency.
2. Investments and business positions in business entities, and sources of income, which are contractors, or subcontractors, engaged in the performance of work or services of the type utilized by ERMA, including but not limited to, insurance companies, carriers, holding companies, underwriters, agents or accounting firms.
3. Investments and business positions in business entities, and sources of income, which have filed claims, or have claims pending against ERMA.
4. Investments and business positions in business entities, and sources of income, from banks or savings and loans.
5. Investments and business positions in, and income from, entities in which ERMA is empowered to invest its funds.

This is the last page of the conflict of interest code for the **Employment Risk Management Authority**.



CERTIFICATION OF FPPC APPROVAL

Pursuant to Government Code Section 87303, the conflict of interest code for the **Employment Risk Management Authority** was approved on 5/12/ 2021. This code will become effective on 6/1/ 2021.

A handwritten signature in black ink, appearing to read 'John M. Feser, Jr.', written over a horizontal line.

John M. Feser, Jr.

Senior Commission Counsel

Fair Political Practices Commission

EMPLOYMENT RISK MANAGEMENT AUTHORITY

(ERMA)

MEMORANDUM OF COVERAGE

FOR THE 2020/21 PROGRAM YEAR

EFFECTIVE JANUARY 1, 2021

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MEMORANDUM OF COVERAGE FOR THE EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

In consideration of the payment of the deposit premium, the *Authority* agrees with the *Members* as follows:

SECTION I - COVERAGE

The *Authority* will pay *Ultimate Net Loss*, less the *Retained Limit*, up to the *Limit of Coverage* on behalf of the *Covered Party* due to a *Claim* against the *Covered Party* because of a *Wrongful Employment Practice* to which this Memorandum applies, caused by an *Occurrence*, except as otherwise excluded.

This Memorandum of Coverage does not provide insurance, but instead provides for pooled risk sharing. This Memorandum is a negotiated agreement amongst the *Covered Parties* of the *Authority* and none of the parties to the Memorandum is entitled to rely on any contract interpretation principles which require interpretation of ambiguous language against the drafter of such Memorandum. This Memorandum shall be applied according to the principles of contract law, giving full effect to the intent of the *Covered Parties* of the *Authority*, acting through the Board of Directors in adopting this Memorandum of Coverage. Since the *Authority* is not an insurer, it has no obligation to issue reservation of rights letters, and failure to provide notice to a *Covered Party* of any coverage issue or dispute shall not operate to waive any of the provisions of this Memorandum. Since this Memorandum does not provide insurance, neither the *Authority* nor any *Covered Parties* shall be liable for or subject to any legal action or proceeding as to any claim alleging breach of the implied covenant of good faith and fair dealing with respect to any dispute between the *Authority* and any *Covered Parties* that may arise under this Memorandum.

SECTION II - DEFINITIONS

- 1 *“Authority”* means the Employment Risk Management Authority.
- 2 *“Claim”* means oral or written notice to the *Covered Party* that an *Employee* alleges a *Wrongful Employment Practice*.

Claim does not include a *Union Grievance*, or any type of criminal proceeding, or any claim arising under the FLSA or any California Wage Orders or any similar federal or state law. *Claim* does not include a dispute arising out of a contract for employment between the *Covered Party* and any individual or *Employee*, including but not limited to any dispute regarding the validity or enforceability of such contract.

Claim does not include an internal administrative or disciplinary proceeding pursuant to the terms and conditions of employment.

A *Claim* shall be deemed to be made on the earliest date such notice is received by a *Covered Party*.

3 "Coverage Period" means that term prescribed for coverage by the *Authority* as set forth in the
Declarations page.

4 "Covered Party" means:

- (A) The *Member* and any additional entities named in the Declarations page.
- (B) Any person who is an *Employee* of a *Covered Party* identified in Section (A) herein, whether or not compensated, while acting in an official capacity for or on behalf of such *Covered Party*, including while acting on any outside board at the direction of such *Covered Party*.

Covered Party shall not include any person, whether or not compensated, who is not acting in the course and scope of his or her employment or whose conduct, as a matter of law, is not within the course and scope of his or her employment by the *Covered Party* at the time of the act or acts alleged in a *Claim*.

- (C) All entities named in Endorsement #2, and any officer, director or employee thereof while acting in an official capacity for or on behalf of such entity and in the course and scope of his or her duties. Except for those expressly identified in Endorsement #2, no other person, organization, or entity shall be deemed to be a "Covered Party" under Endorsement #2.

Notwithstanding sections (B) and (C) above, the defense and indemnity coverage afforded by this Memorandum to a past or present *Employee* of a *Covered Party* is not broader than the *Covered Party's* duty to defend and indemnify its *Employee*, pursuant to California Government Code Section 815, 815.3, 825 to 825.6, 995 to 996.6, inclusive, and any amendments thereof. If the *Covered Party* which employs the *Employee* is not obligated under the California Government Code to provide a defense or to provide indemnity for a *Claim*, or if said *Covered Party* refuses to provide such defense and/or indemnity to said *Employee*, then this Memorandum shall not provide any such defense or indemnity coverage to said *Employee*. All immunities, defenses, rights, and privileges afforded to a *Covered Party* under California Government Code Section 815, 815.3, 825 to 825.6, 995 to 996.6, inclusive, and any amendments thereof, shall be afforded to the *Authority* to bar any defense or indemnity coverage under this Memorandum to that *Covered Party's Employee*.

5 "Damages" means compensation in money which a *Covered Party* is legally obligated to pay as a result of a *Claim*. *Damages* include: (1) attorney fees not based on contract, awarded against the *Covered Party*, (2) interest on judgments, or (3) costs for which the *Covered Party* is liable either by adjudication, or by compromise with the written consent of the *Authority*, if the fees, interest, or costs arise from an *Occurrence* to which this coverage applies.

Damages with respect to *Wrongful Employment Practice* shall not include those sums owed by a *Covered Party* as contract damages, prospective salary, wages, or benefits, any salary, wage or benefits resulting from an order that a *Covered Party* hire an applicant or from promotion or reinstatement, or any damages owing under an express contract of employment or an express obligation to make severance payments in the event of termination of employment.

Damages with respect to *Wrongful Employment Practice* also shall not include amounts awarded under a labor grievance or arbitration pursuant to a collective bargaining agreement, nor sums paid pursuant to any judgment or agreement, whether injunctive or otherwise, to undertake actions to correct past discriminatory or unlawful conduct or to establish practices or procedures designed to eliminate or prevent future discriminatory or other unlawful conduct, or any non-monetary relief.

- 6 *“Defense Costs”* means all fees and expenses incurred by any *Covered Party*, caused by and relating to the adjustment, investigation, defense, or litigation of a *Claim* to which this coverage applies, including attorney’s fees, court costs, interest on judgments accruing after entry of judgment, and the time and travel expenses of the Litigation Manager for attendance at trials, mediations, arbitrations and settlement conferences. *Defense Costs* shall not include attorney fees or costs awarded to a prevailing plaintiff against the *Covered Party*.

Defense Costs shall not include the office expenses, salaries of *Employees*, or expenses of the *Covered Party* or the *Authority*. *Defense Costs* shall not include investigation costs incurred by investigators or adjusting expenses that were not approved by ERMA prior to the costs being incurred. *Defense Costs* are included within, and are not in addition to, the applicable *Limit of Coverage*.

Defense Costs shall not include any fee or expense relating to coverage issues or disputes between the *Authority* and any *Covered Party*.

- 7 *“Discrimination”* means termination of the employment relationship, a demotion, a failure or refusal to hire or promote, denial of an employment benefit, or the taking of any adverse or differential employment action because of race, color, creed, religion, age, sex, disability, pregnancy, sexual orientation, national origin, AIDS, or other protected category or characteristic established pursuant to any applicable federal, state, or local statute or ordinance.

- 8 *“Employee”* means any person whose labor or services is engaged and directed by a *Covered Party*, whether past, present or future, including a volunteer, official, or applicant for employment. This includes part-time, seasonal, and temporary labor or services, as well as any person employed in a supervisory, managerial, or confidential position. *Employee* shall not include leased employees, independent contractors or subcontractors, agents, or servants of any *Covered Party*, unless the *Covered Party* has the right to and does control and direct the details of their work rather than the result of that work. *Employee* also shall not include the spouse, child, unborn fetus, parent, brother, or sister of the *Employee*. *Employee* shall not include any person performing labor or services, either voluntarily or involuntarily, while incarcerated in any state or local correctional or penal institution or facility of any nature, or who performs labor or services, either voluntarily or involuntarily, as a condition of or in satisfaction of any penal sentence.

The exclusion of independent contractors or subcontractors from the definition of *Employee* shall not apply to a *Claim* for harassment specifically authorized under Cal. Gov. Code 12940 (j)(1) and (5).

9 “Harassment” means:

- (A) Unwelcome sexual advances, requests for sexual favors, or other verbal, visual or physical conduct of a sexual nature, including those which:
 - (1) are made a condition of employment with the *Covered Party*;
 - (2) are used as a basis for employment decisions by the *Covered Party*; or
 - (3) create a work environment that interferes with performance or creates an intimidating, hostile or offensive working environment; or
- (B) Workplace conduct (i.e. *Harassment* of a non-sexual nature) committed in violation of law or because of any protected category or characteristic which creates a work environment that interferes with performance, or creates an intimidating, hostile, or offensive working environment.

10 “Limit of Coverage” shall be the amount of coverage stated in the Declarations Page, or sublimits as stated therein for each *Covered Party* per *Occurrence*, subject to any lower sublimit stated in this Memorandum. The *Limit of Coverage* shall include the *Covered Party’s Retained Limit*. For each *Occurrence*, there shall be only one *Limit of Coverage* regardless of the number of claimants or *Covered Parties* against whom a *Claim* is made, or the number of *Coverage Periods* through which the *Occurrence* continues. In the event that a structured settlement, whether purchased from or through a third-party, or paid directly by the *Covered Party* in installments, is utilized in the resolution of a *Claim* or suit, the *Authority* will pay only up to the amount stated in the Declarations in present value of the *Claim*, as determined on the date of settlement, regardless of whether the full value of the settlement exceeds the amount stated in the Declarations.

11 “Member” means a governmental entity, including any commissions, agencies, districts, authorities, boards, or other similar government entity under the direct control of the governmental entity, that is eligible to participate in a joint powers authority. A *Member* is one who has been accepted into ERMA and, is a Named *Covered Party* in the Memorandum of Coverage and Endorsements thereto.

12 “Occurrence” means act or omission or series of related acts or omissions by a *Covered Party* during the Coverage Period which results in a *Claim* for a *Wrongful Employment Practice*. All acts or omissions alleged by the same *Employee* in the same *Claim* shall be deemed to constitute one *Occurrence* that took place on the date of the first alleged act or omission.

Regardless of the number of *Covered Parties*, all *Claims* by all *Employees* arising from the same act or omission or series of related acts or omissions shall be deemed to be one *Occurrence* for the purpose of the Limit of Coverage, and that *Occurrence* shall be deemed to have taken place on the date of the first such act or omission alleged by the *Employee* or *Employees*.

13 “Retained Limit” means the amount of *Ultimate Net Loss*, identified in the applicable Declaration, which the *Covered Party* becomes liable to pay before the *Authority* is obligated to make payment.

For each *Occurrence*, there shall be only one *Retained Limit* regardless of the number of claimants or *Covered Parties* against whom a *Claim* is made, or *Coverage Periods* during which the *Occurrence* continues.

- 14. *“Retaliation”* means retaliatory treatment against an *Employee* of the *Covered Party* on account of such *Employee’s* exercise or attempted exercise of his or her rights under the law.
- 15. *“Ultimate Net Loss”* means the total of all *Defense Costs* incurred by the *Covered Parties* and all *Damages* for which the *Covered Parties* are liable either by adjudication or by compromise with the written consent of the *Authority*, arising from an *Occurrence* to which this coverage applies.
- 16. *“Union Grievance”* is limited to labor negotiations with respect to wages or working conditions, union organizing efforts, or unfair labor practice charges within the jurisdiction of the National Labor Relations Board or the Public Employment Relations Board.
- 17. *“Workplace Tort”* means any of the following acts alleged to have been committed in violation of law or because of any protected category or characteristic:
 - (A) Actual or 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;
 - (B) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity;
 - (C) Allegations of misrepresentation or defamation made by an *Employee* which arise from an employment decision to hire, fire, promote or demote;
 - (D) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an *Employee* which arise from an employment decision to hire, fire, promote or demote;
 - (E) Allegations of false imprisonment, detention, or malicious prosecution made by an *Employee* which arise from an employment decision to hire, fire, promote or demote;
 - (F) Allegations of libel, slander, defamation of character, invasion of privacy made by an *Employee* which arise from an employment decision to hire, fire, promote or demote; or
 - (G) Other allegations made by an *Employee* which arise from an employment decision to hire, fire, promote or demote.

Workplace Torts do not include *Damages* determined to be owing under a written contract of employment or obligation to make payments, including but not limited to severance payments, in the event of the termination of employment.

Workplace Torts shall not include any allegations other than those set forth above.

- 8 *“Wrongful Employment Practice”* means any actual or alleged *Wrongful Termination, Discrimination, Harassment, Retaliation, or Workplace Tort*.
- 9 *“Wrongful Termination”* means termination of an employment relationship in a manner which is alleged to have been committed in violation of law or because of any protected category or characteristic or in breach of an implied agreement to continue employment.

Wrongful Termination shall not include *Damages* determined to be owing under an express contract of employment or an express obligation to make payments in the event of the termination of employment.

SECTION III - DEFENSE AND SETTLEMENT

The *Authority* shall have no duty to assume charge of investigation or defense of any *Claim*. However, the *Authority* shall have the right to assume the control of the negotiation, investigation, defense, appeal, or settlement of any *Claim* the *Authority* determines, in its sole discretion, to have reasonable probability of resulting in an *Ultimate Net Loss* in excess of the applicable *Retained Limit*. The *Covered Parties* shall fully cooperate in all matters pertaining to such *Claim* or proceeding. Such cooperation shall include, but not be limited to, executing all documents necessary to effectuate a settlement. If the *Covered Party’s* lack of cooperation prevents settlement of the claim for a reasonable amount, defined as the amount the *Authority* is willing to pay and the claimant is willing to accept, and increases the potential liability for *Damages* and continued *Defense Costs*, the *Covered Party* shall pay or shall reimburse the *Authority* for those *Defense Costs* incurred after the claim could have been settled, and for any *Damages* awarded or settlement agreed upon in excess of the amount for which the claim could have been settled, or, in the alternative, the *Authority* shall have the right to tender the claim back to the *Covered Party* and coverage shall cease.

If the *Authority* assumes the control of the handling of a *Claim*, the *Covered Parties* shall be obligated to pay at the discretion of the *Authority* any sum necessary for the defense and settlement of a *Claim*, or to satisfy liability imposed by law, up to the applicable *Retained Limit*.

No *Claim* shall be settled for an amount in excess of the *Retained Limit* without the prior written consent of the *Authority*, and the *Authority* shall not be required to contribute to any settlement to which it has not consented.

SECTION IV - ERMA'S LIMIT OF COVERAGE

Regardless of the number of (1) *Covered Parties* under this Memorandum, (2) persons or organizations who sustain injury or damage, (3) *Claims* made or suits brought, or (4) *Coverage Periods* involved, the *Authority’s* liability is limited as follows:

With respect to coverage provided, the *Authority’s* liability for any one *Occurrence* shall be limited to the *Ultimate Net Loss* which is in excess of the *Covered Party’s Retained Limit*, but then only up to the sum set forth in the Declarations as the *Authority’s Limit of Coverage* for any one *Occurrence*. In the event that a structured settlement, whether purchased from or through a third party, or paid directly by the *Covered Party* in

installments, is utilized in the resolution of a *Claim* or suit, the *Authority* will pay only up to the amount stated in the Declarations in present value of the *Claim*, as determined on the date of settlement, regardless of whether the full value of the settlement exceeds the amount stated in the Declarations.

Nothing contained herein shall operate to increase the *Authority's Limit of Coverage* under this Memorandum.

SECTION V - COVERAGE PERIOD AND TERRITORY

This Memorandum applies to *Wrongful Employment Practice* that occurs anywhere in the world during the *Coverage Period* identified in the applicable Declaration.

SECTION VI - EXCLUSIONS

This Memorandum does not cover:

1. **Bodily Injury.** We do not cover *Claims*:
 - (A) for bodily injury, sickness, disease or death of any person; or
 - (B) brought by the person's domestic partner, spouse, child, parent, brother or sister as a result of such bodily injury, sickness, disease or death.

This does not apply to *Claims* for emotional distress, mental anguish or humiliation that arise from a *Wrongful Employment Practice*.
2. **Compliance with ADA Requirements.** We do not cover any costs or expenses incurred to make premises accessible to persons with disabilities as required by:
 - (A) the Americans with Disabilities Act of 1990;
 - (B) any similar federal, state or local law;
 - (C) any amendments to such laws; or
 - (D) any regulations promulgated under any such laws.
3. **Contractual Liability.** We do not cover the liability of others assumed by the *Covered Party* in a contract or agreement. This does not apply to liability that the *Covered Party* would have had in the absence of the contract or agreement.
4. **ERISA, COBRA WARN Act, and FLSA Liability.** We do not cover any liability imposed on the *Covered Party* under:

- (A) the Employee Retirement Income Security Act of 1974;
- (B) the Comprehensive Omnibus Budget Reconciliation Act;
- (C) the Worker Adjustment and Retraining Notification Act;
- (D) the Fair Labor Standards Act, including but not limited to any wage and hour or other claim arising under the FLSA or any California Wage Orders or any similar federal or state law;
- (E) any similar federal, state or local laws;
- (F) any amendments to such laws; or
- (G) any regulations promulgated under any such laws.

5. **Fines, Multiplied Damages, or Non-Monetary Relief.** We do not cover:

- (A) fines, taxes, penalties, or liquidated Damages;
- (B) the multiplied portion of any Damage award that is subject to a multiplier;
- (C) non-monetary relief; or
- (D) any punitive damages or other uninsurable amounts.

6. **Intentional Conduct Done with Willful and Conscious Disregard.** We do not cover *Claims* for injury or *Damages* caused by intentional conduct done by the *Covered Party* with willful and conscious disregard of the rights or safety of others, or with malice. However, where the *Covered Party* did not authorize, ratify, participate in, consent to, or have knowledge of such conduct by its *Employee*, and the *Claim* against the *Covered Party* is based solely on its vicarious liability arising from its relationship with such *Employee*, this exclusion does not apply to said *Covered Party*.

7. **Intentional Violations of Laws and Orders.** We do not cover *Claims* that arise out of a *Covered Party's* intentional failure to comply with, or reckless disregard of, any law, order or regulation relating to employment practices.

8. **Prior Wrongful Employment Practices.** We do not cover liability arising out of any *Claim*, fact, circumstance, situation, transaction or event concerning a *Wrongful Employment Practice* of which any *Covered Party* had received a prior *Claim*, or which was the subject of any notice given under any insurance policy or coverage prior to the *Covered Party* obtaining coverage under this Memorandum.

9. **Property Damage.** We do not cover *Claims* for damage to or destruction of any tangible property, including loss of its use.

10. **Strikes and Lockouts.** We do not cover *Claims* that arise out of a lockout, strike, picket line, replacement or other similar actions resulting from labor disputes or labor negotiations.
11. **Ultimate Net Loss.** We do not cover *Ultimate Net Loss* arising out of relief, or redress, in any form other than money *Damages* or seeking only injunctive or non-monetary relief, regardless of whether a prevailing claimant may be entitled to recover attorney's fees and costs.
12. **Actions for Administrative or Equitable Relief.** We do not cover any action, in any forum, for injunctive, administrative, declaratory, or other non-monetary form of relief, including specific performance, nor hearings of internal administrative matters or actions involving the review of any final administrative order or decision made as the result of an administrative hearing, regardless of whether such action seeks *Damages* or attorneys' fees. This exclusion is in addition to, and does not conflict with, Exclusion 11, above.
13. **Workers' Compensation or Similar Law.** We do not cover obligations under a workers' compensation law, Labor Code 132a, disability benefits or unemployment compensation law, or any similar law. This exclusion does not apply to *Retaliation* or *Discrimination* for filing a workers' compensation *Claim* or a *Claim* for disability benefits.
14. **Actions by Inmates or Prisoners.** We do not cover *Claims* for injury or *Damages* brought by any person:
 - (A) performing labor or services, either voluntarily or involuntarily, while incarcerated in any state or local correctional or penal institution or facility; or
 - (B) performing labor or services, either voluntarily or involuntarily, as a condition of or in satisfaction of any penal sentence.

SECTION VII – CONDITIONS

1. Covered Party's Duties in the Event of Occurrence, Claim, or Suit

The following provisions are conditions precedent to coverage under this Memorandum. The *Covered Party's* failure to comply with any of these provisions shall void the coverage provided herein.

- (A) The *Covered Party* shall notify the *Authority* within 30 days upon receipt of notice of a *Claim* by an *Employee*.

Written notice containing particulars sufficient to identify the claimant(s), the *Covered Party(ies)*, and also reasonably obtainable information with respect to the time, place, and circumstances thereof, and the names and addresses of the *Covered Party* and of available witnesses, shall be given to the *Authority* or any of its authorized agents as soon as possible.

- (B) Any *Claim*, except one which the Litigation Manager has discretion to accept, which is not reported to the *Authority* within 30 days, as required by subsection (A) herein, shall be considered untimely and shall be denied. The Litigation Manager shall have discretion to accept as timely any *Claim* reported after 30 days except for any of the following: notice from the U.S. Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing or any other state or federal Government agency to which an *Employee* has made a claim; a Government claim; or a civil lawsuit.

The *Covered Party* may appeal the denial of such *Claim* to the *Authority's* Board of Directors in accordance with the appeal procedure set forth in Section 7 below. The Board shall consider the following factors in its determination of the appeal:

- (1) Late reported *Claims* are strongly disfavored. Relief from denial of coverage for a *Claim* reported more than 90 days late shall not be granted, absent extraordinary circumstances as determined by the Board, in its sole discretion.

An appeal based on the *Covered Party's* lack of familiarity with the definition of a *Claim* and/or its obligation to timely report the *Claim* to the *Authority* shall be strongly disfavored, since the *Covered Party* is responsible for understanding the definition of a *Claim* and adhering to the reporting requirements set forth herein.

- (2) An appeal based on the absence of the employee designated by the *Covered Party* as responsible for reporting *Claims* must be verified, and the employee must have been absent during the entire time the *Claim* was not reported.
- (3) An appeal of any late-reported *Claim* which the Board, in its sole discretion, determines may result in any financial or other prejudice to the *Authority* shall be denied regardless of any provision set forth herein or any other basis for the appeal.

Each appeal shall be considered on its own merits, and the Board's decision on any one appeal shall not establish any precedent for future appeals.

For all late-reported *Claims* for which the *Covered Party's* appeal of the denial of coverage is granted, the Board shall increase the *Covered Party's Retained Limit* as follows:

PENALTY STRUCTURE

SIR	Penalty	Percentage of Penalty to SIR
\$25,000	\$6,250	25%
\$50,000	\$12,500	25%
\$75,000	\$18,750	25%
\$100,000	\$25,000	25%
\$250,000	\$37,500	15%
\$350,000	\$42,000 \$52,500	12 15%
\$500,000	\$50,000	10%

This provision shall not be construed as limiting the Board's power to deny an appeal of any late-reported *Claim*.

- (C) If a suit is brought against the *Covered Party*, in addition to the information required by subparagraph (A), the *Covered Party* shall be obligated to forward immediately to the *Authority* every demand, notice, summons, or other process received by it or its representative.
- (D) The *Covered Party* shall cooperate with the *Authority* and upon its request assist in making settlements, in the conduct of suits, and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the *Covered Party* because of *Wrongful Employment Practice* with respect to which coverage is afforded under this Memorandum. The *Covered Party* shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. In all matters in which the *Authority* has selected defense counsel, the *Covered Party* shall refrain from interference with the *Authority's* control of the defense, and shall cooperate fully with the defense counsel and the *Authority* in respect to the defense of the *Covered Parties* in the *Claim* or suit.

With regard to the settlement of any *Claim* or suit, if the *Covered Party's* refusal to cooperate with the *Authority* in the conduct of the defense, execution of documents, enforcement of any right of contribution or indemnity, or in any other manner prevents settlement of the claim for a reasonable amount, defined as the amount the *Authority* is willing to pay and the claimant is willing to accept, and increases the potential liability for *Damages* and continued *Defense Costs*, the *Covered Party* shall pay or shall reimburse the *Authority* for those *Defense Costs* incurred after the claim could have been settled, and for any *Damages* awarded or settlement agreed upon in excess of the amount for which the claim could have been settled, or, in the alternative, the *Authority* shall have the right to tender the claim back to the *Covered Party* and coverage shall cease.

- (E) The *Authority* shall be entitled to complete access of the *Covered Party's Claim* file, the defense attorney's complete file, and all investigation material and reports, including all evaluations and information on negotiations. The *Covered Party through assigned defense counsel* shall be responsible to report on the progress of the litigation and any significant developments to the *Authority*, and to provide the *Authority* with simultaneous copies of all correspondence provided to the *Covered Party* by its defense attorneys and/or agents.

- (F) If the *Covered Party* is not in substantial compliance with the requirements of Government Code §12950.1 (AB 1825) during the *Coverage Period* for an *Occurrence* related to that code section, the Board shall increase the *Covered Party's Retained Limit* as follows:

PENALTY STRUCTURE

SIR	Penalty	Percentage of Penalty to SIR
\$25,000	\$6,250	25%
\$50,000	\$12,500	25%
\$75,000	\$18,750	25%
\$100,000	\$25,000	25%
\$250,000	\$37,500	15%
\$350,000	\$42,000 \$52,500	12 15 %
\$500,000	\$50,000	10%

Proof of substantial compliance shall be provided at the request of the *Authority* and in the form set forth in Resolution No. 2021-~~53~~, or any superseding Resolution, which requires documentation to confirm compliance with the sexual harassment training mandated by State law.

2. Bankruptcy or Insolvency

Bankruptcy or insolvency of the *Covered Party* shall not relieve the *Authority* of any of its obligations hereunder.

3. Other Coverage

If any *Covered Party* has coverage with any insurer, joint powers authority or other source which covers a loss also covered hereunder (whether on a primary, excess or contingent basis), the *Covered Party* shall, as soon as practicable after reporting a *Claim* to the *Authority*, or upon request of the *Authority*, provide the *Authority* with copies of all applicable policies, memorandums or documents evidencing such coverage, and shall cooperate in all respects with the *Authority* with respect to such coverage, including but not limited to the tendering of any *Claim* and providing the *Authority* with copies of all communications between the *Covered Party* and any entity providing coverage for such *Claim*.

If insurance or any other coverage with any insurer, joint powers authority or other source is available to the *Covered Party* covering a loss also covered hereunder (whether on primary, excess, or contingent basis), the coverage hereunder shall be in excess of, and shall not contribute with, such other insurance or coverage.

This coverage shall be in excess of, and shall not contribute with, any insurance or coverage which names a *Covered Party* herein as an additional *Covered Party* or additional insured party, where coverage is extended to a loss also covered hereunder. In order for the coverage herein to apply, the *Covered Party* must pay the full amount of its *Retained Limit*. Payment of the *Retained Limit* by the *Covered Party* is required in addition to and despite any payments from any other source for or on behalf of that *Covered Party*, unless the *Covered Party* has purchased insurance coverage solely and expressly for the purpose of satisfying its *Retained Limit*, in which case that insurance coverage may be used by the *Covered Party* in payment of its *Retained Limit*.

4. Accumulation of Limits

A *Claim* which contains allegations extending to a duration of more than one *Coverage Period* shall be treated as a single *Occurrence* arising during the *Coverage Period* when the first act takes place without regard to any review process or appeal relating to such conduct.

5. Severability of Interests

The term *Covered Party* is used severally and not collectively, but the inclusion herein of more than one *Covered Party* shall not operate to increase the limits of the *Authority's* liability or the *Retained Limit* applicable per *Occurrence*.

6. Subrogation

The *Authority* shall be subrogated to the extent of any payment hereunder to all the *Covered Parties'* rights of recovery thereof and the *Covered Parties* shall do nothing after loss to prejudice such right and shall do everything necessary to secure such right. Any amounts so recovered shall be apportioned as follows:

- (A) The highest layer of coverage shall be reimbursed first and if there are sufficient recoveries then the next highest layer shall be reimbursed until all recoveries are used up.
- (B) The expenses of all such recovery proceedings shall be paid before any reimbursements are made. If there is no recovery in the proceedings conducted by the *Authority*, it shall bear the expenses thereof.

7. Arbitration

Decisions by the *Authority* whether to assume control of the negotiation, investigation, defense, appeal, or settlement of a *Claim*, or whether or not coverage exists for a particular *Claim* or part of a *Claim* or any other dispute that arises under and in connection with the Memorandum shall be made by the Board of Directors of the *Authority*. An appeal to the Board from a coverage decision or opinion by staff or general counsel must be made in writing to the *Authority* by the *Covered Party* thirty (30) calendar days of receipt of such opinion or decision. If, either prior to or following the Board's decision, a new coverage opinion or decision is sent by staff or general counsel to the *Covered Party*, a new thirty (30) calendar day period commences from receipt of such new opinion or decision in which the *Covered Party* may appeal to the Board. The Program Administrator shall have the discretion to extend the time period within which an appeal from a

coverage decision or opinion must be presented to the Board by an additional 30 days.

The Board will take action on any appeal within sixty (60) c-a-l-e-n-d-a-r days or the next scheduled Board of Directors meeting, whichever is later, unless an extension is agreed to by the parties.

In the event a Covered Party disputes a decision by the Board, the Covered Party must request to binding arbitration within thirty (30) calendar days of written notification of the Board's decision. The *Covered Party* must exhaust all rights to appeal as established by the Bylaws, the Master Program Document and the Memorandum of Coverage prior to requesting arbitration of a dispute.

Arbitration shall be conducted pursuant to the California Code of Civil Procedure. Arbitration shall be conducted by a single arbitrator. No arbitrator shall be employed or affiliated with the *Authority* or the *Covered Party(ies)* or any Member of the Authority.

The selection of the arbitrator shall take place within twenty (20) calendar days from the receipt of the request for arbitration. The arbitration hearing shall commence within forty-five (45) calendar days from the date of the selection of the arbitrator.

Each party shall bear one-half the cost of the selected arbitrator. In addition, each party shall be responsible for its own attorneys' fees, costs and expenses of arbitration.

In the event that the *Member* prevails in the coverage dispute in the arbitration, the following shall apply to any monetary award in the *Member's* favor:

- (A) Any interest awarded shall be at the Local Agency Investment Fund (LAIF) rate + 1% in effect at the time of the award;
- (B) Any attorneys' fees award for *Defense Costs* of the underlying *Claim* above the *Member's Retained Limit* shall be subject to all provisions of the ERMA Litigation Management Guidelines and shall not exceed the hourly rate established by the ERMA Litigation Management Guidelines in effect at the time of the *Occurrence* of the underlying *Claim*;
- (C) Any award shall be subject to and shall not exceed the *Defense Costs* and indemnity *Coverage* under the *Limit of Coverage* afforded under the ERMA Memorandum in effect at the time of the *Occurrence* of the underlying *Claim*;
- (D) No award at the arbitration shall be permitted for damages of any nature or in any amount other than as expressly allowed in this Section VII, subsection 7. By way of example, and without limitation, no award shall be permitted for consequential damages, extra contractual damages, tort damages or damages for any alleged breach of the implied covenant of good faith and fair dealing; and
- (E) Any award for *Defense Costs* and/or indemnity with respect to the underlying *Claim* shall be treated the same for purposes of the determination of the *Member's* Ex Mod or premium calculation, as if the *Claim* had been originally covered by ERMA.

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Except for notification of appointment and as provided in the California Code of Civil Procedure, there shall be no communication between the parties and the arbitrator relating to the subject of the arbitration other than at oral hearings.

The procedures set forth in California Code of Civil Procedure Section 1283.05 relating to depositions and discovery shall apply to any arbitration pursuant to this paragraph 8.

Except as provided otherwise above, arbitration shall be conducted as provided in Title 9 of the Code of Civil Procedure (commencing with Section 1280).

The decision of the arbitrator shall be final and binding, and shall not be subject to appeal.

SECTION VIII – MISCELLANEOUS PROVISIONS

1. **Termination**

This Memorandum may be terminated at any time in accordance with the Bylaws of the *Authority*.

2. **Changes**

Notice to any agent of the *Authority* or knowledge possessed by such agent or by any other person shall not effect a waiver or a change in any part of this Memorandum of Coverage, nor shall the terms of this Memorandum of Coverage be waived or changed, except by endorsement issued to form a part of this Memorandum of Coverage.

**EMPLOYMENT RISK MANAGEMENT AUTHORITY
MEMORANDUM OF COVERAGE
ENDORSEMENT #1**

This endorsement, effective 12:01 a.m. 7/1/2021, forms a part of ERMA 2021-42EPL. It is understood that the named Covered Party of the Declarations and the “Retained Limits” for the Covered Parties are completed as follows:

Employment Risk Management Authority,

Bay Cities Joint Powers Insurance Authority (BCJPIA)

COVERED PARTY	RETENTION
City of Albany	\$50,000
City of Brisbane	\$50,000
City of Emeryville	\$50,000
Management of Emeryville Services Authority (MESA)	
Town of Corte Madera	\$100,000
Town of Fairfax	\$50,000
Central Marin Police Authority	\$100,000
Central Marin Fire Authority	\$100,000
City of Larkspur	\$250,000
City of Los Altos	\$100,000
City of Menlo Park	\$250,000
City of Mill Valley	\$50,000
City of Novato	\$250,000
City of Piedmont	\$50,000
City of Pleasanton	\$75,000
<i>(No coverage under this Memorandum is afforded to the Livermore-Pleasanton Fire Department)</i>	
Town of San Anselmo	\$50,000
City of Sausalito	\$50,000
Town of Tiburon	\$25,000
City of Union City	\$75,000

California Transit Indemnity Pool (CalTIP)

COVERED PARTY	RETENTION
El Dorado County Transit Authority	\$50,000
Humboldt Transit Authority	\$75,000
Livermore Amador Valley Transit Authority	\$50,000
Mendocino Transit Authority	\$50,000
Morongo Basin Transit Authority	\$50,000
San Luis Obispo Regional Transit Authority	\$50,000
South County Area Transit	\$50,000
Tahoe Transportation District	\$50,000
Western Contra Costa Transit Authority	\$50,000
Yolo County Transportation District	\$50,000

California Intergovernmental Risk Authority (CIRA)

COVERED PARTY

RETENTION

City of Amador	\$250,000
City of Arcata	\$250,000
City of Avalon	\$250,000
City of Belvedere	\$250,000
City of Blue Lake	\$250,000
City of California City	\$250,000
City of Calimesa	\$250,000
City of Calistoga	\$250,000
City of Citrus Heights	\$250,000
City of Clearlake	\$250,000
City of Cloverdale	\$250,000
City of Coalinga	\$250,000
City of Cotati	\$250,000
City of Eureka	\$250,000
City of Ferndale	\$250,000
City of Fortuna	\$250,000
City of Grass Valley	\$250,000
City of Highland	\$250,000
City of Healdsburg	\$250,000
City of Lakeport	\$250,000
City of Menifee	\$250,000
City of Nevada City	\$250,000
City of Placentia	\$250,000
City of Placerville	\$250,000
City of Plymouth	\$250,000
City of Point Arena	\$250,000
City of Rancho Cucamonga	\$250,000
Rancho Cucamonga Fire Protection District	\$250,000
City of Rancho Santa Margarita	\$250,000
City of Rohnert Park	\$250,000
City of San Juan Bautista	\$250,000
City of Sebastopol	\$250,000
City of Sierra Madre	\$250,000
City of Sonoma	\$250,000
City of South Lake Tahoe	\$250,000
City of St. Helena	\$250,000
City of Tehama	\$250,000
City of Trinidad	\$250,000
City of Truckee	\$250,000
City of Twentynine Palms	\$250,000

City of Ukiah	\$250,000
City of Watsonville	\$250,000
City of Wheatland	\$250,000
City of Wildomar	\$250,000
City of Willits	\$250,000
Town of Windsor	\$250,000
Town of Yountville	\$250,000
City of Yucaipa	\$250,000
Town of Yucca Valley	\$250,000

Central San Joaquin Valley Risk Management Authority (CSJVRMA)

COVERED PARTY	RETENTION
City of Angels	\$25,000
City of Atwater	\$25,000
City of Ceres	\$25,000
City of Chowchilla	\$25,000
City of Corcoran	\$25,000
City of Delano	\$25,000
City of Dinuba	\$100,000
City of Dos Palos	\$25,000
City of Escalon	\$25,000
City of Exeter	\$25,000
City of Farmersville	\$75,000
City of Fowler	\$25,000
City of Gustine	\$25,000
City of Hughson	\$25,000
City of Huron	\$25,000
City of Kerman	\$25,000
City of Kingsburg	\$25,000
City of Lathrop	\$25,000
City of Lemoore	\$25,000
City of Livingston	\$25,000
City of Madera	\$25,000
City of McFarland	\$50,000
City of Mendota	\$25,000
City of Merced	\$100,000
City of Newman	\$25,000
City of Oakdale	\$50,000
City of Orange Cove	\$50,000
City of Patterson	\$50,000
City of Porterville	\$25,000
City of Reedley	\$25,000
City of Riverbank	\$50,000
City of San Joaquin	\$25,000
City of Sanger	\$25,000
City of Selma	\$50,000
City of Shafter	\$25,000
City of Sonora	\$25,000
City of Taft	\$25,000
City of Tehachapi	\$25,000
City of Tulare	\$100,000
City of Wasco	\$50,000
City of Woodlake	\$25,000

Exclusive Risk Management Authority of California (ERMAC)

COVERED PARTY	RETENTION
City of Hayward	\$500,000
City of Laguna Hills	\$100,000
City of Santa Maria	\$500,000

Monterey Bay Area Self Insurance Authority (MBASIA)

COVERED PARTY	RETENTION
City of Capitola	\$500,000
City of Del Rey Oaks	\$500,000
City of Gonzales	\$500,000
City of Greenfield	\$500,000
City of Hollister	\$500,000
City of King City	\$500,000
City of Marina	\$500,000
City of Sand City	\$500,000
City of Scotts Valley	\$500,000
City of Soledad	\$500,000

Municipal Pooling Authority (MPA)

COVERED PARTY	RETENTION
City of Antioch	\$50,000
City of Brentwood	\$50,000
City of Clayton	\$50,000
Town of Danville	\$50,000
City of El Cerrito	\$50,000
City of Hercules	\$50,000
City of Lafayette	\$50,000
City of Manteca	\$50,000
City of Martinez	\$50,000
Town of Moraga	\$50,000
City of Oakley	\$50,000
City of Orinda	\$50,000
City of Pacifica	\$75,000
City of Pinole	\$50,000
City of Pittsburg	\$50,000
City of Pleasant Hill	\$50,000
City of San Pablo	\$100,000
City of San Ramon	\$50,000
City of Walnut Creek	\$50,000

Public Agency Risk Sharing Authority of California (PARSAC)

COVERED PARTY	RETENTION
City of Amador	\$25,000
City of Avalon	\$25,000
City of Belvedere	\$25,000
City of Blue Lake	\$25,000
City of California City	\$100,000
City of Calimesa	\$25,000
City of Calistoga	\$25,000
City of Citrus Heights	\$100,000
City of Clearlake	\$25,000
City of Coalinga	\$25,000
City of Ferndale	\$25,000
City of Grass Valley	\$25,000
City of Highland	\$25,000
City of Menifee	\$25,000
City of Nevada City	\$25,000
City of Placentia	\$100,000
City of Placerville	\$50,000
City of Plymouth	\$25,000
City of Point Arena	\$25,000
City of Rancho Cucamonga	\$250,000
Rancho Cucamonga Fire Protection District	\$75,000
City of Rancho Santa Margarita	\$25,000
City of San Juan Bautista	\$25,000
City of South Lake Tahoe	\$100,000
City of Tehama	\$25,000
City of Trinidad	\$25,000
City of Truckee	\$25,000
City of Twentynine Palms	\$25,000
City of Watsonville	\$250,000
City of Wheatland	\$25,000
City of Wildomar	\$25,000
Town of Yountville	\$25,000
City of Yucaipa	\$50,000
Town of Yucca Valley	\$100,000

Public Entity Risk Management Authority (PERMA)

COVERED PARTY	RETENTION
City of Banning	\$25,000
City of Barstow	\$25,000
City of Canyon Lake	\$25,000
City of Cathedral City	\$25,000
City of Coachella	\$25,000
City of Desert Hot Springs	\$25,000
City of Eastvale	\$25,000
City of Hesperia	\$50,000
City of Holtville	\$25,000
Imperial County Transportation Commission	\$25,000
City of Jurupa Valley	\$25,000
City of La Mesa	\$25,000
City of Murrieta	\$100,000
<i>(No coverage under this Memorandum is afforded to the Murrieta Fire Department)</i>	
Palm Springs Aerial Tramway	\$25,000
City of Perris	\$25,000
City of Rancho Mirage	\$50,000
San Diego Regional Training Center	\$25,000
City of San Jacinto	\$25,000
SunLine Transit Agency	\$50,000
Victor Valley Transit Authority	\$25,000
City of Victorville	\$25,000

Pooled Liability Assurances Network (PLAN)

COVERED PARTY	RETENTION
City of American Canyon	\$50,000
Town of Atherton	\$100,000
Town of Woodside	\$50,000

Small Cities Organized Risk Effort (SCORE)

COVERED PARTY	RETENTION
City of Biggs	\$25,000
City of Colfax	\$25,000
City of Dunsmuir	\$50,000
City of Live Oak	\$25,000
City of Mt. Shasta	\$25,000
City of Portola	\$25,000
City of Rio Dell	\$25,000
City of Shasta Lake	\$25,000
City of Susanville	\$25,000
City of Tulelake	\$25,000
Town of Loomis	\$25,000
City of Weed	\$100,000
City of Yreka	\$25,000

Vector Control Joint Powers Agency (VCJPA)

COVERED PARTY	RETENTION
Alameda County Mosquito Abatement District	\$25,000
Burney Basin Mosquito Abatement District	\$25,000
Butte County Mosquito and Vector Control District	\$25,000
Coachella Valley Mosquito and Vector Control District	\$25,000
Colusa Mosquito Abatement District	\$25,000
Compton Creek Mosquito Abatement District	\$25,000
Consolidated Mosquito Abatement District	\$25,000
Contra Costa Mosquito and Vector Control District	\$25,000
Delta Vector Control District	\$25,000
Durham Mosquito Abatement District	\$25,000
Fresno Mosquito and Vector Control District	\$25,000
Glenn County Mosquito and Vector Control District	\$25,000
Greater Los Angeles County Vector Control District	\$25,000
Kings Mosquito Abatement District	\$25,000
Lake County Vector Control District	\$25,000
Los Angeles County West Vector Control District	\$25,000
Marin-Sonoma Mosquito and Vector Control District	\$25,000
Mosquito and Vector Management District of Santa Barbara County	\$25,000
Napa County Mosquito Abatement District	\$25,000
Northwest Mosquito and Vector Control District	\$25,000
Orange County Mosquito and Vector Control District	\$25,000
Oroville Mosquito Abatement District	\$25,000
Placer Mosquito and Vector Control District	\$25,000
Sacramento-Yolo Mosquito and Vector Control District	\$25,000
San Gabriel Valley Mosquito and Vector Control District	\$25,000
San Joaquin County Mosquito and Vector Control District	\$25,000
San Mateo County Mosquito Abatement District	\$25,000
Shasta Mosquito and Vector Control District	\$25,000
Sutter-Yuba Mosquito and Vector Control District	\$25,000
Tehama County Mosquito and Vector Control District	\$25,000
Turlock Mosquito Abatement District	\$25,000
West Valley Mosquito and Vector Control District	\$25,000

Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA)

<u>COVERED PARTY</u>	<u>RETENTION</u>
Capay Valley Fire Protection District	\$500,000
City of Davis	\$500,000
City of West Sacramento	\$500,000
City of Winters	\$500,000
City of Woodland	\$500,000
Clarksburg Fire Protection District	\$500,000
Cottonwood Cemetery District	\$500,000
County of Yolo	\$500,000
Davis Cemetery District	\$500,000
Dunnigan Fire Protection District	\$500,000
Esparto Fire Protection District	\$500,000
Esparto Unified School District	\$500,000
In-Home Supportive Services Public Authority	\$500,000
Madison Community Services District	\$500,000
Madison Fire Protection District	\$500,000
Valley Clean Energy Alliance	\$500,000
West Plainfield Fire Protection District	\$500,000
Willow Oak Fire Protection District	\$500,000
Winters Cemetery District	\$500,000
Yolo County Emergency Communications Agency	\$500,000
Yolo-Solano Air Quality Management District	\$500,000

Individual Entities

COVERED PARTY	RETENTION
Oakland Housing Authority	\$50,000
Contra Costa County Housing Authority	\$50,000

Effective Date: ~~July~~January 1, 2021

Endorsement No.: 1

AUTHORIZED REPRESENTATIVE

**EMPLOYMENT RISK MANAGEMENT AUTHORITY
MEMORANDUM OF COVERAGE
ENDORSEMENT #2**

This endorsement, effective 12:01 a.m. ~~7/~~1/2021, forms a part of ERMA 2021-~~24~~EPL.

It is understood that the definition of “Covered Party” in Section II is amended to include the following entities and any officer, director or employee while in the course and scope of their duties for the following entities:

Bay Cities Joint Powers Insurance Authority (BCJPIA)
California Transit Indemnity Pool (CalTIP)
California Intergovernmental Risk Authority (CIRA)
Central San Joaquin Valley Risk Management Authority (CSJVRMA)
Employment Risk Management Authority (ERMA)
Exclusive Risk Management Authority of California (ERMAC)
Monterey Bay Area Self Insurance Authority (MBASIA)
Municipal Pooling Authority (MPA)
~~Public Agency Risk Sharing Authority of California (PARSAC)~~
Public Entity Risk Management Authority (PERMA)
Pooled Liability Assurances Network (PLAN)
Small Cities Organized Risk Effort (SCORE)
Vector Control Joint Powers Agency (VCJPA)
Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA)

The retained limit for the coverage provided by this endorsement is \$25,000.

It is further understood that no other person, organization, or entity shall be deemed to be a “Covered Party” under this endorsement except for those expressly identified herein.

Effective Date: ~~July~~January 1, 2021

Endorsement No.: 2

AUTHORIZED REPRESENTATIVE

**EMPLOYMENT RISK MANAGEMENT AUTHORITY
MEMORANDUM OF COVERAGE
ENDORSEMENT #3**

This endorsement, effective 12:01 a.m. 4/7/1/2021, forms a part of ERMA 2021-42EPL.

It is understood that for the following Covered Parties, the limit of coverage is \$500,000 per Occurrence.

Small Cities Organized Risk Effort (SCORE)

COVERED PARTY	RETENTION
City of Biggs	\$25,000
City of Colfax	\$25,000
City of Dunsmuir	\$50,000
City of Live Oak	\$25,000
City of Portola	\$25,000
City of Mt. Shasta	\$25,000
City of Shasta Lake	\$25,000
City of Susanville	\$25,000
City of Tulelake	\$25,000
City of Rio Dell	\$25,000
Town of Loomis	\$25,000
City of Weed	\$100,000
City of Yreka	\$25,000

Effective Date: July~~January~~ 1, 2021

Endorsement No.: 3

AUTHORIZED REPRESENTATIVE

EMPLOYMENT RISK MANAGEMENT AUTHORITY

(ERMA)

MASTER PROGRAM DOCUMENT

FOR THE

POOLED EMPLOYMENT PRACTICES LIABILITY PROGRAM

(PEPLP)

AS AMENDED EFFECTIVE JULY 1, 2021¹⁰

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EMPLOYMENT RISK MANAGEMENT AUTHORITY

MASTER PROGRAM DOCUMENT

FOR THE

POOLED EMPLOYMENT PRACTICES LIABILITY PROGRAM

(PEPLP)

ARTICLE I - GENERAL

A. PURPOSE

1. The primary purpose in forming the Employment Risk Management Authority, hereinafter *ERMA*, is to create a method for providing coverage for legal damages incurred by the *Members* because of *Wrongful Employment Practices*. The Joint Exercise of Powers Agreement and the Bylaws have been created and duly approved to provide the *Members* with this coverage. This *Master Program Document*, hereinafter the MPD, for the Pooled Employment Practices Liability Program, hereinafter the PEPLP, sets forth the manner in which these services shall be delivered to the membership. In the event of a conflict among these governing documents, the Joint Exercise of Powers Agreement controls over the Bylaws, and the Bylaws control over this MPD.
2. The PEPLP shall use pooled sharing of operating costs and losses above the *Members' Retained Limits*. The PEPLP may purchase excess coverage or reinsurance above those limits provided by ERMA.
3. The PEPLP shall provide various *Retained Limits* from which the *Members* may choose, subject to the approval of the *Board of Directors*.
4. The *Board of Directors* has the right to alter the terms and conditions of the pooled underlying coverage in response to the needs and abilities of the PEPLP, the *Members*, and the availability of coverage from outside sources.
5. A summary of the *Limits of Coverage* and *Retained Limits* provided in *Program Years* is set forth in Appendix B.

B. PROGRAM YEARS

1. A *Program Year* shall be defined as the losses incurred during the period from 12:01 a.m. Pacific time on July 1st of each year to 12:00am Pacific time on June 30th of the following year. The income and expenses of each *Program Year* shall be accounted separately from any other *Program Year's*

income or expenses.

2. The PEPLP shall charge a *Deposit Premium* to each *Member* at inception of each *Program Year* to fund the cost of losses and expenses anticipated for the life of the *Program Year*. The *Deposit Premium* shall consist of a premium to cover pooled losses, based on an actuarial projection of losses for the year and the exposure of loss presented by each *Member* plus a reasonable margin for contingencies, as well as *administrative expenses* and training expenses based on expected costs.
3. After a *Program Year* is at least five years old, *Retrospective Adjustments* may be made annually, subject to the discretion of the Executive Committee or the *Board*, and subject to criteria set forth in this MPD. The process for determining *Retrospective Adjustments* is set forth in Appendix A.
4. A *Program Year* cannot be completed until all *Claims* incurred during that *Program Year* are closed and it is probable that no new *Claims* for that *Program Year* will be made. The *Program Year* shall remain open until the *Board of Directors* authorizes closure based on its determination that known *Claims* for the year are closed, and no further *Claims* will be made.
5. To maintain the actuarial soundness of the PEPLP, the *Board of Directors* shall have actuarial studies done periodically and shall take appropriate action, as set forth in Article III – Premiums, Rates and Assessments, if a *Program Year* is found to be actuarially deficient.

C. FINANCING THE PROGRAM

1. DEPOSIT PREMIUMS

Deposit Premiums shall be established as set forth in Article III.A.1.

2. CAPITAL CONTRIBUTION

In addition to the *Deposit Premium*, in ERMA's early years, each *Member* was required to make a capital contribution annually for the first five years of participation, which equated to 15% of loss funding premium collected, to provide a margin for greater confidence in the program and to build a fund that could be used for program years in need. The capital contribution was equal to the *Board*-approved capitalization rate per \$100 of payroll and was paid over a five-year period. All original funds have been allocated.

The capital contribution fund was reactivated in 2014 to receive funds dedicated to future training initiatives.

Capital contributions will not be dedicated to any one specific *Program Year*, but will be considered when determining the overall actuarial soundness of the PEPLP. The capital contribution amounts will be maintained in a separate equity account and will be returned in the same proportion as the return of other equity at the discretion of the *Board of Directors*. Capital contributions may be applied at the discretion of the *Board of Directors* to any *Program Year*.

3. BONDS OR DEBT INSTRUMENTS

- (a) Bonds or other debt instruments may be used to fund one or more *Program Years*. However, *Members* shall be responsible only for the retirement of such debt for the *Program Years* in which they participate. Such retirement of debt shall be calculated into the rates and deposit premiums.
- (b) Upon a two-thirds vote of the *Board of Directors*, debt financing can be authorized for any legal purpose; however, any debt so incurred shall be the debt of *ERMA* and not the debt of any *Member*, unless each *Member*, in writing, authorizes the debt and accepts responsibility for its payment.
- (c) Any monies collected or earned by *ERMA* may be used to retire such debts.

4. ASSESSMENTS

Assessments may be made at the discretion of the *Board of Directors*, when the PEPLP, as a whole, is found to be actuarially unsound. *Assessments* shall be determined as set forth in Article III, C. 2.

D. AMENDMENTS TO THIS MASTER PROGRAM DOCUMENT

- 1. This MPD may be amended by a two-thirds vote of the Executive Committee or *Board of Directors*, provided prior written notice has been given to the *Members*.
- 2. The *Members* may repeal such amendments by a majority vote at the next regular or special meeting of the *Board* after the effective date of the amendment.

ARTICLE II - COVERAGE

A. GENERAL DESCRIPTION

1. COVERAGE PROVIDED

- (a) The Memorandum of Coverage, and any endorsements thereto, shall provide the terms, conditions, limitations and exclusions for the defense and indemnification of covered parties, as defined, for liability because of

Wrongful Employment Practices. The Memorandum of Coverage shall be reviewed annually and approved by the *Board of Directors*.

- (b) An account shall be established from which losses and expenses of the PEPLP shall be paid. Although the intent of the PEPLP is to provide pooled coverage, coverage may be obtained, either partly or wholly, from commercial insurance or reinsurance if it is to the financial advantage of the PEPLP as determined by the *Board of Directors*. In making its determination, the *Board* shall consider the objectives of security, minimizing costs to the PEPLP, and the desire of the *Members* for a particular type of coverage. Any such commercial insurance shall have an A.M. Best Rating Classification of A or better and an A.M. Best Financial Rating of VII or better, or their equivalents.

2. LIMITS OF COVERAGE

- (a) The PEPLP shall provide, where economically practical, *Limits of Coverage* of at least \$2,000,000 per occurrence.
- (b) The *Board of Directors* may authorize choices of limits less than \$1,000,000 by the *Members*.

3. RETAINED LIMITS

- (a) The pooled coverage shall be excess of the *Retained Limits* as recommended by the Administrator, chosen by each *Member*, and approved by the *Board of Directors*. The Administrator shall consider, among other factors, the financial needs of the *Members* when establishing the choices of *Retained Limits*. The *Board of Directors* may alter the choices of *Retained Limits*, increase *Retained Limits* for *Members* which do not substantially comply with elements of the PEPLP, and institute Aggregate Stop Loss coverage, as described below, or other forms of retentions as the financial strength of the PEPLP dictates.
- (b) The *Board of Directors* may offer annual aggregate limitations to the repeated cost of the *Retained Limit* payments by a *Member* in any *Program Year*. This form of coverage shall be called Aggregate Stop Loss and is further defined in Article II, A, 3, (b).
- (c) A participating *Member* may elect to change its *Retained Limit* after its first year in the program, but any request to lower a *Retained Limit* is effective only with approval of the *Board of Directors*. Any change in the *Retained Limit* shall be for a complete *Program Year* and must be received by the *Board of Directors* at least thirty (30) days prior to the inception of the new *Program Year* in which the change is to be effective.

The *Board of Directors* may require a *Member* to increase its *Retained Limit* at the inception of a new *Program Year* by providing written notice of such change to the *Member* at least sixty (60) days prior to the increase.

- (d) Each *Member* shall bear the costs of its *Claims*, including defense and related costs, including but not limited to attorneys' fees, investigation costs, expert costs, vendor costs and any other related costs up to the amount of its *Retained Limit*. This expense shall be borne by the individual *Member* to the extent such costs are not limited by an *Aggregate Stop Loss*. *Members* shall report all payments made within their *Retained Limits* to ERMA to ensure efficient claims control and actuarial analysis.

4. COVERAGE TERM, RENEWAL, AND CANCELLATION

The coverage term shall be the same period of time as the *Program Year*. Cancellation of coverage by withdrawal of a *Member* shall be permitted only at the end of any *Program Year*. The timing of cancellation of coverage by expulsion of a *Member* shall be as determined by the *Board of Directors*.

B. MEMORANDUM OF COVERAGE

1. The President shall appoint a Coverage Committee, which may consist of up to three (3) members of the *Board of Directors*. The members of the Committee shall remain as members until such time as the President relieves them of their duties. Each year, prior to the last *Board of Directors* meeting of the *Program Year*, the Committee shall review, as necessary, the Memorandum of Coverage and recommend changes, where appropriate, for the next *Program Year*. The Committee shall consider the desires of the *Members* for coverage as well as the financial impact such coverage may have on the PEPLP. The *Board of Directors* shall evaluate and, if appropriate, approve the recommendations of the Committee and adopt the Memorandum of Coverage for the next *Program Year* prior to or at the last regular or special meeting of the expiring *Program Year*.
2. The *Board of Directors* shall evaluate and, if appropriate, approve the recommendations of the Committee and adopt the Memorandum of Coverage for the next *Program Year* prior to or at the last regular or special meeting of the expiring *Program Year*.
3. Notwithstanding Section B.1., above, the *Board of Directors* may, from time to time, amend the coverage provided in the Memorandum of Coverage, purchase excess insurance or reinsurance, or participate in other pooling arrangements authorized by the Government Code, based on the needs of the PEPLP and the *Members*, costs, funding, available insurance, and other relevant factors.

C. DISTRIBUTION

A copy of this MPD and the current Memorandum of Coverage shall be provided to each *Member* in each year that changes are adopted. All endorsements or other changes to the PEPLP shall be distributed to the *Members as made*. All documents shall be deemed to be provided to the *Member* if the representative for the *Member* personally receives a copy of such document, if the document has been duly mailed in the U.S. Postal system, or if the document is posted to the official ERMA website and notice thereof has been mailed in the U.S. Postal system or sent via email to the *Member*.

ARTICLE III - PREMIUMS, RATES AND ASSESSMENTS

A. ADMINISTRATIVE EXPENSES, TRAINING EXPENSES AND DEPOSIT PREMIUM CALCULATIONS

1. DEPOSIT PREMIUMS

- (a) The Administrator, in conjunction with an actuary, shall annually establish rates and *Deposit Premiums*, subject to *Board* approval, adequate to fund the actuarially determined losses in the pooled layer of the PEPLP, including defense costs and other claims-related expenses, the cost of excess coverage, and the projected administrative costs and training costs, including retirement of debt, if any, of the PEPLP.
- (b) The annual *Deposit Premium* for each *Member* shall be calculated utilizing (1) the actuarially determined expected losses for the PEPLP, (2) a capital contribution during the first five years of participation equal to or exceeding 15% of the amount needed to cover defense and indemnity (if applicable – required in ERMA’s early years, but not currently applied), (3) a charge for excess insurance or reinsurance, if any, (4) a charge for the *Administrative Expense* of the PEPLP, and (5) a charge for the Training Expense of the PEPLP as determined by the Administrator.
- (c) The *Administrative Expense* charged to each *Member* is calculated by allocating the total *Administrative Expenses* required for the upcoming *Program Year* among the *Members* based on the payroll for each *Member*. This expense may be modified by experience at the discretion of the *Board of Directors*.
- (d) The training expense charged to each *Member* is calculated by allocating the total training expenses required for the upcoming *Program Year* among the *Members* based on the payroll for each *Member*. This expense may be

modified by experience at the discretion of the *Board of Directors*.

- (e) Payroll as of December 31st of the year preceding the commencement date of a new *Program Year*, inflated by no more than 5%, will be utilized in determining the *Deposit Premium* calculation. Payroll shall be submitted for the four calendar year quarters using reported payroll on DE-9C payroll reports by February 15th of the new program year.

2. EXPERIENCE MODIFICATION

- (a) Each Member may be evaluated each year for an experience modification credit or debit based on no more than the past six years of experience. At the discretion of the Board of Directors, all or a portion of the six years of experience may be used in the calculation of the experience modification factor.
- (b) The calculation of the credit or debit shall include the actual loss experience of each individual *Member* as it relates to the average loss experience of the group as a whole. The criteria which shall be used is the relationship of actual average loss experience over the period being rated as it relates to the average payroll for the same period.
- (c) The Board has the discretion to apply a credibility factor and to establish upper and lower limitations on the maximum and minimum experience modifications.

3. PROGRAM ADMINISTRATIVE BUDGET

Each *Program Year* shall have its own administrative budget to cover the costs of operating and maintaining the administrative functions of the PEPLP for that year. This budget shall include, but not be limited to, the following expenses:

- (a) Financial and claims auditing;
- (b) Program management services;
- (c) Legal services;
- (d) Claims adjusting for *Claims* which exceed the *Retained Limits*;
- (e) Actuarial services;
- (f) Insurance expense;
- (g) Investment and banking fees;
- (h) The cost of administrative materials; and

- (i) A provision for other minor miscellaneous costs.

4. PROGRAM TRAINING BUDGET

Each *Program Year* shall have its own training budget which shall cover the costs of operating and maintaining the training and loss control functions of the PEPLP for that year. This budget shall include, but not be limited to, the following expenses:

- (a) Costs for training workshops and loss prevention programs;
- (b) Costs for employment related legal assistance; and
- (c) Costs for compliance auditing for (a) and (b) above, if deemed necessary.

B. UNDERWRITING CREDITS/DEBITS

The *Board of Directors*, at its discretion, may impose credits or debits where warranted because of some inequity that would otherwise be encountered.

C. ADJUSTMENTS TO ACCOUNT BALANCES

1. ESTABLISHMENT OF THE LEVEL OF FUNDING

- (a) The confidence level used for determining the funding requirements of the PEPLP and the *Program Year Deposit Premiums* will be determined by the Administrator and approved by the *Board of Directors*; however, the confidence level shall not be lower than 70 percent or the amount needed to cover expected losses.
- (b) Interest rates for the type of investments utilized by the PEPLP may be used to determine the amount of funds necessary to meet the selected confidence level for the PEPLP, but, such interest rate shall not exceed seven percent.
- (c) Reserves for each *Program Year* shall be actuarially determined and shall be sufficient to maintain the overall funding to meet the approved confidence level.

2. ASSESSMENTS

- (a) When a *Program Year* is actuarially unsound, the Administrator, with the assistance of an actuary, will determine to what extent, if any, the PEPLP as a whole is not *actuarially sound*.
- (b) The PEPLP is not *actuarially sound* when the available reasonably estimable

reserves are less than the amount of reserves required at the expected confidence level, including expected interest earnings. Reserves are reasonably estimable on a *Program Year* when it is at least three years old.

- (c) If the PEPLP is not *actuarially sound*, the *Board of Directors* may, at its discretion, impose an *Assessment* against all *Members* participating in the deficient *Program Year(s)*. Each *Member's Assessment* shall be determined by the proportion which that *Member's Deposit Premium* for that year relates to the total *Deposit Premium* paid by all *Members* for that year.
- (d) If the PEPLP as a whole is *actuarially sound*, the *Board of Directors* may, at its sole discretion, assess the *Members* who participated in any *Program Year* that is not *actuarially sound*.
- (e) A program year or years that are not *actuarially sound* will be adjusted annually with the Retrospective Adjustment Process discussed in the next section.

3. RETROSPECTIVE ADJUSTMENTS

The Retrospective Adjustment Process defines the methodology by which program years that are a full five years old are adjusted annually. The Retrospective Adjustment Process is defined in ERMA's Financial Stability Plan, as approved by the *Board of Directors*, and appears in its entirety in Appendix A.

D. CLOSED PROGRAM YEARS

- 1. The *Board of Directors* may close a *Program Year* as described in Article I, B.
- 2. Upon closure of a *Program Year*, a final calculation of account balances shall be made as described in ERMA's Financial Stability Plan, specifically the Retrospective Adjustment Process, and found in Appendix A. The account balances shall be returned to the *Members* at the discretion of the *Board of Directors* based on the percentage of *Deposit Premium* paid by each *Member* for that *Program Year*.
- 3. The *Board of Directors* retains the right to assess *Members* which participated in a closed *Program Year* if such *Program Year* incurs additional expenses after closure.

ARTICLE IV - ADMINISTRATION

A. ORGANIZATION AND RESPONSIBILITIES

1. RELATION TO ERMA STRUCTURE

- (a) This MPD supplements the Bylaws. In the event of a conflict between the Bylaws and this MPD, the Bylaws control. From time to time, resolutions of the Executive Committee or *Board of Directors* may be adopted which may take precedence over this MPD for a limited period of time; however, any change thus enacted by resolution that is intended to last beyond six months shall be expressly incorporated into and amend this MPD.
- (b) The Administrator shall be the Program Administrator for the PEPLP and shall report to the Executive Committee or *Board of Directors* of ERMA.
- (c) A Litigation Manager shall be selected by the Program Administrator and approved by the *Board of Directors* to supervise the handling of *Claims* and report to the Program Administrator and the *Board of Directors*, as requested by the *Board*.

2. BOARD OF DIRECTORS' RESPONSIBILITIES

- (a) The *Board of Directors* shall meet at least one (1) time per year to review the developments and performance of this PEPLP as part of a general or special *Board of Directors* meeting.
- (b) The *Board of Directors* may delegate to the Executive Committee any of its responsibilities not otherwise reserved to the Board in the Joint Exercise of Powers Agreement or Bylaws.
- (c) The *Board of Directors* shall review and have authority to override all decisions made by the Executive Committee.

3. EXECUTIVE COMMITTEE RESPONSIBILITIES

An Executive Committee may be established and, if so, shall have the following duties with respect to the PEPLP:

- (a) Direct proposals for outside service contracts including, but not limited to, program administration, claims adjusting, actuarial services, and financial and claims audit services.
- (b) Supervise the management of claims including, but not limited to, the review of loss reserves and claims expenses.
- (c) Provide policy and guidance to the Litigation Manager with regard to management of specific claims where the Litigation Manager requests such direction or where he or she lacks authority to establish such policy.
- (d) Settle any claim equal to or less than the limit of coverage for ERMA.

However, such authority shall only apply to those claims for which the Ultimate Net Loss is in excess of the settlement authority given to the Litigation Manager and above the *Retained Limit* of the *Member*.

- (e) Hear all disputes regarding the selection of defense counsel on a particular case brought to it by the *Member* for which such defense counsel was chosen.

4. ADMINISTRATOR'S DUTIES AND RESPONSIBILITIES

(a) GENERAL

- (i) The Program Administrator shall use his or her best efforts to administer the PEPLP so as to achieve the objectives and goals of the PEPLP and *ERMA*.
- (ii) The Program Administrator shall administer the PEPLP in a manner that will provide claim and cost accountability for each *Program Year*, separate and apart from all other *Program Years*, and from other programs of *ERMA*.

(b) CLAIMS ADMINISTRATION

The Program Administrator shall:

- (i) Resolve disputes between a *Member* and the Litigation Manager, Claims Adjustor or Investigator;
- (ii) Prepare an annual report showing claims activity, paid claims, case reserves, *obligated reserves*, and status of pooled funds of each *Program Year* for each *Member*;
- (iii) Obtain the services of a claims auditor and present the findings to the Executive Committee or *Board of Directors*, if the cost of these services is within the approved annual budget; and
- (iv) Coordinate with the Litigation Manager, whose duties are outlined in Section 5, Litigation Manager.

(c) FINANCIAL DUTIES

The Program Administrator shall:

- (i) Prepare a budget for each *Program Year* for approval by the *Board of Directors* before the beginning of the *Program Year*;
- (ii) Prepare an annual report comparing each *Program Year's* budgeted to actual expenditures;

- (iii) Ensure that *Retrospective Adjustments* for previous *Program Years* and rates and *Deposit Premiums* for each new *Program Year* are calculated in the manner described in Article III;
- (iv) Obtain actuarial services and present the findings to the Executive Committee or *Board of Directors*, provided the cost of such services is within the approved annual budget;
- (v) Evaluate and present to the Executive Committee or *Board of Directors* the recommendations of the actuarial studies with recommended actions where *Program Years* are, or are likely to be, actuarially unsound in the near future;
- (vi) Engage the services of an independent financial auditor selected by the Executive Committee or *Board of Directors* and present the findings to the Executive Committee or *Board of Directors*, provided the cost of these services is within the approved annual budget; and
- (vii) Present financial audits to the Executive Committee or *Board of Directors*.

(d) ACCOUNTING RESPONSIBILITIES

The Program Administrator shall:

- (i) Invoice *Member Entities* for *Deposit Premiums* and other amounts due;
- (ii) Report to the Executive Committee or *Board of Directors* any invoices not paid and outstanding for more than thirty (30) days;
- (iii) Prepare vouchers, invoices, or other demands for payment for approval by the President and, upon approval, submit the demands to the Treasurer for payment;
- (iv) Maintain detailed financial records of all income, expenses, cash deposits, and withdrawals;
- (v) Maintain financial records according to generally accepted accounting principles; and
- (vi) Present timely quarterly and annual financial statements to the Executive Committee or *Board of Directors*.

(e) LOSS CONTROL SERVICES/TRAINING/COMPLIANCE AUDIT

The Program Administrator shall:

- (i) Assist the *Members* in the evaluation of their employment related policies, practices and procedures regarding exposures that may result in claims, and report the evaluations to the Executive Committee or *Board of Directors*;
- (ii) Recommend to the Executive Committee or *Board of Directors* loss control and training programs for adoption;
- (iii) Assist the *Members* in establishing loss control programs and training programs;
- (iv) Evaluate the efficiency of the loss control and training programs and report such findings to the Executive Committee or *Board of Directors*; and
- (v) Establish compliance auditing standards to ensure participation in the established loss control and training programs adopted by the *Board of Directors* or Executive Committee.

5. LITIGATION MANAGER

The Litigation Manager shall:

- (a) Oversee, generally, all liability claims administration and management, supervise the daily operations of handling *claims* for the PEPLP, and report to the Program Administrator on such operations.
- (b) Have the authority to settle any claim with an Ultimate Net Loss, as defined in the Memorandum of Coverage applicable to that claim, equal to or less than one hundred thousand dollars (\$100,000), per claimant, in excess of the *Retained Limit* of the *Member* involved.
- (c) Assist the Program Administrator in the selection of an approved defense counsel, claims adjusting, loss prevention and investigation services, if those services are required, including evaluation of quality and price of services in the defense, claims handling, investigation and reporting services;
- (d) Oversee performance of the approved defense counsel, claims adjustor, and loss prevention and investigation services, with special emphasis on the handling of open claims, including:
 - (i) review all open claims valued in excess of 50 percent of the

individual *Member's Retained Limit* and, if necessary, recommend action on such claims;

- (ii) Review all open claims in which an outside investigator has been retained by the *Member* or *ERMA*, and
 - (iii) Review monthly claims reports and relate to the Executive Committee or *Board of Directors* any significant trends that may be developing.
- (e) Assist the Program Administrator in presenting claims audits to the Executive Committee or *Board of Directors*, with recommendations of changes in claims procedures where appropriate.
 - (f) Perform a quarterly review of claims files including new claims likely to exceed 50 percent of the *Member's Retained Limit*, claims in which an outside investigator has been retained by the *Member* or *ERMA*, and those claims for which a *Member*, the Executive Committee, or the *Board of Directors* has requested a specific review;
 - (g) Review, at least quarterly, all open claims in excess of the involved *Member's Retained Limit* and, if necessary, recommend action on such claims;
 - (h) Report to the Executive Committee or *Board of Directors* at each meeting, summarizing the active claims of general interest to the *Members* and claims for which a *Member*, the Executive Committee, or the *Board of Directors* has specifically requested a review;
 - (i) Assist the *Members* in training their personnel in the correct procedures for response to employees and reporting of incidents or claims
 - (j) Advise, where needed, on the setting and changing of reserves for claims;
 - (k) Report to any excess insurance or reinsurance obtained by ERMA all claims that meet the reporting requirements of such excess insurance or reinsurance;
 - (l) For those *Members* with excess insurance or reinsurance other than that obtained by ERMA, provide notice to the *Member* in the acknowledgement of the claim that the claim may need to be reported to the *Member's excess* insurance or reinsurance, and suggest the *Member* check the reporting requirements of any such excess carrier or reinsurance; and provide notice to the *Member* and its pool administrator, if any, when the claim has reached 50 percent of the ERMA layer.

- (m) Ensure that the *Member* is advised of ERMA's coverage position on a claim as soon as practicable.
- (n) Monitor and evaluate the effectiveness of the defense firms:
- (o) Advise the Board on recommendations for settlement of claims in excess of \$100,000.00;
- (p) Answer inquiries from *Members* regarding claims or procedures;
- (q) Establish a list of attorneys who have demonstrated proficiency in defending employment actions against public agencies;
- (r) After consultation with the *Member* as set forth in Article VI F, select defense counsel, if needed, for each claim where the Ultimate Net Loss, as defined in the Memorandum of Coverage, is at least 50 percent of the involved *Member's Retained Limit*;
- (s) Review the performance of the claims adjuster or investigator's personnel assigned to *ERMA's* account with special emphasis in the handling of open claims;
- (t) Advise and assist the Program Administrator in the selection of claims adjusting and investigation providers/companies;
- (u) Determine, consistent with the requirements of the Memorandum of Coverage and using reasonable discretion based on the particular facts and circumstances, whether a claim has been timely reported to *ERMA* as a condition precedent to coverage under the Memorandum of Coverage; ;
- (v) Annually provide to the Executive Committee or *Board of Directors* a review and evaluation of all panel defense counsel, including performance and costs; and
- (w) Provide other services as may reasonably be requested by the *Member*, Executive Committee or the *Board of Directors*.

B. REPORTS AND SCHEDULES

1. FINANCIAL REPORTS

- (a) Unaudited, annual financial statements shall be presented to the Executive Committee or *Board of Directors* within 150 days after the end of the fiscal year. These reports will include:
 - (i) A balance sheet,
 - (ii) An income statement, and
 - (iii) A statement of account balances for each *Program Year* by *Member*.
- (b) Unaudited, quarterly financial statements shall be presented to the Executive Committee or *Board of Directors* within 60 days after the end of the quarter. These reports will include a balance sheet and income statement.
- (c) A signed audited financial statement for the *Program Year* shall be presented to the Executive Committee or *Board of Directors* within 150 days after the end of the *Program Year*.

2. CLAIMS REPORTS

- (a) Quarterly claims reports shall be presented to the *Members* within 30 days after the end of the quarter. These reports will include:
 - (i) Status of each claim by *Program Year* including case reserves, allocated claims reserves, amounts paid for indemnity, and allocated claims expense; and
 - (ii) Summary of number of claims, total claims reserves, and total paid expenses by *Program Year* for each *Member*.
- (b) Special reports shall be prepared when r_____easonably requested by the Executive Committee or *Board of Directors*.
- (c) A claims audit report shall be obtained at least every other year, including a statement of adequacy of claims procedures and accuracy of the claims data.

3. ACTUARIAL STUDIES

- (a) An actuarial report shall be obtained as determined by the Executive Committee or *Board of Directors*, which shall evaluate the adequacy of reserves for each open *Program Year*.

- (b) The actuarial report shall also include loss projections for future *Program Years* based on the experience of the PEPLP.

C. LOSS CONTROL SERVICES/TRAINING/COMPLIANCE AUDITING

ERMA will provide loss control services, training, and compliance auditing to the *Members*, as needed, to minimize claims expenses and reduce loss exposures for the PEPLP.

ARTICLE V - PARTICIPATION

A. ELIGIBILITY AND APPLICATION

1. ELIGIBILITY

- (a) Only *Members* of ERMA may participate in the PEPLP.
- (b) Each *Member* must initially commit to at least three full *Program Years* of participation in the PEPLP.
- (c) Each prospective *Member* of ERMA must submit an application along with a non-refundable application fee of \$2,500 (prospective *Member JPA*) or \$1,000 (prospective direct *Member*) and provide a completed and signed resolution obligating the prospective *Member* to participate for the required three years and accepting the rules and policies set forth in the PEPLP governing documents. The resolution shall also state the *Retained Limit* desired by the prospective *Member*. The prospective *Member* shall, if practicable, submit five years of wrongful employment practices loss experience, complete an Underwriting Information Sheet, complete an Exposure Analysis Questionnaire, and provide copies of the last four quarterly DE-9C, Federal 941 or J200 payroll reports, if required, or, upon approval of the Executive Committee or *Board of Directors*, the current number of full-time equivalent employees.

For the initial *Program Year* or for latter years at the discretion of the *Board of Directors*, the underwriting and submission of data requirements listed above may be waived.

- (d) The prospective *Member* shall provide the application and applicable fee, resolution form, the experience and underwriting information, and the DE-9C, Federal 941 or J200 payroll information at least 60 days prior to the inception of the *Program Year* in which its participation will commence, or on which it desires coverage to commence.

- (e) Those *Members* affiliated with a primary JPA shall be provided extended coverage under the Memorandum of Coverage for their primary JPA's Board of Directors and JPA employees, provided at least 50%, by payroll, of that primary JPA's members participate in *ERMA* and/or 50% of the primary JPA's total members participate in *ERMA*. This coverage shall be added by endorsement to the Memorandum of Coverage.

2. APPROVAL OF APPLICATION

- (a) An Underwriting Committee, appointed by the President, shall review the membership application and other underwriting and experience criteria of the prospective *Member*. The Underwriting Committee shall make a recommendation to the Executive Committee or *Board of Directors* regarding approval of the prospective *Member*.
- (b) The Executive Committee or *Board of Directors* shall, from a review of the membership application, other underwriting and experience criteria, and the advice of the Underwriting Committee and Program Administrator, determine the acceptability of the exposures presented by the prospective *Member*.
- (c) The Administrator shall advise the prospective *Member*, in writing, of the decision of the Executive Committee or *Board of Directors* within 15 business days after the decision.

3. DATE OF MEMBERSHIP

It is preferable that a new *Member* enter the PEPLP at the commencement of a *Program Year*. If the new *Member* enters at any other time, the *Deposit Premium* may be prorated for the remainder of the *Program Year*, and covered losses of the new *Member* which occur on or after the date of membership will be paid; however, the new *Member* shall be required to share losses for the pool for the entire year, just as if it had begun its membership at the commencement of the *Program Year*.

4. APPLICATION FEE CREDIT

Following completion of the first *Program Year*, the *Member* will receive a credit in an amount equal to the fee remitted upon application for membership. This will be issued in the form of a premium credit, applicable to the *Members'* second year *Deposit Premium*.

B. MEMBERS' DUTIES

1. PROVIDE UNDERWRITING INFORMATION

- (a) Each *Member* shall provide payroll information based on the State DE-9C, Federal 941, or J200 payroll reports, and if practicable provide copies of the DE-9C, Federal 941, or J200 payroll reports quarterly within fifteen days after filing with the State or Federal Government; or upon approval of the Executive Committee or *Board of Directors*, provide the full-time equivalent number of employees for the *Member* on an annual basis.
- (b) Each *Member* shall cooperate with *ERMA* in the claims management, loss control, training, underwriting, and actuarial activities of *ERMA*.

2. PAYMENT OF PREMIUMS AND OTHER CHARGES

- (a) Each year, no later than July 1st, *ERMA* shall bill each *Member* its *Deposit Premium* for the next *Program Year*. The annual billing shall be due and payable on July 15th, and shall be delinquent if not paid on or before the last working day in July.
- (b) A *Member* may be billed an additional amount because of *Assessments* to bring a *Program Year* into a state of actuarial soundness, or amounts due for other items. This billing is due and payable upon receipt, and delinquent if not paid on or before thirty (30) calendar days after receipt. The date of receipt shall be determined as the date the billing was presented in person to a representative of the *Member*, or posting the billing in the U.S. Mail, or the date sent via electronic mail.
- (c) Any *Member* which has formerly participated in the PEPLP, but has withdrawn as a *Member*, shall be required to pay all applicable billings for the *Program Years* in which it participated. Delinquent billings shall be treated in the same manner as set forth above, as if the withdrawn *Member* were still a *Member*.
- (d) The penalties and interest described below will be strictly enforced. *Members* may only use those payment methods specifically approved by the Executive Committee or *Board of Directors*.
- (e) Interest on Delinquent Amounts Due and Payable - Interest shall accrue on all delinquent amounts due and payable to *ERMA* at the rate as prescribed in the Bylaws.
- (f) Failure to Pay Billings, Penalties, or Interest - Failure to pay billings, penalties, or the accrued interest shall be considered grounds for removal of

the *Member* from the PEPLP and may result in the expulsion of the *Member* from *ERMA* according to the *ERMA* Agreement.

- (g) Failure to Pay Defense and Related Costs - Failure to pay defense and related costs including but not limited to attorneys' fees, investigation costs, expert costs, vendor costs and any other related costs incurred within the *Retained Limit* shall be considered grounds for removal of the *Member* from the PEPLP and may result in the expulsion of the *Member* from *ERMA* according to the *ERMA* Agreement
- (h) Penalties for Non-Payment by Former Members - Failure to pay billings, penalties, or accrued interest thereon shall constitute a breach of the agreement between the former *Member* and *ERMA*. The former *Member* shall be liable for the billings, penalties, accrued interest, and all costs incurred by *ERMA* in the enforcement of all provisions set forth in this MPD, the Bylaws, and the Joint Exercise of Powers Agreement.

C. DUTY TO REPORT CLAIMS

Timely reporting of claims is essential to efficient claims and litigation management. Failure to timely report any claim, as defined in the Memorandum of Coverage, to *ERMA* may result in denial of that claim or other penalties, as set forth in the Memorandum of Coverage.

D. TERMINATION OF PARTICIPATION

1. A *Member* in one *Program Year* shall participate in the next *Program Year* unless, at least six months before the commencement of the next *Program Year*:
 - (a) a written request to terminate participation is received from the *Member*, or
 - (b) a written termination notice from the Executive Committee or *Board of Directors* has been sent to the *Member*.
2. Termination of participation in future *Program Years* does not relieve the terminated *Member* of any benefits or obligations of those *Program Years* in which the *Member* participated. These obligations include payment of *Assessments*, *Retrospective Adjustments*, wrap up costs, or any other amounts due and payable.
3. The Executive Committee or *Board of Directors* may terminate future participation by a *Member* for the following reasons:
 - (a) Termination as a *Member* of *ERMA*;
 - (b) Declination to cover the *Member* by the organization, if any, providing excess insurance or reinsurance or pooled excess coverage;

- (c) Nonpayment of past billings, *Assessments*, *Retrospective Adjustments*, or other charges;
- (d) Habitual late payment of billings, *Assessments*, *Retrospective Adjustments*, and/or other charges, or habitual late response in submitting data required by *ERMA*;
- (e) Nonpayment or habitual late payment of defense and related costs, including but not limited to attorneys' fees, investigation costs, expert costs, vendor costs and any other related costs that are incurred within the *Retained Limit*;
- (e) Failure to provide underwriting information as defined herein;
- (f) Development of an extraordinarily poor loss history;
- (g) A substantial change in exposures which are not acceptable in the PEPLP;
- (h) Financial impairment, including bankruptcy, which may jeopardize the PEPLP's ability to collect amounts due in the future;
- (i) Failure to comply with loss control services, training, or compliance auditing programs adopted by *ERMA*;
- (j) Conduct detrimental to *ERMA*; and/or
- (k) Termination of the *Member* by its primary joint powers authority.

ARTICLE VI - CLAIMS ADMINISTRATION

A. SELECTION OF ADJUSTOR OR INVESTIGATION FIRM

The *Board of Directors* or Executive Committee shall review proposals for claims adjusting and investigation services, if those services are deemed necessary. The Executive Committee will make recommendations if necessary to the *Board of Directors* regarding the qualifications of the proposals. The adjusting and investigation company shall have the capacity and shall report claims activities in such a manner that the segregated accounting requirement of the PEPLP can be easily administered.

B. CLAIMS AUDIT

1. At least once every two years, the adequacy of claims adjusting shall be examined by an independent auditor who specializes in claims auditing.

2. The Administrator shall obtain the services of a claims auditor and present the findings to the Executive Committee or *Board of Directors*, if the cost of these services is within the approved annual budget.
3. The claims audit report shall address the issues of adequacy of claims procedures and accuracy of claims data.

C. AUTHORITY'S RIGHT AND DUTY TO DEFEND

The Authority's right and duty to defend a claim shall be defined in the Memorandum of Coverage.

D. SETTLEMENT AUTHORITY

1. Each *Member* shall have input with regard to settlement authority for its claims that do not exceed its *Retained Limit*; however, when a claim's incurred costs reach one-half of the *Member's Retained Limit*, or when a *Member* retains an outside investigator to investigate a claim, all information concerning the claim shall be provided to the Litigation Manager. The Litigation Manager shall continue to keep the *Member* fully informed on the progress of the claim, and shall consult with the *Member* regarding any settlement within or above the *Member's Retained Limit*. The *Member* shall fully cooperate in all matters pertaining to the claim.
The *Authority* shall have the right to assume the control of the negotiation, investigation, defense, appeal, or settlement of any *Claim* the *Authority* determines, in its sole discretion, to have reasonable probability of resulting in an *Ultimate Net Loss* in excess of the applicable *Retained Limit*. The *Covered Parties* shall fully cooperate in all matters pertaining to such *Claim* or proceeding.
2. The Litigation Manager shall have the authority to settle any claim with an Ultimate Net Loss, as defined in the Memorandum of Coverage applicable to that claim, equal to or less than one hundred thousand dollars (\$100,000) in excess of the *Member's Retained Limit*.
3. The Executive Committee or *Board of Directors* shall have the authority to settle any claim in an amount equal to or less than the limit of coverage of *ERMA*. However, such authority shall only apply to those claims whose Ultimate Net Loss is in excess of the settlement authority given to the Litigation Manager and above the *Member's Retained Limit*.

E. DISPUTES REGARDING MANAGEMENT OF A CLAIM

1. Any dispute between a *Member* and the Litigation Manager, claims adjuster or investigator shall be brought to the attention of the Program Administrator who shall attempt to resolve the dispute and/or refer it to the Executive Committee or *Board of Directors*. Any decision by the Program Administrator may be appealed to the

Executive Committee or *Board of Directors*, however, such appeal shall be in writing and shall be made within 30 calendar days of the Program Administrator's decision.

2. Any settlement decision or other decision made by the Litigation Manager may be appealed; however, such appeal shall be in writing to the Executive Committee or *Board of Directors* within 30 calendar days of the date of the Litigation Manager's decision.
3. When an appeal has been filed, the Executive Committee or *Board of Directors* shall hear the appeal within 60 calendar days, or at the next scheduled Executive Committee or *Board of Directors* meeting, whichever is later.

F. SELECTION OF DEFENSE COUNSEL

1. A panel of approved defense attorneys shall be proposed by the Litigation Manager, with input from the Members, and approved by the *Board of Directors*. The Executive Committee or *Board of Directors*, at its discretion, may periodically review the panel of defense attorneys and remove or add attorneys to that panel.
2. Nothing in this section shall be construed to limit the right of a *Member* to retain its own defense counsel to represent the *Member* in any litigation. If, however, a *Member* retains counsel other than the counsel assigned by the Litigation Manager, or, in the case of an appeal of the Litigation Manager's decision, a decision by the Board, the *Member* shall be solely responsible for that counsel's attorney's fees and costs, and the *Member* shall be deemed to have waived any rights to defense and indemnity coverage from *ERMA* for that particular litigation.
3. Assignment to defense counsel shall be made from the approved defense panel by the Litigation Manager after consultation with the *Member*. In the event the Litigation Manager assigns the case to a firm or individual other than the one expressly preferred by the *Member*, the Litigation Manager shall advise the *Member* in writing of the reasons for the change, and the *Member* shall have the right to appeal the decision to the *Board of Directors*. The decision of the *Board of Directors* shall be binding and final, with no further right of appeal.
4. Regardless of the selection process, the *Member* shall bear the financial responsibility of all defense expenses, including fees, until such time as its *Retained Limit* is exhausted.

ARTICLE VII - DEFINITIONS

1. **Actuarially Sound** means that the *Program Year* has sufficient funds to pay the *Administrative Expenses* and the expected cost of *Claims* at a sixty (60) percent confidence level as determined by a certified actuary for the *Program Year*.
2. **Administrative Expenses** means those expenses incurred by the PEPLP that are not incurred due to any specific *Claim* and does not constitute a reserve for future expected changes in the size of existing *Claims* or discovery of previously unknown *Claims*. Administrative Expenses shall include expenses of ERMA that are allocated to the PEPLP.
3. **Assessments** means charges to *Members* in excess of their deposit premiums, which are not part of a *Retrospective Adjustment*, for the purpose of raising sufficient funds to reach an *Actuarially Sound* condition.
4. **Claim** means, if not otherwise defined within the context of the Memorandum of Coverage, to be all demands for compensation by third party claimants against a covered party arising out of one occurrence.
5. **Retrospective Adjustment** means the allocation of funds and liabilities to the accounts of each *Member* for each *Program Year* and the process of returning excess funds, or charging deficiencies of funds, in the accounts of each *Member*.
6. **Limits of Coverage** means the maximum amount of financial protection afforded any *Member* as the result of a single occurrence.
7. **Member** means a governmental entity, including any commissions, agencies, districts, authorities, boards, or other similar government entity under the direct control of the governmental entity, that is eligible to participate in a joint powers authority. A Member is one who has been accepted into ERMA and is a Named Covered Party in the Memorandum of Coverage and Endorsements thereto.
8. **Obligated Reserves** means reserves for expected claims expenses, determined by an actuarial study, not attributable to any known *Claim*. This is sometimes called IBNR.
9. **Program Year** means the period of coverage provided by the Memorandum of Coverage, usually a 12-month period. However, any renewals, by endorsement, for a new term shall constitute a new Program Year.
10. **Open Program Year** means a *Program Year* for which the *Executive Committee or Board of Directors*, due to *Claims* within the *Program Year* that are not finalized and/or the possibility of new *Claims* arising, has not authorized the final *retrospective adjustment*.
11. **Closed Program Year** means a *Program Year* that the *Executive Committee or Board of Directors* has declared closed and for which it has authorized final *retrospective adjustments*.

12. **End of Program Year** means that time when the coverage period of the Memorandum of Coverage lapses.
13. **Retained Limit** means the amount of all *Claims* arising out of one *Occurrence* which will be paid directly by the *Member*.

APPENDIX A

RETROSPECTIVE ADJUSTMENTS

ERMA's Financial Stability Plan, Section II, defines the Retrospective Adjustment Process as follows:

As each program year is independent from the others, it is possible to assess each program's year's deficit, or surplus, independently on an annual basis as each program year reaches a certain maturity threshold.

The Retrospective Adjustment Process was approved unanimously at ERMA's February 22, 2008, Board of Directors meeting. This process calls for the retrospective adjustment (assessment for a deficit year or dividend release for a surplus year) for each program year that is a full five years old according to the following methodology:

- Each year at its May Board of Directors' meeting, the ERMA Board would formally retrospectively adjust a program year's retained earnings balance five full years after the inception of that program year and each year thereafter until the program year is closed (all claims have been settled, and no case or IBNR reserves remain).
- A deficit (in whole or part at the Board's discretion) would be assessed to increase the equity in each eligible program year to the expected confidence level.
- Alternatively, if an open program year is in a surplus position, the Board would consider issuing dividends (in whole or part at the Board's discretion) for any equity amount that exceeds the 90% confidence level to allow for continuing claims development in future years.
- If a current program year not yet eligible to receive a retrospective adjustment is in a deficit position at any confidence level, the negative equity at that confidence level will be subtracted from the "Total Distribution Available" at that confidence level.
- If no IBNR remains in a year in which all claims are closed, the Board would consider issuing dividends or levying an assessment to officially close out that year.

Additional considerations:

- It is possible for program years to re-open, in which case a later assessment is possible.
- In the event of an overall program surplus, an individual program year or multiple program years would not be adjusted via a dividend, unless the ERMA program as a whole remained funded at the 90% confidence level after the issuance of the dividend.
- The current year March 31 financial statements will be utilized to determine each program year's retained earnings balance, and net assessments/net dividends (due to the possibility of several program years being adjusted) will be invoiced/released on or before June 30.

APPENDIX B

EMPLOYMENT PRACTICES LIABILITY COVERAGE

A. GENERAL DESCRIPTION

1. COVERAGE PROVIDED

The Memorandum of Coverage will provide defense and indemnity for *Wrongful Employment Practices*.

2. LIMITS OF LIABILITY

The Limits of Liability of the coverage will be Combined Single Limits of at least \$1,000,000 less the amount of the individual *Member's Retained Limit* for each *Occurrence*. The Executive Committee or *Board of Directors* may authorize choices of limits other than \$1,000,000 to the Members, and excess insurance or reinsurance may be provided to provide protection in layers above \$1,000,000.

3. RETAINED LIMITS

The *Retained Limits* available to the *Members* will be \$25,000, \$50,000, \$75,000 \$100,000, \$250,000, [\\$350,000](#) and \$500,000.

4. RATES

The premium rates will be based on an actuarial report and adopted by the Executive Committee or *Board of Directors*.

5. CONCLUSION

It is important that each *Member* understand the coverage provided under the Memorandum of Coverage, and any exclusions thereto, as each *Member* is individually responsible or must make other arrangements for any *Claim* not covered by the Memorandum.

BOARD DOCUMENT REVIEW SCHEDULE

I. Governing Documents

Document Name	Origination	Last Review or Amendment	Next Scheduled Review	Description/Comments
1. Joint Powers Authority Agreement	June 1999	July 2020	As Needed	The joint powers agreement by and between member agencies. Any changes need to be signed by all JPA members.
2. Bylaws	August 2005	April 2019	As Needed	Establishes the rules for governance.
3. Memorandum of Coverage	June 1999	February 2021	June 2021	Provides coverage for pooled risk sharing.
4. Master Program Document	June 1999	June 2020	June 2021	Sets forth the manner in which services shall be delivered to the membership.
5. Financial Stability Plan	February 2012	February 2016	As Needed	Tool to provide long-term financial viability and sustainability.
6. Investment Policy	August 1998	February 2021	February 2022	Applies to activities with regard to investing the Authority's financial assets.

BOARD DOCUMENT REVIEW SCHEDULE

II. Resolutions/Policies

Document Name	Origination	Last Review or Amendment	Next Scheduled Review	Description/Comments
1. Resolution 1-1998	January 1998			Authorizing the President to Approve a Demand For Payment
2. Resolution 3-1998	March 1998			Establishing the Office of Assistant Treasurer
3. Resolution 4-1998	April 1998			Establishing an Investment Policy
4. Resolution 1-2001	January 2001			Establishing a Policy for Conference Attendance
5. Resolution 3-2004	March 2004			Canceling Obsolete Resolutions
6. Resolution 4-2005	April 2005			Establishing Guidelines for the Implementation for Risk Assessments of the Underlying ERMA Members
7. Resolution 4-2007	April 2007			Authorizing ERMA to Join with Other Public Agencies as a Participant of the CA Asset Management Trust and to Invest in Shares of the Trust and in Individual Portfolios
8. Resolution 6-2007	February 2006	June 2007		Establishing Implementation Deadlines for the Employee Practices Protection Program
9. Resolution 3-2010	March 2010			Retroactivity of 2010-11 Definition of "Occurrence" in Memorandum of Coverage
10. Resolution 4-2010	April 2010			Establishing a Records Retention Policy
11. Resolution 1-2015	January 2015			Precluding Existing Members Participating Through an ERMA Affiliated JPA from Applying for Individual Membership
12. Resolution 2-2015	February 2015			Appreciation for Services to Judy Hayes (CCHA)
13. Resolution 1-2016	January 2016			Appreciation for Services to Craig Downs (VCJPA)
14. Resolution 2-2016	November 2016			Appreciation to Debra Stutsman (BCJPIA)

BOARD DOCUMENT REVIEW SCHEDULE

II. Resolutions/Policies Continued

Document Name	Origination	Last Review or Amendment	Next Scheduled Review	Description/Comments
15. Resolution 3-2016	November 2016			Appreciation to Florice Lewis (OHA))
16. Resolution 8-2016	August 2016			Appreciation for Services to Dan Weakley (BCJPIA)
17. Resolution 2-2017	November 2017			Regarding an Underwriting Policy and Related Processes
18. Resolution 3-2017	March 2017			Electronic Data Security and Disaster Recovery
19. Resolution 4-2017	February 2017			Travel and Expense Policy
20. Resolution 5-2017	May 2017			Establishing Guidelines Regarding Members Self-Insured Retentions
21. Resolution 3-2018	February 2003	March 2018		Establishing Criteria for Approval of Investigators
22. Resolution 4-2018	January 2011	April 2018		Establishing Target Performance Standards and Assistance Program
23. Resolution 5-2018	April 2004			Establishing Approval for Payments to Vendors
24. Resolution 2-2020	March 2014	June 2020		Establishing a Litigation Management Program
25. Resolution 1-2021	May 2016	February 2021	June 2023	Establishing Criteria for Adding and Removing Defense Counsel to the Panel of Approved Attorney Firms
26. Resolution 2-2021	June 1998	February 2021		Establishing All Bank Accounts and Authorized Signatures
27. Resolution 4-2021	April 2021			Establishing Meeting Dates for the 2021/22 Fiscal Year

II. Resolutions/Policies Continued

BOARD DOCUMENT REVIEW SCHEDULE

Document Name	Origination	Last Review or Amendment	Next Scheduled Review	Description/Comments
28. Resolution 5-2021	May 2005	February 2021	April 2021	Requiring Members to Provide Proof of Compliance with Training Mandated by State Law

III. Operational Documents

Document Name	Origination	Last Review or Amendment	Next Scheduled Review	Description/Comments
1. Underwriting Guidelines	April 2010	February 2014	TBD	Document sets the “rules” used to underwrite coverage including the methodology by which rates will be set.

BOARD DOCUMENT REVIEW SCHEDULE

IV. Contracts and Agreements

Document Name	Origination	Last Review or Amendment	Next Scheduled Review	Description/Comments
1. Bickmore Actuarial	January 2010	January 2020	April 2022	Actuarial services and annual study. <i>Current term: 7/1/2020 – 7/1/2022.</i>
2. Alliant	July 2007	April 2021	April 2024	Broker of record relationship for reinsurance and other insurance placed. <i>Current term: 7/1/2021 – 7/1/2024.</i>
3. Farley Consulting Services	March 2012	July 2017	June 2023	Claims auditing services. <i>Current term: 7/1/2018 – 7/1/2023.</i>
4. In2vate	June 1999	December 2017	N/A	Online training platform and reporting protection line for members. <i>Current term: 9/1/14 - Auto renewal unless terminated.</i>
5. Jackson Lewis & Liebert Cassidy Whitmore	July 1999	April 2020	April 2023	Training, 24/7 hotline, legal updates and litigation services. <i>Current term: 7/1/2020 – 7/1/2023.</i>
6. Murphy, Campbell, Alliston Quinn	November 2019	November 2019	N/A	Board & Coverage Counsel services <i>Current term: 11/1/19 – terminated by mutual agreement.</i>
7. Sampson, Sampson & Patterson	June 2007	June 2019	June 2021	Financial audit services. <i>Current term: 7/1/2020 – 7/1/2021.</i>
8. Sedgwick	May 2002	June 2019	Feb 2023	Pool administration, finance, accounting, and litigation management services. <i>Current term: 7/1/2018 – 6/30/2023.</i>

BOARD DOCUMENT REVIEW SCHEDULE

V. Audits and Recognition

Document Name	Last Review	Next Review	Description/Comments
1. Actuarial Study	April 2021	April 2022	Independent actuarial audit and study performed annually.
2. Financial Audit	November 2020	November 2021	Independent financial audits performed annually.
3. California Association of Joint Powers Authority Accreditation	August 2020	August 2023	Ensures quality and professional standards for risk management pools.
4. Claims Audit	April 2019	June 2021	Independent claims audits performed biennially.

ADMINISTRATIVE MATTERS

SUBJECT: 2020/21 Goals and Objectives Update

BACKGROUND AND STATUS:

At the February 2021 Annual Workshop, the Board of Directors established five goals and objectives for the 2020/21 Program Year, as follows:

Goal #1: REVIEW CLAIM TYPE CATEGORIES – IN PROGRESS

- Gender/Sex Discrimination & Harassment
- Retaliation/Whistleblower

Goal #2: REVIEW FINANCIAL POSITION – IN PROGRESS

- Identify and conduct net position adequacy stress test
- Review possibility of longer-term investing

Goal #3: REVIEW INVESTIGATOR PANEL – IN PROGRESS

- Review Investigation Process & Procedures
- Rates

Goal #4: REVIEW EXPANSION OF COVERAGE (to include defense costs associated with wage and hour claims with an applied sub-limit) – **IN PROGRESS**

Goal #5: DEVELOP CERTIFICATE PROGRAM (recognition of Agency implementation of recommended policies, procedures, and training pertaining to:) – **IN PROGRESS**

- Electronic communications
- Return-to-Work
- Vaccination
- Hotline

RECOMMENDATION:

None

REFERENCE MATERIALS ATTACHED:

None

ADMINISTRATIVE MATTERS

SUBJECT: Claims Audit Prepared by Farley Consulting Services

BACKGROUND AND STATUS:

Enclosed is the Employment Practices Liability Claims Audit Report prepared by Tim Farley, Farley Consulting Services. Mr. Farley will present his audit findings to the Board and answer any questions.

RECOMMENDATION:

Staff recommends the Board of Directors accept and file the Employment Practices Liability Claims Audit Report.

REFERENCE MATERIALS ATTACHED:

- Employment Practices Liability Claims Audit Report dated April 14, 2021

Employment Practices Liability Claims Audit – 2021

for

Employment Risk Management Authority



April 14, 2021



**F A R L E Y
CONSULTING SERVICES, LLC**

14041 N. Running Brook Lane ~ Marana, AZ 85658-4503
Mobile: 760.533.3439 ~ farleyconsulting2000@gmail.com

**An Independent Claims Management
Consulting Firm**



April 14, 2021

Employment Risk Management Authority
% Sedgwick Risk Services
1750 Creekside Oaks Drive, Suite 200
Sacramento, California 95833

Attn: Ms. Jennifer Jobe
Executive Director

by email: jennifer.jobe@sedgwick.com

2021 Employment Practices Liability Claims Audit

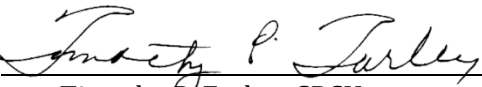
This report presents the results of an audit of employment practices liability claims administration for the Employment Risk Management Authority (ERMA).

The Executive Summary summarizes each major point. The remainder of the report discusses those points and other findings in more detail.

FCS appreciates the opportunity to provide this analysis to ERMA.

Respectfully submitted,

FARLEY CONSULTING SERVICES

by 
Timothy P. Farley, CPCU
President

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Audit List

I. Executive Summary

Sedgwick Risk Services (Sedgwick) is the administrator of ERMA claims. Throughout this report, *administrator* will be used to identify the entity conducting day-to-day employment-related claims administration for ERMA.

FCS's review of 40 employment liability claims incurred by ERMA members reveals that the administrator continues to conduct effective claims administration. Minor deficiencies are observed in the key area of diary maintenance.

Specific observations and recommendations are:

1. The administrator is properly staffed to administer the ERMA account. Ms. Mona Nicolae is the sole examiner on the account. She is assisted by Ms. Cheyenne Deary. Ms. Nicolae maintains an active caseload of approximately 120 claims. This is acceptable.
2. One of the claims reviewed may require reserve adjustment. That claim is listed and discussed in Exhibit 1 on page 4.
3. Ms. Nicolae and Ms. Kathy Maylin, ERMA Litigation Manager, continue to accurately interpret coverage on ERMA claims. Additionally, the determination of coverage and the criteria used to establish or deny coverage are clearly documented in the claims management information system. This has been a finding in all prior audits.
4. The administrator is complying with industry standards for the investigation of public entity employment-related claims. The utilization of legal personnel and specialized workplace investigative vendors to conduct most investigation is logical due to the unique nature and complexity of the types of employment-related claims routinely received by ERMA members.

No investigation or investigation assignment irregularities are identified.

5. Nearly every claim reviewed involved some element of litigation. This is anticipated based on the complexity of employment-related claims.

Assigned defense attorneys are not consistently providing timely status updates to the administrator. Some examples are discussed on page 6.

6. All documentation necessary to conduct this audit was obtained via remote access to ERMA's Origami information system. The audit identified no claim documentation/information system deficiencies.
7. The administrator is maintaining appropriate diary on most claims. Still, 2 claims exhibit deficiencies. Those claims are discussed in Exhibit 2 on page 8.

These and other elements of this study are discussed in more detail in the remainder of this report.

II. Audit Results

This audit and the findings generated from it that are documented in this report fulfill the accreditation requirements for the California Association of Joint Powers Authorities (CAJPA).

A. Background and Methodology

ERMA was formed on July 1, 1999 to provide California public entities with tailored employment practices liability coverage for its 205 public entity members including 12 joint powers authorities (JPAs) and 2 direct (independent) members:

- Bay Cities Joint Powers Insurance Authority (BCJPIA)
- California Transit Indemnity Pool (CalTIP)
- Central San Joaquin Valley Risk Management Authority (CSJVRMA)
- Exclusive Risk Management Authority of California (ERMAC)
- Housing Authority of Contra Costa County (IND)
- Monterey Bay Area Self Insurance Authority (MBASIA)
- Municipal Pooling Authority (MPA)
- Oakland Housing Authority (IND)
- PLAN
- Public Agency Risk Sharing Authority of California (PARSAC)
- Public Entity Risk Management Authority (PERMA)
- Small Cities Organized Risk Effort (SCORE)
- Vector Control Joint Powers Agency (VCJPA)

Employment-related claims for all of these underlying entities are administered in Sacramento. Liability claims administration for these underlying pools are handled by a variety of self-administered units or outside independent adjusting firms, including the ERMA administrator.

ERMA's goal is to obtain a thorough analysis of the effectiveness of the claims administration exhibited by its administrator.

FCS reviewed 40 employment liability claims via remote access to the administrator's information system. The audit was conducted between 4/1/21 and 4/7/21. A list of all open claims and the financial information associated with them (outstanding reserves and amounts paid to date) was provided by the administrator. The claims audited were chosen by FCS prior to the review. That list was communicated to the administrator roughly two weeks before the audit.

The primary contact at the administrator throughout the course of the audit was Ms. Mona Nicolae. An exit discussion of audit findings was conducted with Ms. Nicolae on April 9, 2021.

The administrator submitted a detailed response on April 12, 2021. That response was considered when preparing this report.

The last comprehensive audit of ERMA claims was conducted in April 2019.

B. Case Reserves

All claims were reviewed to evaluate the accuracy of any initial reserves established and subsequent reserve changes. The audit also sought to confirm that established reserves are based on:

- A consideration of all potential immunities for the involved ERMA member.
- An evaluation of the validity of any claim for damages. This analysis required a unique perspective since the predominant alleged cause of loss made upon the ERMA member is subjective. Rarely does the loss involve a claim for objective bodily injury.
- The extent of liability attributable to the member.
- A consideration of all other investigative material and the interpretation of potential violations of various employment-related legislation that could assist the administrator when evaluating exposure to the member.
- Settlement trends of the venue in which the loss occurred.

It is the administrator's and ERMA's policy to establish a reserve from "dollar one," regardless of the reserve's potential to penetrate above the involved ERMA member's self-insured retention (SIR). This reserving policy is logical and has been applicable during all prior audits. A separate reserve category termed "SIR" is established. Costs associated with each claim are extracted from that category up to the member's specific SIR.

One claim may require reserve adjustment. Exhibit 1 on the next page lists and discusses that claim.

C. Coverage Determination

The primary resources when evaluating this element of administrator claims handling for ERMA are the various Memoranda of Coverage for the policy years for which ERMA has existed.

The application of coverage for claims presented against the ERMA member requires extensive scrutiny of the applicable coverage document and an in-depth analysis of the criteria used to establish coverage or pursue a coverage/defense position following the issuance of a reservation of rights document to the ERMA member. The ERMA coverage documents provided clearly define the definitions of important concepts such as:

- Claim
- Coverage period
- Covered party
- Damages
- Defense costs
- Limit of coverage
- Occurrence
- Retained limit

Exhibit 1 – ERMA Case Reserves Analysis

Claim No.	Current Outstanding Reserve	Recommended Outstanding Reserve	Discussion
PARSAC-2020-010 (California City)	\$31,052 (SIR)	\$5,000 (SIR)	At the time the claim was reviewed, notes indicated the claimant had become unresponsive and had likely withdrawn the claim. The current reserve seems unnecessary.

*Reserve recommendations are based on the review of claims for similar public entity pooling organizations.

There are additional extensive definitions in the coverage documents pertaining to perils that can conceivably generate the application of coverage.

Based on a literal interpretation of the language of the coverage documents and the review of the 40 claims, FCS concludes that the administrator continues to consistently and accurately apply coverage based on a fair and reasonable interpretation of the coverage documents. Other tools of coverage determination consistently seen in the claim files include the utilization of ERMA Litigation Manager, Ms. Kathy Maylin, to provide ERMA's position regarding the potential of coverage under the memoranda of coverage.

Coverage interpretations include the following components to support the decision to either apply coverage or deny it:

- A clear description of the background and allegations of the complaint.
- An understanding of the need to confirm that the incident occurred within the coverage period.
- A clear reiteration of applicable portions of the particular memorandum of coverage to support the coverage decision. This includes a reiteration of involved definitions of potentially covered perils (e.g., workplace tort, wrongful termination, and any other wrongful employment practices).
- An understanding and documentation of the requirement that the duty to provide a defense for a legal action against a member is broader than the duty to apply coverage.

Positive coverage application findings have been consistent in all audits.

D. Investigation

The assessment of this component of claims handling utilized:

- Resolution No. 2017-8 – Resolution of the Board of Directors of the Employment Risk Management Authority Establishing Criteria for the Approval of Investigators.

The audit also sought to confirm that the administrator is complying with the following industry standards for the investigation of public entity liability claims:

- Identifying and contacting witnesses.
- Timely contact of claimants or their representatives (if applicable).
- Obtaining police reports (if applicable).
- Indexing injured parties to obtain a history of previous related injuries.
- Obtaining signed releases from the claimant at the time of settlement.
- An accurate interpretation of medical data to determine injury severity, if applicable.

Previous discussions with the administrator identified an extensive list of outside investigation resources. Nearly all of the entities on that list are law firms or individual attorneys. Workplace investigation vendors are also used periodically. This is understandable due to the unique nature and complexity of the types of employment-related claims that ERMA members routinely receive.

The “ERMA Investigation Guidelines” document clearly sets forth:

- When to investigate
- The process of selecting an investigator
- The criteria and methodology for interviewing witnesses
- The requirements for preparing an investigation report

The review of 40 claims found no claims investigation deficiencies by the administrator. The administrator is consistently utilizing its own investigation guidelines document and is complying with industry standards unique to investigation of employment-related claims. This has been a key finding for all past audits.

E. Litigation Management

The following claims administration tools were used to assist in evaluating administrator performance in this category.

- Resolution No. 2018-1 – Resolution of the Board of Directors of the Employment Risk Management Authority Establishing a Litigation Management Program

A prior section of this report commented on the utilization of Ms. Maylin for coverage determination.

Nearly all of the claims reviewed involve some element of litigation. This is not unexpected due to the nature of employment-related claims. ERMA continues to receive competent litigation assistance. The litigation management program document clearly sets forth the requirement that defense counsel provide the following periodic information:

- An acknowledgement of assignment letter to the Litigation Manager – within 7 days of receiving the case assignment.
- A case analysis and litigation budget – within 60 days of retention in each case.
- Mandatory status reports – every 90 days. The status report requirement also clearly sets forth the required contents of any status reports. These are also presented in the litigation management program document.

Status updates from defense counsel are not consistently timely. Claim number IND-2019-028 (Oakland Housing Authority) exhibits no status update from counsel since 2/1/21. Updates should be provided at least every 60 days. Claim number MPA-2020-009 (Manteca) lacks an update from the investigator. The last correspondence is dated 1/13/21.

Extensive correspondence from/to counsel is issued via email. This is an acceptable process. Periodic status updates from defense counsel are required in those instances generating civil litigation.

During the exit discussion with Ms. Nicolae, it was indicated that discussions between administrator staff and defense/investigation counsel are often conducted by telephone. It is imperative that all such discussions are documented to the Origami information system.

F. Claim Data Organization and Documentation Clarity

This audit was completed remotely via access to the administrator's Origami claims management system. That system is efficient. All necessary claim information was viewed. No documentation deficiencies were identified.

G. Claim Closure/Diary

Industry standards require that any active claim generate some adjuster activity every 30 days. Claims awaiting the expiration of a statute following formal rejection or claims still under consideration by DFEH can maintain a longer diary (e.g., 30 days past the statute date or 1 year for DFEH claims).

The administrator is adhering to industry standards for diary review on most of the claims reviewed. Two claims exhibit deficiencies. They are discussed in Exhibit 2.

Exhibit 2 – ERMA Diary Analysis

Claim No.	Discussion
PARSAC-2019-064 (California City)	Notes indicate that settlement authority up to \$15,000 was provided by the member on 2/9/21. There is no indication any settlement offer has been made.
PARSAC-2017-066 (Clearlake)	A note dated 2/22/21 indicates the member was awarded costs at trial. Notes further indicate there was some consideration in settling the claim for \$10,000 plus a waiver of these costs if the claimant agreed to not pursue appeal. No further documentation indicating the status of this potential settlement is documented.

Appendix

Open Claims

Claim Number	JPA
1. E-BCJPIA-2019-048	BCJPIA
2. E-BCJPIA-2016-073	BCJPIA
3. E-BCJPIA-2019-056	BCJPIA
4. E-BCJPIA-2020-029	BCJPIA
5. E-BCJPIA-2020-019	BCJPIA
6. E-CSJVRMA-2020-007	CSJVRMA
7. E-CSJVRMA-2019-019	CSJVRMA
8. E-CSJVRMA-2020-034	CSJVRMA
9. E-CSJVRMA-2016-050	CSJVRMA
10. E-CSJVRMA-2020-027	CSJVRMA
11. E-CSJVRMA-2020-028	CSJVRMA
12. E-CSJVRMA-2020-030	CSJVRMA
13. E-CSJVRMA-2017-034	CSJVRMA
14. E-ERMAC-2020-002	ERMAC
15. E-ERMAC-2020-026	ERMAC
16. E-IND-2019-028	IND
17. E-MBASIA-2019-053	MBASIA
18. E-MBASIA-2019-039	MBASIA
19. E-MPA-2020-023	MPA
20. E-MPA-2020-032	MPA
21. E-MPA-2020-024	MPA
22. E-MPA-2020-009	MPA
23. E-MPA-2020-033	MPA
24. E-MPA-2020-017	MPA
25. E-MPA-2019-044	MPA
26. E-PARSAC-2015-056	PARSAC
27. E-PARSAC-2019-064	PARSAC
28. E-PARSAC-2020-010	PARSAC
29. E-PARSAC-2017-090	PARSAC
30. E-PARSAC-2020-031	PARSAC
31. E-PARSAC-2017-066	PARSAC
32. E-PARSAC-2020-014	PARSAC
33. E-PARSAC-2018-054	PARSAC
34. E-PERMA-2018-012-01	PERMA
35. E-PERMA-2018-071	PERMA
36. E-PERMA-2019-050-1	PERMA
37. E-PERMA-2020-013	PERMA
38. E-PERMA-2020-035	PERMA
39. E-SCORE-2017-063	SCORE
40. E-VCJPA-2018-078	VCJPA

ADMINISTRATIVE MATTERS

SUBJECT: Approval of Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services

BACKGROUND AND STATUS:

Bickmore has served as ERMA's program administrator since the 1999/00 program year. On May 1, 2014, Bickmore was acquired by York Risk Services (York). Effective December 1, 2018, as part of a company-wide rebranding initiative, Bickmore was rebranded to York and the existing agreement was assigned to York on April 30, 2019.

Following Sedgwick Claims Management Services, Inc. (Sedgwick) acquisition of York in September 2019, a second amendment is required to ensure York's contractual obligations are properly assigned to Sedgwick.

On July 1, 2021, two additional primary JPA members and each of their respective thirty-seven underlying agencies will join ERMA. Given the growth in overall membership and the subsequent increased responsibilities placed upon staff and associated resources, Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services, also proposes compensation modifications to the existing terms.

Attached for the Board's review and consideration is Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services, which expires June 30, 2023. The proposed Amendment was reviewed by Doug Alliston, who will be present to answer any questions of the Board.

RECOMMENDATION:

Staff recommends the Board of Directors approve Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services.

REFERENCE MATERIALS ATTACHED:

- Amendment Two to the Agreement for Administrative, Litigation Management, and Financial Services

AMENDMENT TWO TO THE
AGREEMENT FOR ADMINISTRATIVE, LITIGATION
MANAGEMENT, AND FINANCIAL SERVICES

This Amendment Two to that certain Agreement for Administrative, Litigation Management and Financial Services, effective as of July 1, 2018 (the "Agreement"), by and between the Employment Risk Management Authority ("ERMA") and Sedgwick Claims Management Services, Inc., successor in interest to Bickmore ("Bickmore"), is entered into by and among ERMA and Sedgwick Claims Management Services, Inc. ("Sedgwick").

WITNESSETH

WHEREAS, the Agreement at section VIII, Paragraph A, Annual Base Contract Price, provides that Sedgwick hereby agrees to perform the services set forth in the agreement for all five years of the Agreement for an "Annual Base Contract Price" (ABCP);

WHEREAS, the ABCP for the fiscal year 2018/19 was set at \$697,162 and was to increase by an annual inflator of 2% per program year plus any adjustments to account for new or withdrawing members to the program as outlined in subparagraph B to Section VIII;

WHEREAS, beginning with the fiscal year 2020/21, ERMA and Sedgwick have agreed to an additional 2% increase to the newly calculated ABCP as of July 1, 2021 in order to further compensate Sedgwick for an increase in claims volume for the program;

NOW, THEREFORE, in consideration of the mutual promises contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. For fiscal year 2021/2022, the ABCP shall be restated at \$956,175 plus an additional 2% increase as of July 1, 2021 in order to further compensate Sedgwick for an increase in claims volume for the program. The calculation for the newly restated ABCP is attached hereto and incorporated by reference as though fully set forth.
2. If there is an additional significant increase in claims volume, Sedgwick may propose additional charges. Any further request shall include appropriate supporting documentation for the requested amounts as applicable for the contract based on increased claims volume, a projection of the duration of such increase in volume, and whether the increase in volume will extend to any remaining years of the Contract. If ERMA agrees to such additional charges, the fees will be adjusted accordingly. If ERMA does not agree to such charges, the parties shall use good faith and efforts to adjust the charges to an agreed amount.

All other terms of the Agreement shall remain in full force and effect and are not modified by this Amendment, except as expressly set forth herein. Any conflicts between this amendment and the original Agreement, including any prior executed amendments, shall be superseded by the terms provided herein.

SEDGWICK CLAIMS MANAGEMENT
SERVICES, INC.

EMPLOYMENT RISK
MANAGEMENT AUTHORITY

By _____

By _____

Title _____

Title _____

Date _____

Date _____

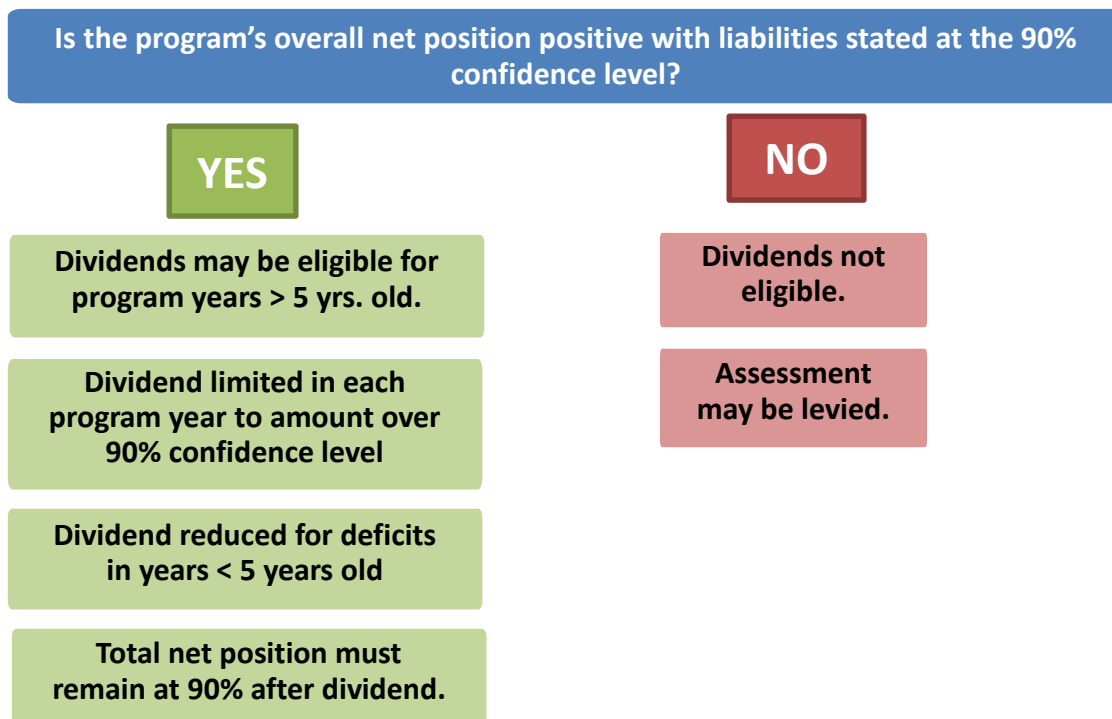
FINANCIAL MATTERS

SUBJECT: Review of Annual Retrospective Adjustment Calculation

BACKGROUND AND STATUS:

In accordance with the Financial Stability Plan (Plan), as amended May 1, 2018, the annual Retrospective Adjustment Calculation (Calculation) is considered each year by the Board of Directors.

The Plan allows for a Retrospective Adjustment Process (Process) to occur and dividend to be declared if certain conditions are met. The following depicts the process as set forth in the Plan.



The following table summarizes the retrospective adjustment results as of March 31, 2021, and the maximum allowable dividend amount.

Table 1 – Dividend Eligibility

STEP 1>> Determine if Dividends Are Eligible			
Total Program Net Position at 90% CL			7,379,334
Are dividends eligible?			Yes
STEP 2>> Identify Program Years Eligible for Dividend Release			
	Program Years 5 at Least Years Old	Net Position	Dividend Eligible
	2012-13	2,854,271	Yes
	2013-14	2,441,131	Yes
	2014-15	254,253	Yes
	2015-16	1,318,286	Yes
Preliminary Dividend Eligible Before Offsets		6,867,941	
STEP 3>> Identify Offsets for Deficits in Ineligible Years			
	Net Position of Ineligible Program Years	Net Position	Offsets?
	2016-17	2,105,660	No
	2017-18	775,932	No
	2018-19	(197,763)	Offset
	2019-20	(1,313,759)	Offset
	2020-21	(858,676)	Offset
Total Deficit Offset		(2,370,198)	
STEP 4>> Determine Eligible Dividend After Offsets			
Preliminary Dividend (from Step 2)			6,867,941
Less: Offsets (from Step 3)			(2,370,198)
Dividend Eligible to Release			4,497,743
STEP 5>> Ensure Total Net Position Remains at 90% After Dividend			
Net Position at 90% After Eligible Dividend (Step 1 less Step 4)			Yes

Staff recommends declaring and issuing a dividend not to exceed \$3.0 million. However, the attached dividend allocation by member uses \$1.0 million so the Board can easily observe the impact of using multiples of \$1.0 million.

Issuing a dividend allows for the continuation of dividend releases to members, as well as growth of surplus. Given the favorable loss estimates contained in the most recent actuarial analysis, the net position of the program grew by \$4.4 million as of March 31, 2021. These results include the effect of recording unpaid losses at the expected confidence level and discounted using a 1.5% discount rate. The Board approved reducing the interest rate from 2% at the April 2021 meeting.

To further analyze the impact a dividend may have on surplus, staff updated three of the key target equity ratios to observe the impact of issuing a \$3.0 million dividend. Despite the issuance of a dividend the three key ratios improve as shown in the charts below which are based on the March 31, 2021 financial statements.

Chart 1 – Net Contribution to Net Position

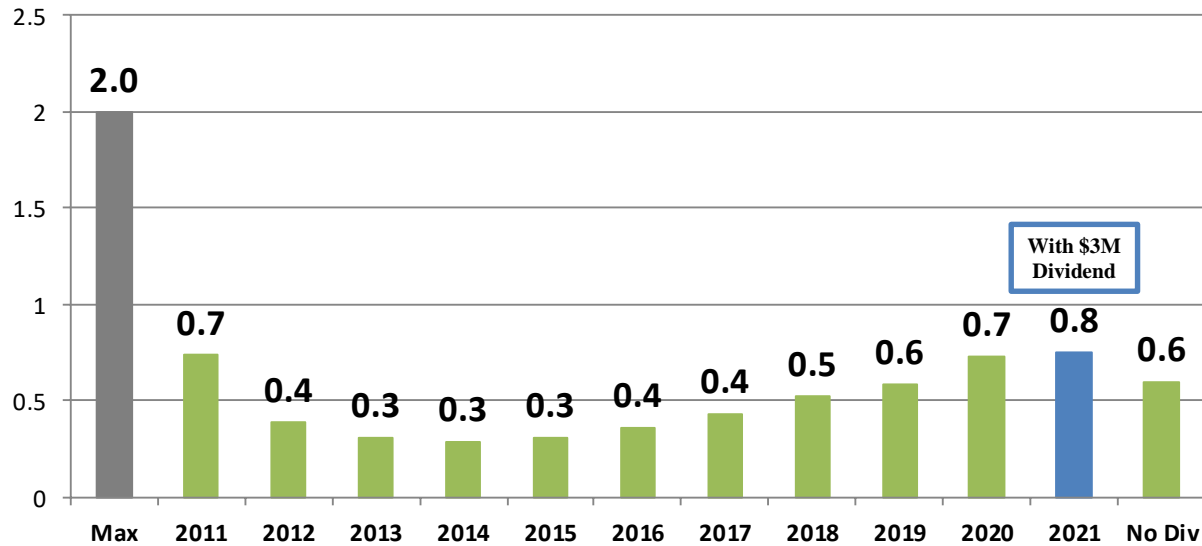


Chart 2 – Net Unpaid Claim Liability to Net Position

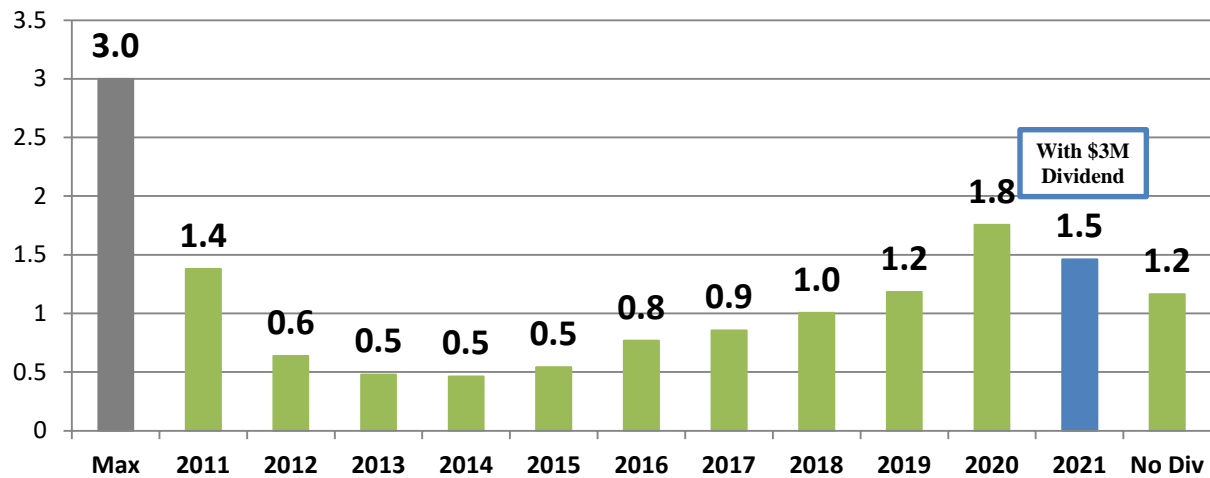
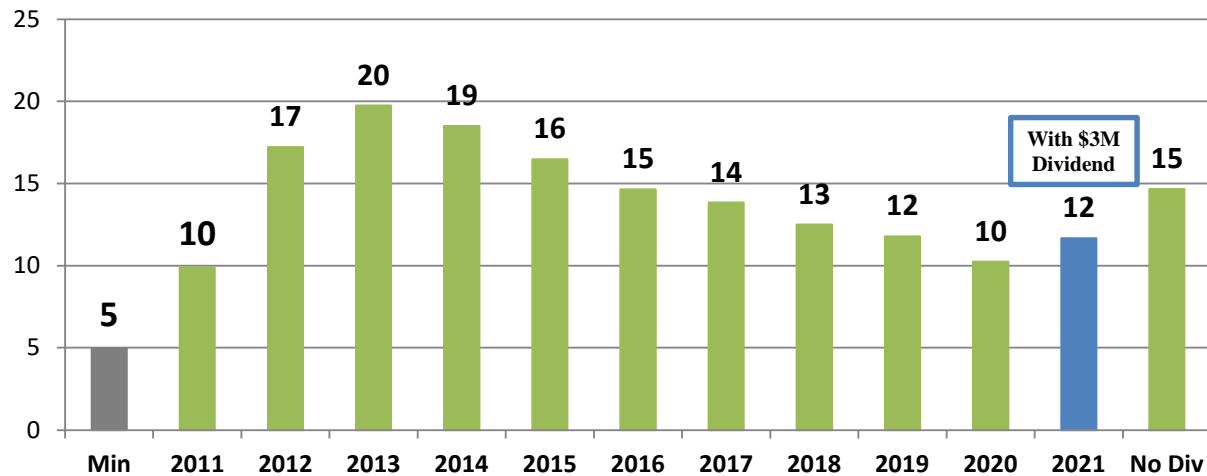


Chart 3 – Net Position to Self-Insured Retention



A calculation is presented in the attached document using the financial statements as of March 31, 2021, and assuming a \$1.0 million dividend. Staff will review the Calculation with the Board and answer any questions.

RECOMMENDATION:

Staff recommends the Board of Directors approve a dividend release not to exceed \$3.0 million from program years 2012/13, 2013/14, 2014/15, and 2015/16.

REFERENCE MATERIALS ATTACHED:

- Retrospective Adjustment Calculation
- Dividends by Member at \$1.0 million

Employment Risk Management Authority
Program Net Position by Member
As of March 31, 2021
Calculation of the Annual Retrospective Adjustment - 1.5% Discount Factor

#

Member	Retrospective Adjustment Eligible Program Years ~ Fully Five Years Old					Total Distribution Available**	~ Program Years Not Yet Eligible for Adjustment ~						Total All Program Years
	2012/13 Program Year	2013/14 Program Year	2014/15 Program Year	2015/16 Program Year	Member Subtotals		2016/17 Program Year	2017/18 Program Year	2018/19 Program Year	2019/20 Program Year	2020/21 Program Year	Member Subtotals	
BCJPIA	\$ 369,876	\$ 318,672	\$ 58,184	\$ 186,534	\$ 933,265		\$ 300,859	\$ 168,663	\$ 150,437	\$ 130,677	\$ 148,468	\$ 899,104	\$ 1,832,370
CaITIP								17,763	15,667	12,075	15,638	61,143	61,143
CSJVRMA	682,937	517,029	33,296	333,604	1,566,866		620,060	270,201	239,232	171,439	222,736	1,523,667	3,090,533
ERMAC							60,138	23,244	27,819	32,286	36,115	179,602	179,602
MBASIA	36,846	36,627	2,083	20,406	95,962		30,359	12,452	12,066	9,142	12,284	76,303	172,264
MPA	529,930	420,932	25,851	298,174	1,274,887		444,481	183,291	158,702	133,078	181,975	1,101,527	2,376,414
PARSAC	502,383	463,008	80,964	247,783	1,294,138		518,581	254,324	244,123	146,678	199,954	1,363,660	2,657,798
PERMA	466,961	465,740	85,895	209,818	1,228,414		302,117	176,837	219,823	172,853	219,324	1,090,952	2,319,366
PLAN JPA											9,104	9,104	9,104
SCORE	34,402	31,723	5,822	19,265	91,212		29,339	16,414	16,559	14,141	20,381	96,834	188,046
VCJPA	142,494	117,932	6,889	64,569	331,885		117,968	46,188	46,070	35,697	45,800	291,723	623,607
Oakland HA	71,193	55,287	3,295	28,043	157,818		47,155	26,238	20,672	15,698	20,374	130,136	287,955
Contra Costa County HA	17,183	14,175	739	5,438	37,535		9,471	4,192	3,558	2,535	3,618	23,375	60,910
Capital Fund													816,999
Totals:													
Net Position at Expected C.L.	\$ 2,854,207	\$ 2,441,124	\$ 303,018	\$ 1,413,634	\$ 7,011,983		\$ 2,480,528	\$ 1,199,807	\$ 1,154,727	\$ 876,298	\$ 1,135,772	\$ 6,847,132	\$ 14,676,113
Net Position at 90% C.L.	\$ 2,854,271	\$ 2,441,131	\$ 254,253	\$ 1,318,286	\$ 6,867,941	\$ 4,497,743	\$ 2,105,660	\$ 775,932	\$ (197,763)	\$ (1,313,759)	\$ (858,676)	\$ 511,394	7,379,334

** Negative equity in current program years is included in Total Distribution Available

Additional Information:					Subtotals:							Subtotals:	Totals:
IBNR at Expected:	\$ 4,684	\$ 494	\$ 164,955	\$ 224,227	\$ 394,360		\$ 504,895	\$ 684,189	\$ 3,331,133	\$ 4,470,589	\$ 4,721,515	\$ 13,712,321	\$ 14,106,681
Open claims	0	0	0	1	1		5	5	10	13	7	40	41
Confidence Level Funding:	80%	80%	80%	80%			80%	80%	80%	80%	80%		

Employment Risk Management Authority

Release of Dividends to the ERMA Membership

Based on the Annual Retrospective Adjustment as of March 31, 2021

Member	Program Year	Program Year	Program Year	Program Year	Member Dividend
	2012/13	2013/14	2014/15	2015/16	
BCJPIA	\$ 50,454	\$ 42,993	\$ 4,320	\$ 22,129	\$ 119,896
CalTIP					
CSJVRMA	105,274	81,362	9,175	50,356	246,167
ERMAC					
MBASIA	5,680	5,765	571	3,080	15,096
MPA	81,686	66,243	7,121	45,009	200,059
PARSAC	68,526	62,468	6,012	29,395	166,401
PERMA	63,693	62,836	6,379	24,890	157,798
PLAN JPA					
SCORE	4,693	4,281	432	2,287	11,693
VCJPA	21,965	18,559	1,898	9,748	52,170
Oakland HA	10,974	8,700	908	4,233	24,815
Contra Costa County HA	2,649	2,231	204	821	5,905
Totals:					
Equity at 90% C.L.	\$ 415,594	\$ 355,438	\$ 37,020	\$ 191,948	\$ 1,000,000

Information Only:

Equity at 90% C.L.	<u>\$ 2,854,271</u>	<u>\$ 2,441,131</u>	<u>\$ 254,253</u>	<u>\$ 1,318,286</u>	<u>\$ 6,867,941</u>
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FINANCIAL MATTERS

SUBJECT: Proposed Administrative and Operating Budget for the 2021/22 Program Year

BACKGROUND AND STATUS:

Attached is the proposed budget for the 2021/22 program year. The budget sets forth the estimated contributions required to fund ERMA's three primary expense categories and excess insurance costs for the participating members for the program year:

1. Funding for losses;
2. Excess insurance costs;
3. Loss Prevention and Training; and
4. Administrative expenses.

Membership Changes

The following membership activity is reflected in the proposed budget:

1. Add: California Intergovernmental Risk Authority (CIRA) has been added and represents the combined membership of PARSAC and the Redwood Empire Municipal Insurance Fund (REMIF);
2. Add the Yolo County Public Agency Risk Management Authority (YCPARMIA)
3. Add: City of Sierra Madre to PARSAC/CIRA
3. Add: City of Murietta Fire Department to PERMA

Summary

The following tables present the estimated 2021/22 total contributions as compared to the prior year, and the preliminary budget presented in April.

Table 1 – Comparison to Expiring Year Budget

Comparison to Prior Year			
	Proposed	Prior Year	% Change
Funding for Losses	8,748,604	\$7,778,834	12%
Excess Insurance	606,965	\$333,029	82%
Loss Prevention and Training	152,500	\$148,750	3%
Administrative Expenses	1,124,552	\$910,755	23%
Total	\$10,632,621	\$9,171,368	16%

The significant increase in excess insurance is due to the inclusion of CIRA. CIRA has not made a final decision on the excess insurance and the final budget will reflect their election.

Table 2 – Comparison to April Draft Budget

Comparison to April Draft Budget			
	Proposed	Draft	% Change
Funding for Losses	8,748,604	\$8,144,846	7%
Excess Insurance	606,965	\$381,999	59%
Loss Prevention and Training	152,500	\$152,500	0%
Administrative Expenses	1,124,552	\$986,509	14%
Total	\$10,632,621	\$9,665,854	10%

The Board can examine the changes to individual entity contributions and the key cost drivers in the attached budget. The following is a brief discussion of the various budget components and the status of each.

Funding for Losses – SIR to \$1M

The amount of funding needed to cover the ultimate cost of claims within the self-insured layer is estimated by ERMA's independent consulting actuary based on: ERMA's historical loss experience, payroll of the member entities, and other factors that could impact the cost of claims. The Board of Directors selects the confidence level and discount rate upon which the rates are determined. As shown in Table 3, staff is recommending the Board continue to set the funding rates at the 80% confidence level but reduce the discount rate by 50 basis points to 1.50%. The rate increased 4.94% with the change in discount rate contributing to approximately 1% of the increase.

Table 3 – Recommended Funding Levels

	2021/22		2020/21	
Self-Insured Layer	Confidence Level	Discount Rate	Confidence Level	Discount Rate
Member SIR to \$1 million	80%	1.50%	80%	2.00%
Funding Rate	\$0.595		\$0.567	
Change in Rate	4.94%			

Discount Rate Selection:

The funding rates are discounted to net present value (NPV), which reduces the rate to reflect investment income expected to be earned. In preparation for the annual actuarial analysis, staff met with the actuary and investment advisor to review the reasonableness of ERMA's current discount rate assumption given the current duration of liabilities and earnings potential. It was noted during the discussion that the current earnings rate of 1.62% on ERMA's portfolio has fallen behind the current discount rate of 2.0%. In addition, the estimated average earnings rate for 2022 and 2023 is 1.09% and 0.84%, respectively. Given the drop in anticipated investment earnings and expectation of a continued low interest rate environment, the consensus was to drop the interest rate assumption used to discount the unpaid

claim liabilities as of June 30, 2021, and the 2021/22 funding rates from 2.0% to 1.50%. Choosing a discount rate that closely matches the anticipated earnings protects against future funding shortfalls.

Experience Modification Factors

Experience modification (ex-mod) factors are applied to the deposit premium before excess insurance costs and provide debits and credits based on the loss experience of members. The ex-mods are based on incurred losses between \$25,000 and \$500,000 as of December 31, 2020. The three-tiered experience modification factor (ex-mod) calculation functions as follows:

- Ex-mods are calculated at the JPA level and applied in determining each member's contribution to ERMA.
- The JPA experience modifier to each underlying JPA member and used to determine the individual member contributions. It utilizes the "pure" ex-mod rather than the credibility-factored ex-mod used in the primary JPA calculation and has a floor of 0.75 and ceiling of 1.50.
- A third calculation limits annual ex-mod changes to 25% for individual members.

Excess Insurance

Excess insurance is optional and covers losses between \$1 million and \$3 million. The rate has been based on a flat renewal over the expiring policy year. The proposed budget includes CIRA as a participating in the excess insurance, however they are continuing to explore whether to elect this coverage.

Loss Prevention, Training, and Administrative Expenses

The estimated cost to operate ERMA and provide loss prevention and training services is estimated to be \$1,277,000 for the 2021/22 program year, a 21% increase over the prior year. This includes an \$200,000 increase to the fee for program management due to the addition of members into CIRA and the addition of YCPARMIA effective July 1st. The remaining expenses are based on fees contained in existing Board-approved contracts or are estimated based on past experience and planned future activities.

Payroll

Actual calendar year 2020 payroll is used to determine member contributions and increased 30% over the prior year. The increase was driven primarily by the addition of the REMIF members under CIRA (\$141 million), and the addition of YCPARMIA (\$264 million).

RECOMMENDATION:

Staff recommends the Board of Directors approve the Proposed Administrative and Operating Budget for the 2021/22 Program Year, with losses funded at the 80% confidence level and discounted at 1.5%, and authorize the Executive Director to adjust the approved budget for billing if CIRA does not elect excess insurance coverage.

REFERENCE MATERIALS ATTACHED:

- 2021/22 Proposed Administrative and Operating Budget at the 80% Confidence Level and 1.5% discount rate.

2021/2022 Preliminary Operating Budget
80% Confidence Level ~ 1.5% Discount Factor
Excess Insurance \$2 million x \$1 million ~ \$4 million / \$10 million Aggregate

	Prior Year - 2020/2021		2021/2022	Increase/(Dec)	
	Projected	Approved	Preliminary	Over Prior Year	Percentage
	Actual	Budget	Budget	Budget	Change
<u>Claims Expense:</u>					
Funding for Pooled Losses (SIR to \$1M)	\$7,778,834	\$7,778,834	\$8,748,604	\$969,770	12.47%
Excess Insurance	333,029	333,029	606,965	273,936	82.26%
Total Claims Costs	\$8,111,863	\$8,111,863	\$9,355,569	\$1,243,706	15.33%
<u>Loss Prevention and Training:</u>					
Employee Reporting Mechanism	10,956	11,500	11,500	0	0.00%
Web-based Training: AB1825 & AB1234	18,000	18,000	18,000	0	0.00%
Training Bulletins	6,000	6,000	6,000	0	0.00%
Additional Web-based Training	12,000	12,000	12,000	0	0.00%
Hotline Services - Jackson Lewis & LCW	6,500	6,500	6,500	0	0.00%
Misc. Training Expenses	0	6,000	6,000	0	0.00%
Customized Training / Workshops	24,650	88,750	92,500	3,750	4.23%
Total Loss Prevention and Training	\$78,106	\$148,750	\$152,500	\$3,750	2.52%
<u>Administration:</u>					
Program Management (Sedgwick)	\$721,658	\$738,905	\$956,175	\$217,270	29.40%
In-House Training Workshops (Sedgwick - 25 sessions)	included	included	included		
Risk Assessments	1,500	10,000	10,000	0	0.00%
Claims System	5,000	5,000	5,000	0	0.00%
Legal Services	37,000	50,000	50,000	0	0.00%
Actuarial Study	10,450	10,450	10,700	250	2.39%
Financial Audit	10,200	10,200	10,500	300	2.94%
Claims Audit	5,900	5,900	0	(5,900)	-100.00%
Board Meetings & Retreat	304	30,000	30,000	0	0.00%
Memberships and Conferences	2,210	7,500	8,000	500	6.67%
Accreditation	1,417	1,500	1,500	0	0.00%
Fidelity Bonds	1,282	1,300	2,177	877	67.46%
E & O Coverage	2,808	3,000	3,000	0	0.00%
Investment Management Services	27,502	32,000	32,000	0	0.00%
Other Expenses	5,006	5,000	5,500	500	10.00%
Total Administration	\$832,236	\$910,755	\$1,124,552	\$213,797	23.47%
Total Deposit Premium	\$9,022,205	\$9,171,368	\$10,632,621	\$1,461,253	15.93%

2021/2022 member changes from prior year:

- ~ CIRA is a combination of PARSAC and REMIF members (effective 7/1/21) - \$250K SIR ~ Withdrawal of Oroville MAD in VCIPA (effective 7/1/21)
- ~ Addition of REMIF staff and 15 members in CIRA (effective 7/1/21) - \$250K SIR
- ~ Addition of Sierra Madre in CIRA (effective 7/1/21) - 250K SIR
- ~ Addition of Murrieta Fire Department in PERMA (effective 7/1/21)
- ~ Addition of YCPARMIA staff and 22 members (effective 7/1/21) - \$500K SIR



**2021/2022 Preliminary Operating Budget
Rates**

80% Confidence Level ~ 1.5% Discount Factor

Excess Insurance \$2 million x \$1 million ~ \$4 million / \$10 million Aggregate

<i>Pool Funding, Excess Insurance, and Administrative Rates</i>			
Budget Item	Rates	Prior Year Rate	% Change
Funding for Losses - 1.5% Discounted 80% CL	\$0.5950	\$0.5670	4.94%
Excess Insurance: \$2M x \$1M ~ \$4M / \$10M	0.0400	0.0400	0.00%
Loss Prevention & Training	0.0069	0.0087	-19.92%
Administration	0.0511	0.0530	-3.56%

<i>Member Retained Limit Rates - 80% C.L.</i>			
SIR	Factor	Rates	SCORE ONLY*
\$25,000	1.13	\$0.672	\$0.537
50,000	1.00	0.595	0.475
75,000	0.90	0.536	0.428
100,000	0.82	0.488	0.390
250,000	0.50	0.298	0.238
350,000	0.36	0.214	0.171
500,000	0.20	0.119	0.095

***Rate credit for SCORE's CJPRMA coverage 0.12**

2021/2022 Preliminary Operating Budget Member Summary

80% Confidence Level ~ 1.5% Discount Factor

Member Entities	Actual 2020 Payroll	Funding For Losses *	Loss Prevention & Training	Admin. Costs	Deposit Premium	Experience Modification Factor	Deposit Premium Adjusted for Ex Mod	Off-Balance Factor	Deposit Premium Adjusted for Off-Bal Factor	Excess Insurance \$2M x \$1M	TOTAL Deposit Premium	Prior Year Comparison		
												Prior Year Deposit Premium	Percentage Change	Percentage Change Net of Payroll
BCJPIA	\$239,078,573	\$1,131,091	\$16,577	\$122,244	\$1,269,913	0.770	\$977,896	1.024	\$1,001,633		\$1,001,633	\$979,469	2.3%	4.1%
CalTIP	23,644,701	136,407	1,640	12,090	150,137	0.887	133,238	1.024	136,472	5,813	142,285	130,800	8.8%	5.6%
CIRA **	386,266,357	1,012,116	26,783	197,503	1,236,403	1.167	1,442,815	1.024	1,477,837	154,507	1,632,344	1,349,825	20.9%	-46.0%
CSJVRMA	306,274,587	1,757,366	21,237	156,603	1,935,205	1.067	2,063,974	1.024	2,114,074	122,510	2,236,583	2,197,144	1.8%	-1.9%
ERMAC	162,920,078	177,673	11,297	83,303	272,273	0.955	259,950	1.024	266,259		266,259	238,259	11.8%	6.9%
MBASIA	63,216,106	64,034	4,383	32,323	100,740	1.250	125,926	1.024	128,982	25,286	154,269	121,176	27.3%	23.4%
MPA	367,476,539	1,940,687	25,480	187,896	2,154,064	0.868	1,869,757	1.024	1,915,142	146,991	2,062,133	1,795,064	14.9%	9.9%
PERMA	246,149,037	1,407,979	17,068	125,859	1,550,907	1.048	1,626,109	1.024	1,665,580		1,665,580	1,446,921	15.1%	4.4%
PLAN JPA	14,219,386	79,140	986	7,271	87,397	0.907	79,226	1.024	81,149	5,688	86,837	89,805	-3.3%	-14.0%
SCORE	24,663,120	116,232	1,710	12,611	130,553	1.210	157,965	1.024	161,799		161,799	134,455	20.3%	16.8%
VCJPA	63,955,555	383,838	4,435	32,701	420,974	0.896	376,999	1.024	386,150	25,582	411,733	451,785	-8.9%	-12.4%
YCPARMIA	262,967,651	312,932	18,234	134,459	465,625	1.000	419,156	1.024	429,331	105,187	534,518			
Oakland H.A.	32,406,354	192,818	2,247	16,570	211,635	1.028	217,544	1.024	222,824	12,963	235,787	200,974	17.3%	12.7%
Contra Costa H.A.	6,099,076	36,290	423	3,119	39,831	0.942	37,513	1.024	38,423	2,440	40,863	35,693	14.5%	14.5%
Total	\$2,199,337,117	\$8,748,604	\$152,500	\$1,124,552	\$10,025,656		\$9,788,067		\$10,025,656	\$606,965	\$10,632,621	\$9,171,367	15.9%	-13.6%

* Includes JPA Participation Credit

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

2021/2022 Preliminary Operating Budget Prior Year Comparison

Member Entities	DEPOSIT PREMIUM CHANGE			CURRENT PAYROLL CHANGE			EX MOD CALCULATION								
							EX MOD CHANGE			AVERAGE PAYROLL CHANGE			AVERAGE LOSS CHANGE*		
	Current Year	Prior Year		Current Year	Prior Year		Current Year	Prior Year		Current Year	Prior Year		Current Year	Prior Year	
	TOTAL Deposit Premium	Total Deposit Premium	Percentage Change	Current Year Payroll	Prior Year Payroll	Percentage Change	Current Year Ex Mod	Prior Year Ex Mod	Percentage Change	Current Year Average Payroll	Prior Year Average Payroll	Percentage Change	Current Year Average Losses	Prior Year Average Losses	Percentage Change
BCIPIA	\$1,001,633	\$979,469	2.3%	\$239,078,573	\$243,572,043	-1.8%	0.770	0.791	-2.7%	\$216,743,224	\$207,937,716	4.2%	170,351	\$166,028	2.6%
CaITIP	142,285	130,800	8.8%	23,644,701	22,925,614	3.1%	0.887	0.889	-0.1%	19,185,773	17,662,852	8.6%	-	n/a	n/a
CIRA	1,632,344	1,349,825	20.9%	386,266,357	231,411,346	66.9%	1.167	1.166	0.1%	203,584,710	195,382,525	4.2%	593,809	497,435	19.4%
CSJVRMA	2,236,583	2,197,144	1.8%	306,274,587	295,282,592	3.7%	1.067	1.154	-7.6%	268,103,612	257,260,687	4.2%	622,306	616,797	0.9%
ERMAC	266,259	238,259	11.8%	162,920,078	155,337,304	4.9%	0.955	0.955	-0.1%	137,246,346	128,033,106	7.2%	233,709	191,742	21.9%
MBASIA	154,269	121,176	27.3%	63,216,106	60,825,988	3.9%	1.250	1.044	19.8%	51,776,667	48,650,325	6.4%	316,372	105,740	199.2%
MPA	2,062,133	1,795,064	14.9%	367,476,539	349,886,617	5.0%	0.868	0.838	3.6%	306,635,591	291,152,375	5.3%	434,291	328,397	32.2%
PERMA	1,665,580	1,446,921	15.1%	246,149,037	222,338,863	10.7%	1.048	1.062	-1.3%	189,852,309	176,965,966	7.3%	432,609	366,487	18.0%
PLAN JPA	86,837	89,805	-3.3%	14,219,386	14,195,875	0.2%	0.907	1.000	-9.3%	13,236,583	n/a	n/a	-	n/a	n/a
SCORE	161,799	134,455	20.3%	24,663,120	23,829,685	3.5%	1.210	1.097	10.3%	20,521,062	18,991,560	8.1%	115,313	61,563	87.3%
VCJPA	411,733	451,785	-8.9%	63,955,555	61,755,057	3.6%	0.896	1.092	-18.0%	54,633,456	51,876,663	5.3%	49,275	135,152	-63.5%
YCPARMIA	534,518	n/a	0.0%	262,967,651	n/a	0.0%	1.000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Oakland H.A	235,787	200,974	17.3%	32,406,354	30,966,730	4.6%	1.028	0.968	6.2%	27,814,841	26,820,459	3.7%	67,231	36,164	85.9%
Contra Costa H.A.	235,787	35,693	560.6%	32,406,354	5,552,285	483.7%	1.028	0.958	7.3%	-	4,922,145	-100.0%	-	2,500	-100.0%
Total	\$10,827,545	\$9,171,368	18.1%	\$2,225,644,395	\$1,717,879,999	29.6%				\$1,509,334,173	\$1,425,656,378	5.9%	3,035,265	\$2,508,005	21.0%

* Average incurred losses as displayed in the Experience Modification Calculation. Individual losses from \$25k and capped at \$500k.

**2021/2022 Preliminary Operating Budget
Program Administration Fee Worksheet**

Original Contract Year 2018/2019					2019/2020					2020/2021					2021/2022				
Annual Base Contract Price (ABCP)					Annual Base Contract Price (ABCP)					Annual Base Contract Price (ABCP)					Annual Base Contract Price (ABCP)				
Percentage Increase over previous year					Percentage Increase over previous year					Percentage Increase over previous year					Percentage Increase over previous year				
Payroll	Payroll Calc %age	Sedgwick Fees Prorated	Sedgwick Fees Annualized		Payroll	Payroll Calc %age	Sedgwick Fees Prorated	Sedgwick Fees Annualized		Payroll	Payroll Calc %age	Sedgwick Fees Prorated	Sedgwick Fees Annualized		Payroll	Payroll Calc %age	Sedgwick Fees Prorated	Sedgwick Fees Annualized	
Baseline as of 4/1/18	1,516,245,035		697,162	697,162	Baseline as of 7/1/19	1,568,013,740	735,384	735,384		Baseline as of 7/1/20	1,542,761,952	738,012	738,012		Baseline as of 6/30/21	1,544,627,119			753,683
PERMA <i>Joined 7/1/18</i>					PARSAC <i>Withdrew 7/1/19</i>					PARSAC <i>Withdrawing 6/30/20</i>					CIRA <i>Joining 7/1/21</i>				
San Jacinto	3,358,185	0.002215	1,544	1,544	W. Hollywood	(27,353,542)	-0.017445	(12,829)	(12,829)	Pacific Grove	(8,495,678)	-0.005507	(4,064)	(4,064)	Arcata	9,555,644	0.006186	4,663	4,663
ERMAC <i>Joined 1/1/19</i>					PERMA <i>Withdrew 7/1/19</i>					PERMA <i>Withdrawing 6/30/20</i>					Cloverdale	4,508,206	0.002919	2,200	2,200
Santa Maria	47,947,627	0.031623	11,023	22,046	Adelanto	(3,174,293)	-0.002024	(1,489)	(1,489)	Stanton	(3,301,106)	-0.002140	(1,579)	(1,579)	Cotati	4,017,641	0.002601	1,960	1,960
SCORE <i>Joined 1/1/19</i>					CSJVRMA <i>Withdrew 7/1/19</i>					SCORE <i>Withdrawing 6/30/20</i>					Eureka	13,633,910	0.008827	6,653	6,653
Fort Jones	462,893	0.000305	106	213	Parlier	(2,748,207)	-0.001753	(1,289)	(1,289)	Fort Jones	(533,924)	-0.000346	(255)	(255)	Fort Bragg	3,482,902	0.002255	1,699	1,699
					PERMA <i>Joined 12/31/19</i>					PLAN JPA <i>Joining 7/1/20</i>					Fortuna	5,217,344	0.003378	2,546	2,546
					Rancho Mirage	7,250,967	0.004624	1,700	3,401	American Canyon	7,193,051	0.004662	3,441	3,441	Healdsburg	16,615,489	0.010757	8,107	8,107
					SCORE <i>Joined 1/1/20</i>					Atherton	4,799,844	0.003111	2,296	2,296	Lakeport	3,437,869	0.002226	1,677	1,677
					Dunsmuir	773,287	0.000493	181	363	Woodside	2,202,980	0.001428	1,054	1,054	Rohnert Park	22,968,906	0.014870	11,207	11,207
Totals as of 6/30/19	1,568,013,740		\$709,835	\$720,965	Totals as of 6/30/20	1,542,761,952		\$721,658	\$723,541	Totals as of 6/30/21	1,544,627,119		\$738,905	\$738,905	Sebastopol	6,161,737	0.003989	3,007	3,007
															Sonoma	3,264,026	0.002113	1,593	1,593
															St Helena	7,761,649	0.005025	3,787	3,787
															Ukiah	20,006,990	0.012953	9,762	9,762
															Willits	3,279,667	0.002123	1,600	1,600
															Windsor	9,265,310	0.005998	4,521	4,521
															RP REMIF Salaries	295,813	0.000192	144	144
															Sierra Madre	7,105,732	0.004600	3,467	3,467
															PERMA <i>Joining 7/1/21</i>				
															Murrieta Fire Dept.	10,920,443	0.007070	5,329	5,329
															VCIPA <i>Withdrawing 6/30/21</i>				
															Oroville MAD *	0	0.000000	0	0
															YCPARMIA <i>Joining 7/1/21</i>				
															Capay Valley FPD	25,368	0.000016	12	12
															City of Davis	37,645,679	0.024372	18,369	18,369
															City of West Sacramento	39,532,007	0.025593	19,289	19,289
															City of Winters	4,769,382	0.003088	2,327	2,327
															City of Woodland	29,338,532	0.018994	14,315	14,315
															Clarksburg Fire Protection District	9,000	0.000006	4	4
															Cottonwood Cemetery District	15,200	0.000010	7	7
															County of Yolo	136,702,121	0.088502	66,702	66,702
															Davis Cemetery District	335,545	0.000217	164	164
															Dunnigan Fire District	225,099	0.000146	110	110
															Esparto Fire Protection District	102,224	0.000066	50	50
															Esparto USD	7,487,613	0.004848	3,653	3,653
															IHSS Public Authority	140,050	0.000091	68	68
															Madison Fire District	100,509	0.000065	49	49
															Madison Service District	107,803	0.000070	53	53
															Valley Clean Energy Alliance	398,055	0.000258	194	194
															West Plainfield Fire Protection District	193,674	0.000125	95	95
															Willow Oak Fire Protection District	212,736	0.000138	104	104
															Winters Cemetery District	163,795	0.000106	80	80
															Yolo County Law Library	16,286	0.000011	8	8
															Yolo Emergency Communication Agency	3,320,777	0.002150	1,620	1,620
															Yolo Solano AQMD	2,126,196	0.001377	1,037	1,037
															YCPARMIA Staff	533,022	0.000345	260	260
															Totals as of 6/30/22	1,959,627,071			\$956,175

Approved contract is for a 5 year period. Final year of contract is not shown.

* No payroll for 2020 calendar year.

2021/2022 Preliminary Operating Budget BCJPIA

										JPA Experience Mod Calculation <i>(Used in determining the JPA's premium to ERMA)</i>				Individual Experience Mod Calculation <i>(Used in determining each individual member's premium to their JPA)</i>										
1										2	3	4	5	6	7	8	Info Only: Prior Year (2020/2021) Experience Modification	9	10	11	Prior Year Comparison			
										JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Capped Ind. Ex Mod Including .25 capped change over prior year Modification	Prior Year Adjusted for Experience Modification	Deposit Off-Balance Factor	Premium Adjusted for Off Balance Factor	Prior Year Deposit Premium	Increase (Decrease)			
Member	Actual 2020 Payroll	SIR Selected	Payroll/100 Pool Rate	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium															
1 Albany/Albany JPA	\$11,702,836	\$50,000	\$0.595	\$69,632	\$811	\$5,984	\$76,427	(\$3,683)	\$72,744	0.770	\$56,017	1.024	\$57,376	0.073	0.750	0.750	0.750	\$54,558	0.973	\$53,106	\$48,389	\$4,717		
2 Brisbane	11,098,373	50,000	0.595	66,035	770	5,675	72,480	(3,493)	68,987	0.770	53,123	1.024	54,413	0.000	0.750	0.750	0.750	51,740	0.973	50,363	43,807	6,556		
3 CMFA (1/1/19)	5,969,261	100,000	0.488	29,124	414	3,052	32,590	(1,570)	31,020	0.770	23,887	1.024	24,466	0.000	0.750	0.750	0.750	23,265	0.973	22,645	14,811	7,835		
4 Central Marin PA	5,687,342	100,000	0.488	27,749	394	2,908	31,051	(1,496)	29,555	0.770	22,759	1.024	23,311	0.000	0.750	0.750	0.750	22,166	0.973	21,576	19,621	1,955		
5 Corte Madera (7/1/17)	3,399,285	100,000	0.488	16,585	236	1,738	18,559	(894)	17,665	0.770	13,603	1.024	13,933	0.000	0.750	0.750	0.750	13,248	0.973	12,896	13,019	(123)		
6 Emeryville	5,312,628	50,000	0.595	31,610	368	2,716	34,695	(1,672)	33,023	0.770	25,429	1.024	26,047	0.092	0.750	0.750	0.750	24,767	0.973	24,108	22,980	1,128		
7 Emeryville (MESA)	9,403,474	50,000	0.595	55,951	652	4,808	61,411	(2,959)	58,452	0.770	45,011	1.024	46,103	0.092	0.750	0.750	0.750	43,839	0.973	42,672	41,867	805		
8 Fairfax	3,279,254	50,000	0.595	19,512	227	1,677	21,416	(1,032)	20,384	0.770	15,696	1.024	16,077	0.000	0.750	0.750	0.750	15,288	0.973	14,881	12,959	1,922		
9 Larkspur	3,425,608	250,000	0.298	10,191	238	1,752	12,180	(587)	11,593	0.770	8,927	1.024	9,144	0.000	0.750	0.750	0.750	8,695	0.973	8,464	10,285	(1,822)		
10 Los Altos (07/01/12)	14,821,833	100,000	0.488	72,316	1,028	7,579	80,922	(3,899)	77,023	0.770	59,311	1.024	60,751	0.000	0.750	0.750	0.750	57,767	0.973	56,229	48,171	8,058		
11 Menlo Park (07/01/02)	30,667,457	250,000	0.298	91,236	2,126	15,681	109,043	(5,254)	103,788	0.770	79,922	1.024	81,862	0.748	0.750	0.750	0.909	77,841	0.973	75,769	89,626	(13,857)		
12 Mill Valley (07/01/01)	16,299,869	50,000	0.595	96,984	1,130	8,334	106,449	(5,129)	101,319	0.770	78,021	1.024	79,915	0.310	0.750	0.750	0.750	75,990	0.973	73,967	75,236	(1,269)		
13 Novato (09/01/07)	17,744,124	250,000	0.298	52,789	1,230	9,073	63,092	(3,040)	60,052	0.770	46,243	1.024	47,365	2.360	1.500	1.250	1.000	75,065	0.973	73,066	60,900	12,167		
14 Piedmont	14,222,007	50,000	0.595	84,621	986	7,272	92,879	(4,476)	88,403	0.770	68,075	1.024	69,727	1.277	1.277	1.277	1.500	112,867	0.973	109,863	119,656	(9,793)		
15 Pleasanton	46,867,185	75,000	0.536	250,974	3,250	23,964	278,187	(13,405)	264,782	0.770	203,896	1.024	208,845	0.000	0.750	0.750	0.750	198,587	0.973	193,300	195,334	(2,034)		
16 San Anselmo	3,069,317	50,000	0.595	18,262	213	1,569	20,045	(966)	19,079	0.770	14,692	1.024	15,048	0.000	0.750	0.750	0.750	14,309	0.973	13,928	14,483	(554)		
17 Sausalito	5,171,524	50,000	0.595	30,771	359	2,644	33,773	(1,627)	32,146	0.770	24,754	1.024	25,355	0.049	0.750	0.750	0.750	24,109	0.973	23,468	28,528	(5,060)		
18 Tiburon (7/1/11)	3,926,313	25,000	0.672	26,399	272	2,008	28,678	(1,382)	27,296	0.770	21,020	1.024	21,530	0.000	0.750	0.750	0.750	20,472	0.973	19,927	17,912	2,016		
19 Union City	27,010,881	75,000	0.536	144,643	1,873	13,811	160,327	(7,726)	152,602	0.770	117,511	1.024	120,363	0.048	0.750	0.750	0.750	114,451	0.973	111,404	101,885	9,519		
Total	\$239,078,573			\$1,195,382	\$16,577	\$122,244	\$1,334,204	(\$64,291)	\$1,269,913		\$977,896		\$1,001,633					\$1,029,025		\$1,001,633	\$979,469	\$22,164		
				(64,291)	JPA participation credit																			
				\$1,131,091	Net funding										JPA Ex mod calc:	1 X 2 = 3; then 3 X 4 = 5			Individual Ex mod calc:	1 X 8 = 9; then 9 X 10 = 11				

2021/2022 Preliminary Operating Budget CalTIP

									JPA Experience Mod Calculation <i>(Used in determining the JPA's premium to ERMA)</i>				Individual Experience Mod Calculation <i>(Used in determining each individual member's premium to their JPA)</i>										
1									2	3	4	5	6	7	8	Info Only:	9	10	11			Prior Year Comparison	
Member	Actual 2020	SIR	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Capped Ind. Ex Mod Including .25 capped change over prior year	Prior Year (2020/2021) Experience Modification	Deposit Adjusted for Experience Modification	Off-Balance Factor	Premium Adjusted for Off Balance Factor	Excess Insurance \$2M x \$1M	TOTAL Deposit Premium	Prior Year Deposit Premium	Increase (Decrease)
	Payroll	Selected																					
1 El Dorado County TA	\$3,161,997	\$50,000	\$18,814	\$219	\$1,617	\$20,650	(\$336)	\$20,314	0.887	\$18,028	1.024	\$18,465	0.000	0.750	0.750	0.750	\$15,235	1.212	\$18,465		\$18,465	\$19,384	(\$919)
2 Humboldt Transit	3,017,735	75,000	16,160	209	1,543	17,912	(291)	17,621	0.887	15,638	1.024	16,017	0.000	0.750	0.750	0.750	13,216	1.212	16,017		16,017	12,707	3,311
3 Livermore Amador Valley TA	1,817,427	50,000	10,814	126	929	11,869	(193)	11,676	0.887	10,362	1.024	10,613	0.000	0.750	0.750	0.750	8,757	1.212	10,613	727	11,340	9,886	1,454
4 Mendocino Transit	2,772,977	50,000	16,499	192	1,418	18,109	(295)	17,815	0.887	15,810	1.024	16,193	0.000	0.750	0.750	0.750	13,361	1.212	16,193	1,109	17,303	17,579	(277)
5 Morongo Basin TA	1,834,939	50,000	10,918	127	938	11,983	(195)	11,788	0.887	10,462	1.024	10,716	0.000	0.750	0.750	0.750	8,841	1.212	10,716		10,716	9,437	1,279
6 San Luis Obispo Regional TA*	5,727,046	50,000	34,076	397	2,928	37,401	(608)	36,793	0.887	32,652	1.024	33,444	0.000	0.750	0.750	0.750	27,595	1.212	33,444	2,291	35,735	33,028	2,707
7 Tahoe Transportation District	3,296,826	50,000	19,616	229	1,686	21,530	(350)	21,180	0.887	18,796	1.024	19,252	0.000	0.750	0.750	0.750	15,885	1.212	19,252	1,319	20,571	17,236	3,335
8 Western Contra Costa TA	1,098,212	50,000	6,534	76	562	7,172	(117)	7,055	0.887	6,261	1.024	6,413	0.000	0.750	0.750	0.750	5,292	1.212	6,413		6,413	5,840	573
9 Yolo County Trans. District	917,541	50,000	5,459	64	469	5,992	(97)	5,895	0.887	5,231	1.024	5,358	0.000	0.750	0.750	0.750	4,421	1.212	5,358	367	5,725	5,703	23
Total	\$23,644,701		\$138,890	\$1,640	\$12,090	\$152,620	(\$2,483)	\$150,137		\$133,238		\$136,472					\$112,603		\$136,472	\$5,813	\$142,285	\$130,800	\$11,486
			(2,483)	JPA participation credit																			
			\$136,407	Net funding																			
									JPA Ex mod calc:				Individual Ex mod calc:				1 X 8 = 9; then 9 X 10 = 11						
									1 X 2 = 3; then 3 X 4 = 5														

2021/2022 Preliminary Operating Budget CIRA

Member	1											JPA Experience Mod Calculation (Used in determining the JPA's premium to ERMA)				Individual Experience Mod Calculation (Used in determining each individual member's premium to their JPA)										Prior Year Comparison	
	Actual 2020 Payroll	Calculated Full-Time Employees	SIR Selected	Payroll/100 Pool Rate	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Ex Mod Including .25 capped change over prior year	Info Only:			Premium Adjusted for Off Balance Factor	Excess Insurance \$2M x \$1M	TOTAL Deposit Premium				
																		Prior Year (2020/2021) Experience Modification	Deposit Adjusted for Experience Modification	Off-Balance Factor							
1 Amador	\$39,540	1	\$250,000	0.298	\$118	\$3	\$20	\$141	(\$14)	\$127	1.167	\$148	1.024	\$151	0.000	0.750	0.750	0.750	0.750	\$95	1.153	\$109	\$16	\$125	\$236	(\$126)	
2 Avalon	\$445,158	130	\$250,000	0.298	16,199	378	2,784	19,361	(1,932)	17,429	1.167	20,339	1.024	20,833	0.000	0.750	0.750	0.750	0.750	13,072	1.153	15,078	2,178	17,256	39,454	(24,376)	
3 Belvedere (07/01/15)	2,244,081	53	\$250,000	0.298	6,676	156	1,147	7,979	(796)	7,183	1.167	8,382	1.024	8,586	1.028	1.028	1.028	1.000	1.000	7,384	1.153	8,517	898	9,414	17,073	(8,556)	
4 Blue Lake	537,023	13	\$250,000	0.298	1,598	37	275	1,909	(191)	1,719	1.167	2,006	1.024	2,055	0.000	0.750	0.750	0.750	0.750	1,289	1.153	1,487	215	1,702	3,092	(1,605)	
5 California City	7,934,699	189	\$250,000	0.298	23,606	550	4,057	28,213	(2,815)	25,398	1.167	29,638	1.024	30,358	10.284	1.500	1.500	1.500	1.500	38,097	1.153	43,943	3,174	47,117	76,556	(32,614)	
6 Calimesa	2,176,608	52	\$250,000	0.298	6,475	151	1,113	7,739	(772)	6,967	1.167	8,130	1.024	8,328	0.000	0.750	0.750	1.000	1.000	5,225	1.153	6,027	871	6,898	15,306	(9,279)	
7 Calistoga	6,639,191	158	\$250,000	0.298	19,752	460	3,395	23,607	(2,355)	21,251	1.167	24,799	1.024	25,401	0.000	0.750	0.750	0.750	0.750	15,939	1.153	18,384	2,656	21,040	38,417	(20,033)	
8 Citrus Heights	18,707,681	445	\$250,000	0.298	55,655	1,297	9,566	66,518	(6,636)	59,882	1.167	69,879	1.024	71,575	0.565	0.750	0.750	0.750	0.750	44,911	1.153	51,802	7,483	59,285	87,576	(35,774)	
9 Clearlake	4,675,251	111	\$250,000	0.298	13,909	324	2,391	16,624	(1,659)	14,965	1.167	17,463	1.024	17,887	4.713	1.500	1.250	1.000	1.000	18,706	1.153	21,576	1,870	23,447	35,638	(14,061)	
10 Coalinga	5,605,176	133	\$250,000	0.298	16,675	389	2,866	19,930	(1,988)	17,942	1.167	20,937	1.024	21,445	4.488	1.500	1.500	1.500	1.500	26,912	1.153	31,042	2,242	33,284	58,159	(27,117)	
11 Ferndale	760,266	18	\$250,000	0.298	2,262	53	389	2,703	(270)	2,434	1.167	2,840	1.024	2,909	0.000	0.750	0.750	0.750	0.750	1,825	1.153	2,105	304	2,409	4,159	(2,054)	
12 Grass Valley	8,649,990	206	\$250,000	0.298	25,734	600	4,423	30,756	(3,069)	27,688	1.167	32,310	1.024	33,094	0.000	0.750	0.750	0.750	0.750	20,766	1.153	23,952	3,460	27,412	46,730	(22,778)	
13 Highland	3,489,735	83	\$250,000	0.298	10,382	242	1,784	12,408	(1,238)	11,170	1.167	13,035	1.024	13,352	0.000	0.750	0.750	0.750	0.750	8,378	1.153	9,663	1,396	11,059	18,789	(9,126)	
14 Menifee (10/1/08)	14,915,995	355	\$250,000	0.298	44,375	1,034	7,627	53,036	(5,291)	47,745	1.167	55,716	1.024	57,068	5.120	1.500	1.500	1.250	1.250	71,617	1.153	82,605	9,966	88,572	85,103	(2,498)	
15 Nevada City	2,729,700	65	\$250,000	0.298	8,121	189	1,396	9,706	(968)	8,738	1.167	10,196	1.024	10,444	0.000	0.750	0.750	0.750	0.750	6,553	1.153	7,559	1,092	8,650	15,994	(8,436)	
16 Placenta	16,488,966	393	\$250,000	0.298	49,055	1,143	8,431	58,629	(5,849)	52,780	1.167	61,591	1.024	63,086	1.275	1.275	1.000	0.750	0.750	52,780	1.153	60,878	6,596	67,473	57,865	(3,012)	
17 Placerville	6,866,007	163	\$250,000	0.298	20,426	476	3,511	24,413	(2,436)	21,977	1.167	25,646	1.024	26,269	0.000	0.750	0.750	0.750	0.750	16,483	1.153	19,012	2,746	21,759	36,885	(17,873)	
18 Plymouth	689,651	16	\$250,000	0.298	2,052	48	353	2,452	(245)	2,208	1.167	2,576	1.024	2,639	0.000	0.750	0.750	0.750	0.750	1,656	1.153	1,910	276	2,186	3,672	(1,762)	
19 Point Arena	430,874	10	\$250,000	0.298	1,282	30	220	1,532	(153)	1,379	1.167	1,609	1.024	1,649	0.000	0.750	0.750	0.750	0.750	1,034	1.153	1,193	172	1,365	2,261	(1,068)	
20 Rancho Cucamonga	28,856,863	687	\$250,000	0.298	85,849	2,001	14,755	102,605	(10,237)	92,368	1.167	107,789	1.024	110,405	1.451	1.451	1.451	1.250	1.250	133,991	1.153	154,549	11,543	166,092	151,025	(3,525)	
21 Rancho Cucamonga FPD (7/1/16)	20,323,453	484	\$250,000	0.298	60,462	1,409	10,392	72,263	(7,210)	65,053	1.167	75,914	1.024	77,757	0.000	0.750	0.750	0.750	0.750	48,790	1.153	56,276	8,129	64,405	85,724	(29,448)	
22 Rancho Santa Margarita (01/01/0)	2,816,136	67	\$250,000	0.298	8,378	195	1,440	10,013	(999)	9,014	1.167	10,519	1.024	10,774	0.000	0.750	0.750	0.750	0.750	6,761	1.153	7,798	1,126	8,924	16,616	(8,819)	
23 San Juan Bautista	799,052	19	\$250,000	0.298	2,377	55	409	2,841	(283)	2,558	1.167	2,985	1.024	3,057	0.000	0.750	0.750	0.750	0.750	1,918	1.153	2,213	320	2,532	4,364	(2,151)	
24 Sierra Madre	7,105,732	169	\$250,000	0.298	21,140	493	3,633	25,266	(2,521)	22,745	1.167	26,542	1.024	27,186			1.000			22,745	1.153	26,235	2,842	29,077			
25 South Lake Tahoe	20,917,691	498	\$250,000	0.298	62,230	1,450	10,696	74,376	(7,420)	66,956	1.167	78,134	1.024	80,030	0.076	0.750	0.750	0.750	0.750	50,217	1.153	57,921	8,367	66,289	86,876	(28,955)	
26 Tehama	49,230	1	\$250,000	0.298	146	3	25	175	(17)	158	1.167	184	1.024	188	0.000	0.750	0.750	0.750	0.750	118	1.153	136	20	156	204	(67)	
27 Trinidad	379,001	9	\$250,000	0.298	1,128	26	194	1,348	(134)	1,213	1.167	1,416	1.024	1,450	0.000	0.750	0.750	0.750	0.750	910	1.153	1,049	152	1,201	2,231	(1,182)	
28 Truckee	11,054,419	263	\$250,000	0.298	32,887	767	5,652	39,306	(3,922)	35,384	1.167	41,291	1.024	42,294	0.000	0.750	0.750	0.750	0.750	26,538	1.153	30,610	4,422	35,032	61,572	(30,962)	
29 Twentynine Palms	2,793,715	67	\$250,000	0.298	8,311	194	1,428	9,933	(991)	8,942	1.167	10,435	1.024	10,689	11.807	1.500	1.250	1.000	1.000	11,178	1.153	12,893	1,117	14,011	21,295	(8,402)	
30 Watsonville	33,956,878	808	\$250,000	0.298	101,022	2,355	17,363	120,739	(12,046)	108,693	1.167	126,839	1.024	129,917	2.177	1.500	1.500	1.500	1.500	163,039	1.153	188,055	13,583	201,637	186,322	1,733	
31 Wheatland	1,825,924	43	\$250,000	0.298	5,432	127	934	6,492	(648)	5,845	1.167	6,820	1.024	6,986	0.000	0.750	0.750	0.750	0.750	4,383	1.153	5,056	730	5,786	10,696	(5,640)	
32 Wildomar (07/01/08)	1,459,862	35	\$250,000	0.298	4,343	101	746	5,191	(518)	4,673	1.167	5,453	1.024	5,585	0.000	0.750	0.750	0.750	0.750	3,505	1.153	4,042	584	4,626	8,052	(4,010)	
33 Yountville	3,710,270	88	\$250,000	0.298	11,038	257	1,897	13,192	(1,316)	11,876	1.167	13,859	1.024	14,195	0.000	0.750	0.750	1.000	1.000	8,907	1.153	10,274	1,484	11,758	29,302	(19,028)	
34 Yucaipa	4,929,286	117	\$250,000	0.298	14,665	342	2,520	17,527	(1,749)	15,778	1.167	18,412	1.024	18,859	0.000	0.750	0.750	0.750	0.750	11,834	1.153	13,649	1,972	15,621	29,611	(15,962)	
35 Yucca Valley	3,085,964	73	\$250,000	0.298	9,181	214	1,578	10,973	(1,095)	9,878	1.167	11,527	1.024	11,807	0.565	0.750	0.750	0.750	0.750	7,408	1.153	8,545	1,234	9,779	12,969	(4,424)	
36 Arcata	9,555,644	228	\$250,000	0.298	28,428	663	4,886	33,977	(3,390)	30,587	1.167	35,693	1.024	36,559			1.000			30,587	1.153	35,280	3,822	39,102			
37 Cloverdale	4,508,206	107	\$250,000	0.298	13,412	313	2,305	16,030																			

2021/2022 Preliminary Operating Budget
CSJVRMA

2021/2022 Preliminary Operating Budget MBASIA

1									JPA Experience Mod Calculation (Used in determining the JPA's premium to ERMA)				Individual Experience Mod Calculation (Used in determining each individual member's premium to their JPA)											
Member	Actual 2020 Payroll	SIR Selected	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	8 Capped Ind. Ex Mod including .25 capped change over prior year	Info Only: Prior Year (2020/2021) Experience Modification	9 Deposit Adjusted for Experience Modification	10 Off-Balance Factor	11 Premium Adjusted for Off Balance Factor	Excess Insurance \$2M x \$1M	TOTAL Deposit Premium	Prior Year Deposit Premium	Increase (Decrease)	
1 Capitola	\$6,194,164	\$500,000	\$7,371	\$429	\$3,167	\$10,968	(\$1,097)	\$9,871	1.250	\$12,339	1.024	\$12,638	2.628	1.500	1.500	1.250	\$14,806	1.303	\$19,295	\$2,478	\$21,772	\$16,830	\$4,943	
2 Del Rey Oaks	1,459,024	500,000	1,736	101	746	2,583	(258)	2,325	1.250	2,906	1.024	2,977	18.721	1.500	1.500	1.500	3,488	1.303	4,545	584	5,128	4,942	186	
3 Gonzales	4,053,383	500,000	4,824	281	2,073	7,177	(718)	6,459	1.250	8,074	1.024	8,270	0.000	0.750	0.750	0.750	4,845	1.303	6,313	1,621	7,934	6,941	993	
4 Greenfield	6,779,110	500,000	8,067	470	3,466	12,003	(1,200)	10,803	1.250	13,504	1.024	13,832	13.583	1.500	1.500	1.500	16,205	1.303	21,117	2,712	23,828	18,267	5,561	
5 Hollister	18,147,545	500,000	21,596	1,258	9,279	32,133	(3,213)	28,920	1.250	36,150	1.024	37,027	0.202	0.750	0.750	0.750	21,690	1.303	28,264	7,259	35,523	30,007	5,516	
6 King City	3,188,426	500,000	3,794	221	1,630	5,646	(565)	5,081	1.250	6,351	1.024	6,505	0.000	0.750	0.750	0.750	3,811	1.303	4,966	1,275	6,241	5,175	1,067	
7 Marina	10,353,395	500,000	12,321	718	5,294	18,332	(1,833)	16,499	1.250	20,624	1.024	21,124	1.063	1.063	1.000	0.750	16,499	1.303	21,500	4,141	25,642	16,653	8,989	
8 Sand City	2,727,512	500,000	3,246	189	1,395	4,829	(483)	4,347	1.250	5,433	1.024	5,565	0.000	0.750	0.750	0.750	3,260	1.303	4,248	1,091	5,339	4,682	657	
9 Scotts Valley	5,145,170	500,000	6,123	357	2,631	9,110	(911)	8,199	1.250	10,249	1.024	10,498	10.658	1.500	1.000	0.750	8,199	1.303	10,685	2,058	12,743	9,453	3,290	
10 Soledad	5,168,379	500,000	6,150	358	2,643	9,151	(915)	8,236	1.250	10,295	1.024	10,545	0.000	0.750	0.750	0.750	6,177	1.303	8,050	2,067	10,117	8,227	1,890	
Total	\$63,216,106		\$75,227	\$4,383	\$32,323	\$111,934	(\$11,193)	\$100,740		\$125,926		\$128,982					\$98,979		\$128,982	\$25,286	\$154,269	\$121,176	\$33,093	
			(11,193)	JPA participation credit																				
			\$64,034	Net funding																				
	JPA Ex mod calc:								1 X 2 = 3; then 3 X 4 = 5				Individual Ex mod calc:								1 X 8 = 9; then 9 X 10 = 11			

2021/2022 Preliminary Operating Budget
MPA

Member	1								JPA Experience Mod Calculation <i>(Used in determining the JPA's premium to ERMA)</i>				Individual Experience Mod Calculation <i>(Used in determining each individual member's premium to their JPA)</i>							Prior Year Comparison			
	Actual 2020 Payroll	SIR Selected	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Capped Ind. Ex Mod Including .25 capped change over prior year	Info Only: Prior Year (2020/2021) Experience Modification	Deposit Adjusted for Experience Modification	Off-Balance Factor	Premium Adjusted for Off Balance Factor			Excess Insurance \$2M x \$1M	TOTAL Deposit Premium
1 Antioch	\$42,345,945	\$50,000	\$251,958	\$2,936	\$21,652	\$276,547	(\$25,230)	\$251,317	0.868	\$218,147	1.024	\$223,442	0.536	0.750	0.750	0.750	\$188,488	0.953	\$179,700	\$16,938	\$196,638	\$148,879	\$47,759
2 Brentwood	35,460,143	50,000	210,988	2,459	18,131	231,578	(21,127)	210,451	0.868	182,674	1.024	187,108	2.015	1.500	1.275	1.025	268,427	0.953	255,912	14,184	270,096	204,989	65,108
3 Clayton	2,445,121	50,000	14,548	170	1,250	15,968	(1,457)	14,511	0.868	12,596	1.024	12,902	0.000	0.750	0.750	0.750	10,884	0.953	10,376	978	11,354	10,721	633
4 Danville	8,414,317	50,000	50,065	583	4,302	54,951	(5,013)	49,938	0.868	43,347	1.024	44,399	1.230	1.230	1.000	0.750	49,938	0.953	47,609	3,366	50,975	39,150	11,825
5 El Cerrito	21,779,663	50,000	129,589	1,510	11,136	142,235	(12,976)	129,259	0.868	112,199	1.024	114,922	3.061	1.500	1.000	0.750	129,259	0.953	123,233	8,712	131,944	97,753	34,191
6 Hercules	7,780,378	50,000	46,293	539	3,978	50,811	(4,636)	46,175	0.868	40,081	1.024	41,054	0.982	0.982	0.982	1.182	45,339	0.953	43,225	3,112	46,337	51,741	(5,403)
7 LaFayette	4,408,933	50,000	26,233	306	2,254	28,793	(2,627)	26,166	0.868	22,713	1.024	23,264	0.000	0.750	0.750	0.750	19,625	0.953	18,710	1,764	20,473	20,114	359
8 Manteca	45,243,136	50,000	269,197	3,137	23,133	295,467	(26,956)	268,511	0.868	233,072	1.024	238,729	1.663	1.500	1.339	1.089	359,537	0.953	342,774	18,097	360,871	262,972	97,899
9 Martinez	15,310,499	50,000	91,097	1,062	7,828	99,988	(9,122)	90,866	0.868	78,873	1.024	80,787	0.000	0.750	0.750	0.750	68,149	0.953	64,972	6,124	71,096	65,651	5,445
10 Moraga	4,441,757	50,000	26,428	308	2,271	29,008	(2,646)	26,361	0.868	22,882	1.024	23,437	0.362	0.750	0.750	0.750	19,771	0.953	18,849	1,777	20,626	19,684	942
11 Oakley (07/01/02)	10,042,060	50,000	59,750	696	5,135	65,581	(5,983)	59,598	0.868	51,732	1.024	52,988	0.000	0.750	0.750	0.750	44,699	0.953	42,615	4,017	46,631	44,142	2,489
12 Orinda	3,760,432	50,000	22,375	261	1,923	24,558	(2,240)	22,318	0.868	19,372	1.024	19,842	0.000	0.750	0.750	0.750	16,738	0.953	15,958	1,504	17,462	16,637	825
13 Pacifica (03/09/07)	19,303,972	75,000	103,373	1,339	9,870	114,582	(10,453)	104,128	0.868	90,385	1.024	92,579	0.000	0.750	0.750	0.750	78,096	0.953	74,455	7,722	82,177	77,527	4,650
14 Pinole	11,143,507	50,000	66,304	773	5,698	72,774	(6,639)	66,135	0.868	57,406	1.024	58,800	0.000	0.750	0.750	0.750	49,601	0.953	47,289	4,457	51,746	42,902	8,844
15 Pittsburg	29,434,181	50,000	175,133	2,041	15,050	192,224	(17,537)	174,688	0.868	151,631	1.024	155,312	0.008	0.750	1.003	1.253	175,297	0.953	167,124	11,774	178,897	205,448	(26,551)
16 Pleasant Hill	13,140,989	50,000	78,189	911	6,719	85,819	(7,829)	77,990	0.868	67,696	1.024	69,339	0.000	0.750	1.067	1.317	83,215	0.953	79,335	5,256	84,592	95,825	(11,233)
17 San Pablo	16,868,398	100,000	82,301	1,170	8,625	92,096	(8,402)	83,694	0.868	72,647	1.024	74,411	0.000	0.750	0.750	0.750	62,770	0.953	59,844	6,747	66,591	63,963	2,628
18 San Ramon	34,068,902	50,000	202,710	2,362	17,420	222,492	(20,298)	202,194	0.868	175,507	1.024	179,767	0.127	0.750	0.750	0.750	151,645	0.953	144,575	13,628	158,203	145,374	12,828
19 Walnut Creek	42,084,206	50,000	250,401	2,918	21,518	274,837	(25,074)	249,764	0.868	216,798	1.024	222,061	0.000	0.750	0.750	0.750	187,323	0.953	178,589	16,834	195,423	181,591	13,831
Total	\$367,476,539		\$2,156,933	\$25,480	\$187,896	\$2,370,310	(\$216,246)	\$2,154,064		\$1,869,757		\$1,915,142					\$2,008,801		\$1,915,142	\$146,991	\$2,062,133	\$1,795,064	\$267,069
			(216,246)	JPA participation credit																			
			\$1,940,687	Net funding					JPA Ex mod calc:	1 X 2 = 3; then 3 X 4 = 5			Individual Ex mod calc:		1 X 8 = 9; then 9 X 10 = 11								

2021/2022 Preliminary Operating Budget PERMA

1									JPA Experience Mod Calculation (Used in determining the JPA's premium to ERMA)				Individual Experience Mod Calculation (Used in determining each individual member's premium to their JPA)							Prior Year Comparison	
									2	3	4	5	6	7	8	Info Only:	9	10	11		
Member	Actual 2020 Payroll	SIR Selected	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Capped Ind. Ex Mod Including .25 capped change over prior year	Prior Year (2020/2021) Experience Modification	Deposit Adjusted for Experience Modification	Off-Balance Factor	Premium Adjusted for Off Balance Factor	Prior Year Deposit Premium	Increase (Decrease)
1 Banning (02/14/02)	\$19,330,395	\$25,000	\$129,968	\$1,340	\$9,884	\$141,192	-\$12,226	\$128,966	1.048	\$135,220	1.024	\$138,502	2.741	1.500	1.500	1.500	\$193,449	1.095	\$211,888	\$193,805	\$18,082
2 Barstow (02/04/02)	15,113,929	25,000	101,619	1,048	7,728	110,394	(9,559)	100,835	1.048	105,725	1.024	108,291	0.902	0.902	0.902	1.000	90,905	1.095	99,570	102,522	(2,952)
3 Canyon Lake (07/01/11)	740,552	25,000	4,979	51	379	5,409	(468)	4,941	1.048	5,180	1.024	5,306	0.000	0.750	0.750	0.750	3,706	1.095	4,059	2,955	1,103
4 Cathedral City (02/14/01)	22,874,716	25,000	153,798	1,586	11,696	167,080	(14,468)	152,613	1.048	160,013	1.024	163,897	3.380	1.500	1.315	1.065	200,682	1.095	219,810	182,515	37,295
5 Coachella (10/01/00)	6,399,918	25,000	43,030	444	3,272	46,746	(4,048)	42,698	1.048	44,769	1.024	45,855	0.000	0.750	0.750	0.750	32,024	1.095	35,076	34,424	652
6 Desert Hot Springs (07/01/01)	7,901,306	25,000	53,124	548	4,040	57,712	(4,997)	52,715	1.048	55,271	1.024	56,613	0.285	0.750	0.750	0.750	39,536	1.095	43,305	37,057	6,247
7 Eastvale (07/01/15)	2,649,838	25,000	17,816	184	1,355	19,355	(1,676)	17,679	1.048	18,536	1.024	18,986	17.209	1.500	1.000	0.750	17,679	1.095	19,364	12,572	6,792
8 Hesperia (07/01/10)	12,054,093	50,000	71,722	836	6,163	78,721	(6,817)	71,904	1.048	75,391	1.024	77,221	0.047	0.750	0.750	1.000	53,928	1.095	59,069	82,071	(23,002)
9 Holtville (07/01/08)	1,402,246	25,000	9,428	97	717	10,242	(887)	9,355	1.048	9,809	1.024	10,047	0.000	0.750	0.750	0.750	7,016	1.095	7,685	7,026	660
10 ICTC (07/01/12)	705,839	25,000	4,746	49	361	5,156	(446)	4,709	1.048	4,937	1.024	5,057	0.000	0.750	0.750	0.750	3,532	1.095	3,868	4,010	(142)
11 Jurupa Valley (11/2/15)	2,342,660	25,000	15,751	162	1,198	17,111	(1,482)	15,629	1.048	16,387	1.024	16,785	1.106	1.106	1.000	0.750	15,629	1.095	17,119	9,008	8,111
12 La Mesa (07/01/02)	27,441,181	25,000	184,501	1,903	14,031	200,435	(17,356)	183,079	1.048	191,956	1.024	196,615	0.175	0.750	0.750	0.750	137,309	1.095	150,397	135,560	14,836
13 Murrieta (07/01/01) *	41,335,161	100,000	201,674	2,866	21,135	225,676	(19,542)	206,134	1.048	216,129	1.024	221,375	0.000	0.750	0.750	0.750	154,600	1.095	169,336	120,662	48,675
14 Palm Sps Tram (11/01/05)	3,957,934	25,000	26,611	274	2,024	28,909	(2,503)	26,406	1.048	27,686	1.024	28,358	0.113	0.750	0.750	0.750	19,805	1.095	21,692	26,673	(4,981)
15 Perris (09/25/00)	9,144,474	25,000	61,483	634	4,676	66,793	(5,784)	61,009	1.048	63,967	1.024	65,520	0.000	0.750	0.750	0.750	45,757	1.095	50,118	45,279	4,839
16 Rancho Mirage (12/31/19)	7,682,358	25,000	51,652	533	3,928	56,113	(4,859)	51,254	1.048	53,739	1.024	55,044	1.362	1.362	1.250	1.000	64,068	1.095	70,174	58,438	11,736
17 San Jacinto (07/01/18)	5,193,931	25,000	34,921	360	2,656	37,937	(3,285)	34,652	1.048	36,332	1.024	37,214	0.000	0.750	0.750	0.750	25,989	1.095	28,466	23,830	4,637
18 SDRTC (11/04/13)	559,148	25,000	3,759	39	286	4,084	(354)	3,730	1.048	3,911	1.024	4,006	0.000	0.750	0.750	0.750	2,798	1.095	3,065	2,965	99
19 SunLine (11/04/13)	18,629,160	50,000	110,844	1,292	9,525	121,661	(10,535)	111,126	1.048	116,514	1.024	119,342	2.151	1.500	1.500	1.500	166,689	1.095	182,577	169,322	13,254
20 Victorville (07/01/01)	39,239,427	25,000	263,826	2,721	20,064	286,611	(24,818)	261,793	1.048	274,487	1.024	281,149	0.910	0.910	0.910	0.750	238,280	1.095	260,991	188,137	72,854
21 VVTA (7/1/12)	1,450,770	25,000	9,754	101	742	10,597	(918)	9,679	1.048	10,148	1.024	10,395	0.000	0.750	0.750	0.750	7,259	1.095	7,951	8,088	(136)
Total	\$246,149,037		\$1,555,007	\$17,068	\$125,859	\$1,697,934	(\$147,028)	\$1,550,907		\$1,626,109		\$1,665,580					\$1,520,640		\$1,665,580	\$1,446,921	\$218,658
			(147,028)	JPA participation credit																	
			\$1,407,979	Net funding																	
									JPA Ex mod calc: 1 X 2 = 3; then 3 X 4 = 5				Individual Ex mod calc: 1 X 8 = 9; then 9 X 10 = 11								

* Includes Murrieta Fire Department

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2021/2022 Preliminary Operating Budget SCORE

									JPA Experience Mod Calculation <i>(Used in determining the JPA's premium to ERMA)</i>				Individual Experience Mod Calculation <i>(Used in determining each individual member's premium to their JPA)</i>									
1									2	3	4	5	6	7	8	Info Only:	9	10	11	Prior Year Comparison		
									JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Capped Ind. Ex Mod Including .25 capped change over prior year Experience Modification	Prior Year (2020/2021) Modification	Deposit Adjusted for Experience Modification	Off-Balance Factor	Premium Adjusted for Off Balance Factor	Prior Year Deposit Premium	Increase (Decrease)	
Member	Actual 2020 Payroll	SIR Selected	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium														
1 Biggs (07/01/17)	\$437,782	\$25,000	\$2,350	\$30	\$224	\$2,604	(\$242)	\$2,362	1.210	\$2,858	1.024	\$2,927	0.000	0.750	0.750	0.750	\$1,771	1.388	\$2,459	\$2,131	\$329	
2 Colfax	786,691	25,000	4,223	55	402	4,679	(435)	4,244	1.210	5,135	1.024	5,260	0.000	0.750	0.750	0.750	3,183	1.388	4,419	4,125	295	
3 Dunsmuir (01/01/20)	819,256	25,000	4,397	57	419	4,873	(453)	4,420	1.210	5,348	1.024	5,477	0.000	0.750	0.750	1.000	3,315	1.388	4,602	5,851	(1,249)	
4 Live Oak (07/01/04)	1,623,377	25,000	8,713	113	830	9,656	(898)	8,758	1.210	10,596	1.024	10,854	0.000	0.750	0.750	0.750	6,568	1.388	9,119	7,047	2,073	
5 Loomis (07/01/12)	1,201,962	25,000	6,452	83	615	7,149	(665)	6,484	1.210	7,846	1.024	8,036	0.000	0.750	0.750	0.750	4,863	1.388	6,752	5,980	772	
6 Mt. Shasta (07/01/01)	2,472,916	25,000	13,273	171	1,264	14,709	(1,369)	13,341	1.210	16,142	1.024	16,534	14.384	1.500	1.250	1.000	16,676	1.388	23,153	16,908	6,245	
7 Portola	837,892	25,000	4,497	58	428	4,984	(464)	4,520	1.210	5,469	1.024	5,602	0.000	0.750	0.750	0.750	3,390	1.388	4,707	4,576	131	
8 Rio Dell (07/01/02)	1,190,818	25,000	6,392	83	609	7,083	(659)	6,424	1.210	7,773	1.024	7,962	0.000	0.750	0.750	0.750	4,818	1.388	6,690	6,152	537	
9 Shasta Lake	4,657,055	25,000	24,997	323	2,381	27,701	(2,577)	25,124	1.210	30,399	1.024	31,136	0.000	0.750	0.750	0.750	18,843	1.388	26,161	21,744	4,418	
10 Susanville (07/01/04)	4,430,033	25,000	23,778	307	2,265	26,351	(2,452)	23,899	1.210	28,917	1.024	29,619	7.389	1.500	1.250	1.000	29,873	1.388	41,477	29,807	11,670	
11 Tulelake (07/01/15)	415,345	25,000	2,229	29	212	2,471	(230)	2,241	1.210	2,711	1.024	2,777	0.000	0.750	0.750	0.750	1,681	1.388	2,333	2,141	192	
12 Weed (07/01/15)	1,870,081	100,000	7,284	130	956	8,370	(779)	7,591	1.210	9,185	1.024	9,408	0.000	0.750	0.750	0.750	5,693	1.388	7,905	8,665	(760)	
13 Yreka	3,919,913	25,000	21,040	272	2,004	23,316	(2,169)	21,147	1.210	25,587	1.024	26,208	0.000	0.750	0.750	0.750	15,860	1.388	22,021	19,327	2,693	
Total	\$24,663,120		\$129,626	\$1,710	\$12,611	\$143,946	(\$13,393)	\$130,553	\$157,965				\$161,799					\$116,535		\$161,799	\$134,455	\$27,344
				(13,393)	JPA participation credit																	
				\$116,232	Net funding				JPA Ex mod calc: 1 X 2 = 3; then 3 X 4 = 5						Individual Ex mod calc: 1 X 8 = 9; then 9 X 10 = 11							

2021/2022 Preliminary Operating Budget VCJPA

Member	1											2				3				4				5				6				7				8				9				10				11								Prior Year Comparison																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
												JPA Experience Mod Calculation (Used in determining the IPA's premium to ERMA)				Individual Experience Mod Calculation (Used in determining each individual member's premium to their IPA)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

2021/2022 Preliminary Operating Budget YCPARMIA

1										JPA Experience Mod Calculation <i>(Used in determining the JPA's premium to ERMA)</i>				Individual Experience Mod Calculation <i>(Used in determining each individual member's premium to their JPA)</i>								Prior Year Comparison	
Member	Actual 2020 Payroll	SIR Selected	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	JPA Experience Modification Factor	Dep Prem Adjusted for Experience Modification	Off-Balance Factor	Dep Prem Adjusted for Off Balance Factor	Individual Experience Modification Factor	Capped Individual Experience Modification	Ex Mod Including .25 capped change over prior year	Info Only: Prior Year (2020/2021) Experience Modification	Deposit Adjusted for Experience Modification	Off-Balance Factor	Premium Adjusted for Off Balance Factor	Excess Insurance \$2M x \$1M	TOTAL Deposit Premium		
	1 Capay Valley FPD	\$25,368	\$500,000	\$30	\$2	\$13	\$45	(\$4)	\$40	1.000	\$40	1.024	\$41			1.000		\$40	1.024	\$41	\$10	\$52	
2 City of Davis	37,645,679	500,000	44,798	2,610	19,249	66,657	(6,652)	60,005	1.000	60,005	1.024	61,462			1.000		60,005	1.024	61,462	15,058	76,520		
3 City of West Sacramento	39,532,007	500,000	47,043	2,741	20,213	69,997	(6,986)	63,012	1.000	63,012	1.024	64,541			1.000		63,012	1.024	64,541	15,813	80,354		
4 City of Winters	4,769,382	500,000	5,676	331	2,439	8,445	(843)	7,602	1.000	7,602	1.024	7,787			1.000		7,602	1.024	7,787	1,908	9,694		
5 City of Woodland	29,338,532	500,000	34,913	2,034	15,001	51,948	(5,184)	46,764	1.000	46,764	1.024	47,899			1.000		46,764	1.024	47,899	11,735	59,635		
6 Clarksburg Fire Protection District	9,000	500,000	11	1	5	16	(2)	14	1.000	14	1.024	15			1.000		14	1.024	15	4	18		
7 Cottonwood Cemetery District	15,200	500,000	18	1	8	27	(3)	24	1.000	24	1.024	25			1.000		24	1.024	25	6	31		
8 County of Yolo	136,702,121	500,000	162,676	9,479	69,898	242,052	(24,156)	217,896	1.000	217,896	1.024	223,185			1.000		217,896	1.024	223,185	54,681	277,866		
9 Davis Cemetery District	335,545	500,000	399	23	172	594	(59)	535	1.000	535	1.024	548			1.000		535	1.024	548	134	682		
10 Dunningan Fire District	225,099	500,000	268	16	115	399	(40)	359	1.000	359	1.024	368			1.000		359	1.024	368	90	458		
11 Esparto Fire Protection District	102,224	500,000	122	7	52	181	(18)	163	1.000	163	1.024	167			1.000		163	1.024	167	41	208		
12 Esparto USD	7,487,613	500,000	8,910	519	3,829	13,258	(1,323)	11,935	1.000	11,935	1.024	12,225			1.000		11,935	1.024	12,225	2,995	15,220		
13 IHSS Public Authority	140,050	500,000	167	10	72	248	(25)	223	1.000	223	1.024	229			1.000		223	1.024	229	56	285		
14 Madison Fire District	100,509	500,000	120	7	51	178	(18)	160	1.000	160	1.024	164			1.000		160	1.024	164	40	204		
15 Madison Service District	107,803	500,000	128	7	55	191	(19)	172	1.000	172	1.024	176			1.000		172	1.024	176	43	219		
16 Valley Clean Energy Alliance	398,055	500,000	474	28	204	705	(70)	634	1.000	634	1.024	650			1.000		634	1.024	650	159	809		
17 West Plainfield Fire Protection District	193,674	500,000	230	13	99	343	(34)	309	1.000	309	1.024	316			1.000		309	1.024	316	77	394		
18 Willow Oak Fire Protection District	212,736	500,000	253	15	109	377	(38)	339	1.000	339	1.024	347			1.000		339	1.024	347	85	432		
19 Winters Cemetery District	163,795	500,000	195	11	84	290	(29)	261	1.000	261	1.024	267			1.000		261	1.024	267	66	333		
20 Yolo County Law Library	16,286	500,000	19	1	8	29	(3)	26	1.000	26	1.024	27			1.000		26	1.024	27	7	33		
21 Yolo Emergency Communication Agency	3,320,777	500,000	3,952	230	1,698	5,880	(587)	5,293	1.000	5,293	1.024	5,422			1.000		5,293	1.024	5,422	1,328	6,750		
22 Yolo Solano AQMD	2,126,196	500,000	2,530	147	1,087	3,765	(376)	3,389	1.000	3,389	1.024	3,471			1.000		3,389	1.024	3,471	850	4,322		
Total	\$262,967,651		\$312,932	\$18,234	\$134,459	\$465,625	(\$46,468)	\$419,156		\$419,156	\$429,331						\$419,156		\$429,331	\$105,187	\$534,518		
			-46,468	JPA participation credit					JPA Ex mod calc: 1 X 2 = 3; then 3 X 4 = 5				Individual Ex mod calc: 1 X 8 = 9; then 9 X 10 = 11										
			\$266,463.24	Net funding																			

2021/2022 Preliminary Operating Budget Oakland Housing Authority

Member	Actual 2020 Payroll	SIR Selected	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	Experience Modification Factor	Deposit Premium	Off-Balance Factor	Deposit Premium	Excess Insurance \$2M x \$1M	TOTAL Deposit Premium	Prior Year Comparison	
										Adjusted for Experience Modification		Adjusted for Off Balance Factor			Prior Year Deposit Premium	Increase (Decrease)
Oakland H.A.	\$32,406,354	\$50,000	\$192,818	\$2,247	\$16,570	\$211,635		\$211,635	1.028	\$217,544	1.024	\$222,824	\$12,963	\$235,787	\$200,974	\$34,813
Total	\$32,406,354		\$192,818	\$2,247	\$16,570	\$211,635	\$0	\$211,635		\$217,544		\$222,824	\$12,963	\$235,787	\$200,974	\$34,813

Participation Credit N/A



2021/2022 Preliminary Operating Budget
Contra Costa County Housing Authority

Member	Actual	SIR	Funding	Loss	Admin.	Deposit	JPA	Net	Experience	Deposit	Off-Balance	Deposit	Excess	TOTAL	Prior Year Comparison	
	2020 Payroll		For Losses	Prevention & Training			Participation Credit	Deposit Premium	Modification Factor	Adjusted for Experience Modification		Adjusted for Off Balance Factor	Insurance \$2M x \$1M		Prior Year Deposit Premium	Increase (Decrease)
Contra Costa H.A.	\$6,099,076	\$50,000	\$36,290	\$423	\$3,119	\$39,831		\$39,831	0.942	\$37,513	1.024	\$38,423	\$2,440	\$40,863	\$35,693	\$5,170
Total	\$6,099,076		\$36,290	\$423	\$3,119	\$39,831	\$0	\$39,831		\$37,513		\$38,423	\$2,440	\$40,863	\$35,693	\$5,170

Participation Credit N/A

**2021/2022 Preliminary Operating Budget
Experience Modification Calculation**

Calendar Year Payroll					Incurred Losses at 12/31/20 Individual Losses from \$25k and Capped at \$500k					Experience Modification Calculation										Prior Year
Member	Actual 2015 Payroll	Actual 2016 Payroll	Actual 2017 Payroll	Actual 2018 Payroll	(Not Used or Updated) Program Year 2015/2016	Program Year 2016/2017	Program Year 2017/2018	Program Year 2018/2019	Program Year 2019/2020	4 Year Average Payroll	4 Year Average Losses	4 Year Loss Rate \$100/PR	Average Expected Losses	Member Experience Ratio	Credibility Factor	Deviation from Norm Multiplied by Credibility	Factored Experience Modifier	JPA Capped* Factored Experience Modifier	Ind. Capped** Ex Mod (No factor applied)	JPA Capped* Factored Experience Modifier
BCPIA																				
1 Albany/Albany JPA	\$ 9,780,063	\$ 9,800,501	\$ 10,382,672	\$ 10,821,075	\$ -	\$ -	\$ 5,952	\$ -	\$ -	\$ 10,196,078	\$ 1,488	0.015	\$ 20,435	0.073	0.082	-0.076	0.924		0.750	
2 Brisbane	8,491,299	8,700,279	9,197,185	9,629,320	-	-	-	-	-	9,004,521	-	-	18,047	-	0.077	-0.077	0.923		0.750	
3 CMFA (1/1/19)	-	-	-	6,189,890	-	-	-	-	-	1,547,473	-	-	3,101	-	0.032	-0.032	0.968		0.750	
4 Central Marin PA	4,902,795	4,680,063	4,076,456	5,034,939	-	-	-	-	-	4,673,563	-	-	9,367	-	0.056	-0.056	0.944		0.750	
5 Corte Madera (7/1/17)	5,390,374	5,778,674	6,221,073	3,277,001	-	-	-	-	-	5,166,781	-	-	10,355	-	0.058	-0.058	0.942		0.750	
6 Emeryville (Includes MESA)	12,699,712	12,998,017	14,210,641	14,450,829	-	-	-	10,000	-	13,589,800	2,500	0.018	27,236	0.092	0.095	-0.086	0.914		0.750	
7 Emeryville MESA Inc.	Inc.	Inc.	Inc.	Inc.	-	-	-	-	-	-	-	-	5,329	-	0.042	-0.042	0.958		0.750	
8 Fairfax	2,469,190	2,636,569	2,641,046	2,888,425	-	-	-	-	-	2,658,808	-	-	-	-	0.042	-0.042	0.958		0.750	
9 Larkspur	5,774,706	5,704,758	6,151,456	2,670,149	-	-	-	-	-	5,075,267	-	-	10,172	-	0.058	-0.058	0.942		0.750	
10 Los Altos (7/1/12)	12,491,902	10,706,200	13,123,439	14,603,898	49,663	-	-	-	-	12,731,360	-	-	25,516	-	0.092	-0.092	0.908		0.750	
11 Menlo Park (7/1/02)	24,010,597	27,252,249	27,678,124	29,278,317	-	162,208	-	-	-	27,054,822	40,552	0.150	54,223	0.748	0.134	-0.034	0.966		0.750	
12 Mill Valley (7/1/01)	15,381,285	15,054,322	16,484,232	16,782,771	-	-	-	-	39,517	15,925,653	9,879	0.062	31,918	0.310	0.103	-0.071	0.929		0.750	
13 Novato (9/1/07)	17,155,164	16,649,838	17,463,450	17,437,788	38,608	325,000	-	-	-	17,176,560	81,250	0.473	34,425	2.360	0.106	0.145	1.145		1.500	
14 Piedmont	11,664,074	11,918,651	12,293,059	13,485,707	242,328	-	126,306	-	-	12,340,373	31,576	0.256	24,732	1.277	0.090	0.025	1.025		1.277	
15 Pleasanton	38,992,201	39,922,220	42,004,560	43,193,719	-	-	-	-	-	41,028,175	-	-	82,228	-	0.165	-0.165	0.835		0.750	
16 San Anselmo +	2,486,777	2,590,732	2,892,949	3,426,853	-	-	-	-	-	2,849,328	-	-	5,711	-	0.043	-0.043	0.957		0.750	
17 Sausalito	5,962,361	5,821,219	6,278,839	6,501,065	-	-	-	-	2,419	6,140,871	605	0.010	12,307	0.049	0.064	-0.061	0.939		0.750	
18 Tiburon (7/1/11)	3,259,507	3,247,062	3,434,481	3,447,463	-	-	-	-	-	3,347,128	-	-	6,708	-	0.047	-0.047	0.953		0.750	
19 Union City	24,113,227	26,905,460	27,347,240	26,580,737	-	-	-	-	10,000	26,236,666	2,500	0.010	52,583	0.048	0.132	-0.125	0.875		0.750	
BCPIA Total	205,025,234	210,366,814	221,880,902	229,699,946	330,599	487,208	132,257	10,000	51,936	216,743,224	170,351	0.079	434,393	0.392	0.378	-0.230	0.770	0.770		0.791
CaTIP (7/1/17)																				
1 El Dorado County TA	2,466,025	3,083,889	3,339,214	3,438,251	-	-	-	-	-	3,081,845	-	-	6,177	-	0.045	-0.045	0.955		0.750	
2 Humboldt Transit	1,869,025	2,204,675	2,259,983	2,404,118	-	-	-	-	-	2,184,450	-	-	4,378	-	0.038	-0.038	0.962		0.750	
3 Livermore Amador Valley TA	2,938,435	1,308,339	1,328,830	1,398,699	-	-	-	-	-	1,743,576	-	-	3,494	-	0.034	-0.034	0.966		0.750	
4 Mendocino Transit	2,289,048	2,440,587	2,603,358	2,583,340	-	-	-	-	-	2,479,083	-	-	4,969	-	0.040	-0.040	0.960		0.750	
5 Morongo Basin TA	1,158,357	1,193,205	1,292,280	1,493,632	-	-	-	-	-	1,284,369	-	-	2,574	-	0.029	-0.029	0.971		0.750	
6 San Luis Obispo Regional TA *	3,539,217	4,822,545	4,901,994	5,250,315	-	-	-	-	-	4,628,518	-	-	9,276	-	0.055	-0.055	0.945		0.750	
7 Tahoe Transportation District	271,800	1,751,626	3,051,845	3,200,451	-	-	-	-	-	2,068,930	-	-	4,147	-	0.037	-0.037	0.963		0.750	
8 Western Contra Costa TA	638,321	890,176	930,194	933,377	-	-	-	-	-	848,017	-	-	1,700	-	0.024	-0.024	0.976		0.750	
9 Yolo County Trans. District	704,182	880,203	930,905	952,651	-	-	-	-	-	866,985	-	-	1,738	-	0.024	-0.024	0.976		0.750	
CaTIP Total	15,874,410	18,575,245	20,638,603	21,654,834	-	-	-	-	-	19,185,773	-	-	38,452	-	0.113	-0.113	0.887	0.887		0.889

**2021/2022 Preliminary Operating Budget
Experience Modification Calculation**

Calendar Year Payroll					Incurred Losses at 12/31/20 Individual Losses from \$25k and Capped at \$500k					Experience Modification Calculation										Prior Year
Member	Actual 2015 Payroll	Actual 2016 Payroll	Actual 2017 Payroll	Actual 2018 Payroll	(Not Used or Updated) Program Year 2015/2016	Program Year 2016/2017	Program Year 2017/2018	Program Year 2018/2019	Program Year 2019/2020	4 Year Average Payroll	4 Year Average Losses	4 Year Loss Rate \$100/PR	Average Expected Losses	Member Experience Ratio	Credibility Factor	Deviation from Norm Multiplied by Credibility	Factored Experience Modifier	JPA Capped* Factored Experience Modifier	Ind. Capped** Ex Mod (No factor applied)	JPA Capped* Factored Experience Modifier
* Includes South County Transit																				
CSJVRMA																				
1 Angels Camp	2,907,392	3,153,794	2,859,842	2,777,974	-	-	-	-	15,000	2,924,751	3,750	0.128	5,862	0.640	0.044	-0.016	0.984		0.750	
2 Atwater (7/1/00)	5,301,545	5,439,893	5,476,157	5,310,488	-	125,000	220,000	110,000	-	5,382,021	113,750	2.114	10,787	10.546	0.060	0.569	1.569		1.500	
3 Ceres	14,988,712	15,590,041	14,621,088	14,631,988	-	14,129	-	-	20,000	14,957,957	8,532	0.057	29,978	0.285	0.099	-0.071	0.929		0.750	
4 Chowchilla (7/1/01)	3,710,943	3,651,982	3,853,637	4,156,084	-	-	-	-	-	3,843,162	-	-	7,702	-	0.050	-0.050	0.950		0.750	
5 Corcoran	3,948,137	3,914,771	3,958,828	3,949,019	-	-	-	-	-	3,942,689	-	-	7,902	-	0.051	-0.051	0.949		0.750	
6 Delano	17,210,292	17,453,033	17,855,729	19,088,159	-	265,000	-	-	-	17,901,803	66,250	0.370	35,879	1.847	0.109	0.092	1.092		1.500	
7 Dinuba (7/1/16)	10,309,110	11,079,439	10,880,247	10,536,727	-	-	-	-	-	10,701,381	-	-	21,448	-	0.084	-0.084	0.916		0.750	
8 Dos Palos (12/1/10)*	1,267,581	1,298,263	1,237,470	1,444,379	-	-	-	-	-	1,311,923	-	-	2,629	-	0.029	-0.029	0.971		0.750	
9 Escalon	1,688,219	1,805,937	1,930,391	2,041,877	-	-	-	-	-	1,866,606	-	-	3,741	-	0.035	-0.035	0.965		0.750	
10 Farmersville (7/1/16)	2,045,154	2,385,811	2,325,429	2,303,881	-	-	-	-	-	2,265,069	-	-	4,540	-	0.039	-0.039	0.961		0.750	
11 Fowler	1,936,485	1,915,691	1,923,045	1,886,263	-	-	214,205	-	-	1,915,371	53,551	2.796	3,839	13.950	0.036	0.461	1.461		1.500	
12 Gustine	1,459,712	1,535,290	1,426,840	1,419,177	-	-	-	-	-	1,460,255	-	-	2,927	-	0.031	-0.031	0.969		0.750	
13 Hughson	917,729	995,296	1,027,149	996,779	-	-	-	-	-	984,238	-	-	1,973	-	0.025	-0.025	0.975		0.750	
14 Huron (7/1/10)	1,048,253	1,127,219	1,140,518	1,088,812	-	-	-	-	-	1,101,201	-	-	2,207	-	0.027	-0.027	0.973		0.750	
15 Kerman	3,385,695	3,553,492	3,676,460	3,879,700	-	-	-	-	-	3,623,837	-	-	7,263	-	0.049	-0.049	0.951		0.750	
16 Kingsburg (7/1/05)	3,306,373	3,274,608	3,347,411	3,541,538	-	312,955	-	-	-	3,367,483	78,239	2.323	6,749	11.593	0.047	0.499	1.499		1.500	
17 Lathrop (10/4/05)	5,261,035	5,900,778	6,345,978	6,540,966	-	-	-	-	-	6,012,189	-	-	12,050	-	0.063	-0.063	0.937		0.750	
18 Lemoore (7/1/13)	5,603,912	5,747,492	6,793,489	7,575,401	-	-	-	-	16,398	6,430,074	4,100	0.064	12,887	0.318	0.065	-0.044	0.956		0.750	
19 Livingston	3,092,642	3,493,421	3,830,666	4,142,846	-	-	-	-	-	3,639,894	-	-	7,295	-	0.049	-0.049	0.951		0.750	
20 Madera	15,568,388	16,743,464	18,152,193	18,767,890	-	-	-	-	-	17,307,984	-	-	34,688	-	0.107	-0.107	0.893		0.750	
21 McFarland	2,269,813	2,627,754	2,822,186	2,647,349	298,050	52,283	-	-	-	2,591,776	13,071	0.504	5,194	2.516	0.041	0.063	1.063		1.500	
22 Mendota (7/1/13)	2,070,990	2,219,972	2,229,862	2,303,571	-	-	-	-	-	2,206,099	-	-	4,421	-	0.038	-0.038	0.962		0.750	
23 Merced (7/1/03)	30,955,378	31,885,102	33,627,926	34,926,178	-	-	-	175,000	-	32,848,646	43,750	0.133	65,835	0.665	0.147	-0.049	0.951		0.750	
24 Newman	2,194,234	2,416,386	2,478,770	2,700,353	-	-	-	-	-	2,447,436	-	-	4,905	-	0.040	-0.040	0.960		0.750	
25 Oakdale (8/1/12)	6,235,119	7,129,086	6,656,911	5,541,135	65,002	-	-	-	-	6,390,563	-	-	12,808	-	0.065	-0.065	0.935		0.750	
26 Orange Cove (7/7/07)	1,949,408	1,851,368	2,044,488	1,928,958	-	-	-	-	-	1,943,556	-	-	3,895	-	0.036	-0.036	0.964		0.750	
27 Patterson (7/1/13)	6,304,647	7,029,962	8,055,172	8,730,706	-	-	-	126,292	-	7,530,122	31,573	0.419	15,092	2.092	0.071	0.077	1.077		1.500	
28 Porterville	18,468,067	19,574,393	20,077,330	20,834,525	-	-	475,000	160,000	10,000	19,738,579	161,250	0.817	39,560	4.076	0.114	0.351	1.351		1.500	
29 Reedley	7,741,870	7,658,877	7,857,246	8,279,157	-	-	-	-	-	7,884,288	-	-	15,802	-	0.072	-0.072	0.928		0.750	
30 Riverbank (7/1/12)	3,503,656	3,469,749	3,431,467	3,471,922	-	-	-	-	-	3,469,199	-	-	6,953	-	0.048	-0.048	0.952		0.750	
31 Sanger (4/18/16)	6,629,207	7,734,489	8,013,974	8,768,006	253,089	-	49,844	-	-	7,786,419	12,461	0.160	15,605	0.799	0.072	-0.014	0.986		0.799	
32 San Joaquin (8/8/03)*	740,692	706,478	657,809	612,314	-	-	-	-	-	679,323	-	-	1,361	-	0.021	-0.021	0.979		0.750	
33 Selma	6,196,694	5,988,578	6,316,007	6,429,071	-	-	-	31,972	-	6,232,588	7,993	0.128	12,491	0.640	0.064	-0.023	0.977		0.750	
34 Shafter	11,139,254	12,266,567	12,891,212	13,310,231	68,782	-	75,000	-	6,166	12,401,816	20,291	0.164	24,856	0.816	0.090	-0.017	0.983		0.816	
35 Sonora 7/1/13)	2,926,436	3,288,898	3,243,551	3,162,020	-	-	-	-	-	3,155,226	-	-	6,324	-	0.046	-0.046	0.954		0.750	
36 Taft	7,133,598	7,644,079	8,057,857	7,616,629	44,326	-	-	-	-	7,613,041	-	-	15,258	-	0.071	-0.071	0.929		0.750	
37 Tehachapi (7/1/13)	4,218,007	4,377,082	4,679,849	4,949,213	-	4,982	-	-	-	4,556,038	1,245	0.027	9,131	0.136	0.055	-0.047	0.953		0.750	
38 Tulare (7/1/12)	20,704,062	21,610,202	23,347,776	24,561,403	-	-	-	10,000	-	22,555,861	2,500	0.011	45,206	0.055	0.122	-0.115	0.885		0.750	
39 Wasco	2,946,769	3,309,700	3,579,954	3,996,631	96,775	-	-	-	-	3,458,264	-	-	6,931	-	0.048	-0.048	0.952		0.750	
40 Woodlake (7/1/16)	1,589,029	1,605,018	1,676,074	1,829,444	-	-	-	-	-	1,674,891	-	-	3,357	-	0.033	-0.033	0.967		0.750	
CSJVRMA Total	250,874,239	264,453,455	274,407,988	282,678,764	826,024	774,349	1,034,048	613,264	67,564	268,103,612	622,306	0.232	537,329	1.158	0.421	0.067	1.067	1.067		1.154

**2021/2022 Preliminary Operating Budget
Experience Modification Calculation**

Calendar Year Payroll					Incurred Losses at 12/31/20 Individual Losses from \$25k and Capped at \$500k					Experience Modification Calculation										Prior Year
Member	Actual 2015 Payroll	Actual 2016 Payroll	Actual 2017 Payroll	Actual 2018 Payroll	(Not Used or Updated) Program Year 2015/2016	Program Year 2016/2017	Program Year 2017/2018	Program Year 2018/2019	Program Year 2019/2020	4 Year Average Payroll	4 Year Average Losses	4 Year Loss Rate \$100/PR	Average Expected Losses	Member Experience Ratio	Credibility Factor	Deviation from Norm Multiplied by Credibility	Factored Experience Modifier	JPA Capped* Factored Experience Modifier	Ind. Capped** Ex Mod (No factor applied)	JPA Capped* Factored Experience Modifier
ERMAC																				
1 Hayward (7/1/16)	87,545,215	90,791,035	82,550,154	101,478,933	-	441,564	11,582	251,288	10,000	90,591,334	178,608	0.197	181,562	0.984	0.245	-0.004	0.996		0.984	
2 Laguna Hills (7/1/16)	3,569,757	3,310,792	3,409,269	3,235,027	-	-	-	-	-	3,381,211	-	-	6,777	-	0.047	-0.047	0.953		0.750	
3 Santa Maria (1/1/19)	40,721,273	41,585,048	42,388,293	48,400,587	-	170,404	50,000	-	-	43,273,800	55,101	0.127	86,729	0.635	0.169	-0.062	0.938		0.750	
ERMAC Total	131,836,245	135,686,875	128,347,716	153,114,547	-	611,968	61,582	251,288	10,000	137,246,346	233,709	0.170	275,067	0.850	0.301	-0.045	0.955	0.955		0.955
MBASIA (7/1/11)																				
1 Capitola	5,444,913	5,959,658	6,015,372	6,065,355	-	-	123,690	-	-	5,871,325	30,922	0.527	11,767	2.628	0.062	0.101	1.101		1.500	
2 Del Ray Oaks	1,049,636	1,009,975	1,018,757	1,383,297	-	52,405	-	115,000	-	1,115,416	41,851	3.752	2,235	18.721	0.027	0.481	1.481		1.500	
3 Gonzales	2,593,836	2,799,904	3,181,254	3,572,058	-	-	-	-	-	3,036,763	-	-	6,086	-	0.045	-0.045	0.955		0.750	
4 Greenfield	2,839,735	3,300,449	4,546,123	5,262,120	-	-	404,175	30,000	-	3,987,107	108,544	2.722	7,991	13.583	0.051	0.646	1.646		1.500	
5 Hollister	12,303,341	13,640,783	14,860,294	16,466,251	50,000	-	-	13,160	10,000	14,317,667	5,790	0.040	28,695	0.202	0.097	-0.078	0.922		0.750	
6 King City	2,609,217	2,627,976	2,855,610	3,009,891	-	-	-	-	-	2,775,674	-	-	5,563	-	0.043	-0.043	0.957		0.750	
7 Marina	8,635,588	8,595,638	8,922,530	9,056,940	-	-	-	-	75,000	8,802,674	18,750	0.213	17,642	1.063	0.076	0.005	1.005		1.063	
8 Sand City	2,259,091	2,407,301	2,494,186	2,724,000	-	-	-	-	-	2,471,145	-	-	4,953	-	0.040	-0.040	0.960		0.750	
9 Scotts Valley	5,094,611	5,127,056	5,123,539	5,350,683	-	-	-	-	442,060	5,173,972	110,515	2.136	10,370	10.658	0.058	0.564	1.564		1.500	
10 Soledad	4,057,572	4,139,005	4,211,545	4,491,577	-	-	-	-	-	4,224,925	-	-	8,468	-	0.053	-0.053	0.947		0.750	
MBASIA Total	46,887,540	49,607,745	53,229,210	57,382,172	50,000	52,405	527,865	158,160	527,060	51,776,667	316,372	0.611	103,770	3.049	0.185	0.379	1.379	1.250		1.044
MPA																				
1 Antioch	26,819,735	27,369,276	32,424,275	32,077,410	-	-	-	127,535	-	29,672,674	31,884	0.107	59,469	0.536	0.140	-0.065	0.935		0.750	
2 Brentwood	27,636,761	28,666,125	31,074,714	32,742,510	-	-	485,000	-	-	30,030,028	121,250	0.404	60,186	2.015	0.141	0.143	1.143		1.500	
3 Clayton	2,103,188	2,062,344	2,186,675	2,271,038	-	-	-	-	-	2,155,811	-	-	4,321	-	0.038	-0.038	0.962		0.750	
4 Danville	7,878,120	7,918,011	8,529,442	8,728,844	-	-	81,485	-	-	8,263,604	20,371	0.247	16,562	1.230	0.074	0.017	1.017		1.230	
5 El Cerrito	17,746,500	18,840,958	20,005,704	20,838,781	-	-	-	475,000	-	19,357,986	118,750	0.613	38,797	3.061	0.113	0.233	1.233		1.500	
6 Hercules	5,784,403	6,294,550	6,906,525	7,245,302	-	51,619	-	-	-	6,557,695	12,905	0.197	13,143	0.982	0.066	-0.001	0.999		0.982	
7 LaFayette	3,884,001	4,100,552	4,229,892	4,429,383	-	-	-	-	-	4,160,957	-	-	8,339	-	0.052	-0.052	0.948		0.750	
8 Manteca	32,088,700	35,434,889	37,132,165	37,885,634	29,622	-	-	-	475,000	35,635,347	118,750	0.333	71,420	1.663	0.153	0.102	1.102		1.500	
9 Martinez	9,379,375	10,528,583	12,914,506	13,790,322	-	-	-	-	-	11,653,197	-	-	23,355	-	0.088	-0.088	0.912		0.750	
10 Moraga	3,259,021	3,122,572	3,552,034	3,858,750	-	-	-	-	10,000	3,448,094	2,500	0.073	6,911	0.362	0.048	-0.030	0.970		0.750	
11 Oakley (7/1/02)	3,135,326	6,482,454	8,106,705	9,130,868	-	-	-	-	-	6,713,838	-	-	13,456	-	0.067	-0.067	0.933		0.750	
12 Orinda	3,208,063	3,355,987	3,420,186	3,629,613	-	-	-	-	-	3,403,462	-	-	6,821	-	0.047	-0.047	0.953		0.750	
13 Pacifica (3/9/07)	17,312,674	17,328,037	18,291,939	18,018,205	-	-	-	-	-	17,737,714	-	-	35,550	-	0.108	-0.108	0.892		0.750	
14 Pinole	8,558,756	7,600,654	8,275,070	9,109,957	-	-	-	-	-	8,386,109	-	-	16,807	-	0.074	-0.074	0.926		0.750	
15 Pittsburg	23,359,152	24,783,244	25,932,604	27,352,663	199,868	1,525	-	-	-	25,356,916	381	0.002	50,820	0.008	0.129	-0.128	0.872		0.750	
16 Pleasant Hill	11,113,716	11,324,440	11,738,410	12,389,614	475,000	-	-	-	-	11,641,545	-	-	23,332	-	0.088	-0.088	0.912		0.750	
17 San Pablo	13,901,596	14,881,003	13,147,976	15,215,439	-	-	-	-	-	14,286,504	-	-	28,633	-	0.097	-0.097	0.903		0.750	
18 San Ramon	27,011,123	28,982,280	29,419,162	32,890,385	-	10,000	-	10,000	10,000	29,575,738	7,500	0.025	59,275	0.127	0.140	-0.122	0.878		0.750	
19 Walnut Creek	33,680,557	36,414,063	38,533,782	39,605,592	-	-	-	-	-	37,058,499	-	-	74,272	-	0.156	-0.156	0.844		0.750	
20 MPA JPA Staff	1,523,765	1,410,962	1,491,195	\$1,733,576	20,952	-	-	-	-	1,539,874	-	-	3,086	-	0.032	-0.032	0.968		0.750	
MPA Total	279,384,532	296,900,984	317,312,961	332,943,886	725,443	63,144	566,485	612,535	495,000	306,635,591	434,291	0.142	614,554	0.707	0.450	-0.132	0.868	0.868		0.838

**2021/2022 Preliminary Operating Budget
Experience Modification Calculation**

Calendar Year Payroll					Incurred Losses at 12/31/20 Individual Losses from \$25k and Capped at \$500k					Experience Modification Calculation										Prior Year
Member	Actual 2015 Payroll	Actual 2016 Payroll	Actual 2017 Payroll	Actual 2018 Payroll	(Not Used or Updated) Program Year 2015/2016	Program Year 2016/2017	Program Year 2017/2018	Program Year 2018/2019	Program Year 2019/2020	4 Year Average Payroll	4 Year Average Losses	4 Year Loss Rate \$100/PR	Average Expected Losses	Member Experience Ratio	Credibility Factor	Deviation from Norm Multiplied by Credibility	Factored Experience Modifier	JPA Capped* Factored Experience Modifier	Ind. Capped** Ex Mod (No factor applied)	JPA Capped* Factored Experience Modifier
PARSAC/CIRA																				
1 Amador	31,707	35,858	39,527	40,620	-	-	-	-	-	36,928	-	-	74	-	0.005	-0.005	0.995		0.750	
2 Avalon	5,239,817	5,423,728	6,725,017	6,475,507	25,000	-	-	-	-	5,966,017	-	-	11,957	-	0.063	-0.063	0.937		0.750	
3 Belvedere (7/1/15)	2,274,560	2,334,006	2,445,983	2,351,741	-	-	-	19,379	-	2,351,573	4,845	0.206	4,713	1.028	0.039	0.001	1.001		1.028	
4 Blue Lake	413,448	426,713	437,918	450,698	-	-	-	-	-	432,194	-	-	866	-	0.017	-0.017	0.983		0.750	
5 California City	6,942,695	7,158,119	6,805,845	6,595,411	-	41,139	275,000	-	250,706	6,875,518	141,711	2.061	13,780	10.284	0.067	0.626	1.626		1.500	
6 Calimesa	825,910	740,142	798,870	1,411,694	-	-	-	-	-	944,154	-	-	1,892	-	0.025	-0.025	0.975		0.750	
7 Calistoga	4,334,096	4,756,533	5,438,365	5,703,945	-	-	-	-	-	5,058,235	-	-	10,138	-	0.058	-0.058	0.942		0.750	
8 Citrus Heights	18,923,855	18,789,739	18,674,611	18,696,051	-	-	75,000	-	10,000	18,771,064	21,250	0.113	37,621	0.565	0.111	-0.048	0.952		0.750	
9 Clearlake	2,923,436	3,347,602	3,641,534	3,892,585	-	-	130,405	-	-	3,451,289	32,601	0.945	6,917	4.713	0.048	0.177	1.177		1.500	
10 Coalinga	5,243,776	5,319,362	5,627,226	4,959,828	-	-	155,244	-	35,000	5,287,548	47,561	0.899	10,597	4.488	0.059	0.206	1.206		1.500	
11 Ferndale	632,475	643,269	672,082	656,777	-	-	-	-	-	651,151	-	-	1,305	-	0.021	-0.021	0.979		0.750	
12 Grass Valley	6,246,152	6,467,533	6,527,874	7,227,435	-	-	-	-	-	6,617,249	-	-	13,262	-	0.066	-0.066	0.934		0.750	
13 Highland	2,575,511	2,597,995	2,748,438	2,823,158	-	-	-	-	-	2,686,276	-	-	5,384	-	0.042	-0.042	0.958		0.750	
14 Menifee (10/1/08)	4,125,444	4,730,530	5,321,763	6,100,132	-	-	-	208,094	-	5,069,467	52,024	1.026	10,160	5.120	0.058	0.238	1.238		1.500	
15 Nevada City	2,170,024	2,377,877	2,512,433	2,554,277	-	-	-	-	-	2,403,653	-	-	4,817	-	0.040	-0.040	0.960		0.750	
16 Placentia	9,999,751	11,245,111	11,580,708	12,175,819	-	-	-	115,000	-	11,250,347	28,750	0.256	22,548	1.275	0.086	0.024	1.024		1.275	
17 Placerville	5,633,955	6,146,313	6,165,279	6,459,088	-	-	-	-	-	6,101,159	-	-	12,228	-	0.063	-0.063	0.937		0.750	
18 Plymouth	536,871	555,144	532,043	628,673	-	-	-	-	-	563,183	-	-	1,129	-	0.019	-0.019	0.981		0.750	
19 Point Arena	245,593	291,096	305,455	364,741	-	-	-	-	-	301,721	-	-	605	-	0.014	-0.014	0.986		0.750	
20 Rancho Cucamonga	28,258,081	29,333,940	30,269,435	30,893,097	-	328,831	-	16,424	-	29,688,638	86,314	0.291	59,501	1.451	0.140	0.063	1.063		1.451	
21 Rancho Cucamonga FPD (7/1/16)	15,968,875	16,417,869	17,735,581	17,732,745	-	-	-	-	-	16,963,768	-	-	33,999	-	0.106	-0.106	0.894		0.750	
22 Rancho Santa Margarita (1/1/04)	2,333,843	2,560,400	2,649,096	2,649,876	-	-	-	-	-	2,548,304	-	-	5,107	-	0.041	-0.041	0.959		0.750	
23 San Juan Bautista	413,178	473,213	501,676	588,647	-	-	-	-	-	494,179	-	-	990	-	0.018	-0.018	0.982		0.750	
24 South Lake Tahoe	16,219,949	17,215,677	17,589,245	18,428,864	-	-	10,557	-	-	17,363,434	2,639	0.015	34,800	0.076	0.107	-0.099	0.901		0.750	
25 Tehama	37,731	33,714	31,303	32,330	-	-	-	-	-	33,770	-	-	68	-	0.005	-0.005	0.995		0.750	
26 Trinidad	309,516	320,282	345,108	345,867	-	-	-	-	-	330,193	-	-	662	-	0.015	-0.015	0.985		0.750	
27 Truckee	7,799,707	8,525,098	9,318,857	9,592,170	-	-	-	-	-	8,808,958	-	-	17,655	-	0.076	-0.076	0.924		0.750	
28 Twentynine Palms	2,126,882	2,256,892	2,347,892	2,565,482	-	-	-	220,000	-	2,324,287	55,000	2.366	4,658	11.807	0.039	0.423	1.423		1.500	
29 Watsonville	25,360,911	27,248,330	28,597,471	29,831,752	243,566	-	239,454	185,000	60,000	27,759,616	121,114	0.436	55,635	2.177	0.135	0.159	1.159		1.500	
30 Wheatland	1,327,896	1,461,750	1,523,573	1,635,694	-	-	-	-	-	1,487,228	-	-	2,981	-	0.031	-0.031	0.969		0.750	
31 Wildomar (7/1/08)	967,518	1,024,591	1,169,492	1,223,142	-	-	-	-	-	1,096,186	-	-	2,197	-	0.027	-0.027	0.973		0.750	
32 Yountville	1,955,270	1,882,338	2,635,304	3,363,749	-	-	-	-	-	2,459,165	-	-	4,929	-	0.040	-0.040	0.960		0.750	
33 Yucaipa	3,902,227	4,304,666	4,463,822	4,879,316	-	-	-	-	-	4,387,508	-	-	8,793	-	0.054	-0.054	0.946		0.750	
34 Yucca Valley	2,576,259	2,600,479	2,723,235	2,160,821	-	-	-	-	-	2,515,199	-	-	5,041	-	0.041	-0.041	0.959		0.750	
35 PARSAC Staff	462,423	539,949	484,877	\$534,971	-	-	-	-	-	505,555	-	-	1,013	-	0.018	-0.018	0.982		0.750	
PARSAC/CIRA Total	189,339,342	199,585,858	209,386,938	216,026,703	268,566	369,970	885,661	763,897	355,706	203,584,710	593,809	0.292	408,021	1.455	0.367	0.167	1.167	1.167		1.166

**2021/2022 Preliminary Operating Budget
Experience Modification Calculation**

Calendar Year Payroll					Incurred Losses at 12/31/20 Individual Losses from \$25k and Capped at \$500k					Experience Modification Calculation										Prior Year
Member	Actual 2015	Actual 2016	Actual 2017	Actual 2018	(Not Used or Updated) Program Year	Program Year	Program Year	Program Year	Program Year	4 Year Average Payroll	4 Year Average Losses	4 Year Loss Rate \$100/PR	Average Expected Losses	Member Experience Ratio	Credibility Factor	Deviation from Norm Multiplied by Credibility	Factored Experience Modifier	JPA Capped* Factored Experience Modifier	Ind. Capped** Ex Mod (No factor applied)	JPA Capped* Factored Experience Modifier
	Payroll	Payroll	Payroll	Payroll	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Payroll	Losses	\$100/PR	Losses	Ratio	Factor		Modifier	Modifier		Modifier
PERMA																				
1 Banning (2/14/02)	13,270,275	14,252,065	15,571,310	16,389,782	409,761	73,617	-	253,134	-	14,870,858	81,688	0.549	29,804	2.741	0.099	0.173	1.173		1.500	
2 Barstow (2/04/02)	12,928,713	14,789,478	15,488,188	15,598,520	-	-	106,250	-	-	14,701,225	26,563	0.181	29,464	0.902	0.099	-0.010	0.990		0.902	
3 Canyon Lake (7/1/11)	388,656	439,435	487,923	494,702	-	-	-	-	-	452,679	-	-	907	-	0.017	-0.017	0.983		0.750	
4 Cathedral City (2/14/01)	18,565,939	20,175,933	21,245,925	22,999,326	-	87,241	475,000	-	-	20,746,781	140,560	0.678	41,580	3.380	0.117	0.279	1.279		1.500	
5 Coachella (10/01/00)	5,707,821	5,635,149	5,974,186	5,963,822	-	-	-	-	-	5,820,245	-	-	11,665	-	0.062	-0.062	0.938		0.750	
6 Desert Hot Springs	3,481,082	3,892,237	4,601,543	5,517,435	-	-	-	-	10,000	4,373,074	2,500	0.057	8,764	0.285	0.054	-0.038	0.962		0.750	
7 Eastvale (7/1/15)	755,018	784,796	843,838	1,385,475	-	-	-	-	130,000	942,282	32,500	3.449	1,889	17.209	0.025	0.404	1.404		1.500	
8 Hesperia (7/1/10)	11,815,631	11,543,778	12,030,252	12,301,998	1,274	4,500	-	-	-	11,922,915	1,125	0.009	23,896	0.047	0.089	-0.085	0.915		0.750	
9 Holtville (7/1/08)	1,160,755	1,184,853	1,281,145	1,268,229	-	-	-	-	-	1,223,745	-	-	2,453	-	0.028	-0.028	0.972		0.750	
10 ICTC (7/1/12)	468,578	509,701	559,992	644,765	-	-	-	-	-	545,759	-	-	1,094	-	0.019	-0.019	0.981		0.750	
11 Jurupa Valley (11/2/15)	1,090,219	1,071,916	1,282,341	1,471,695	-	-	-	-	10,902	1,229,043	2,726	0.222	2,463	1.106	0.028	0.003	1.003		1.106	
12 La Mesa (7/1/02)	20,916,633	22,037,448	23,262,084	24,012,160	-	-	31,646	-	-	22,557,081	7,911	0.035	45,209	0.175	0.122	-0.101	0.899		0.750	
13 Murrieta (7/1/01)	23,422,177	24,532,558	25,084,295	26,173,617	-	-	-	-	-	24,803,162	-	-	49,710	-	0.128	-0.128	0.872		0.750	
14 Palm Sps Tram (11/1/05)	4,475,625	4,798,159	4,607,936	4,906,556	-	4,246	-	-	-	4,697,069	1,061	0.023	9,414	0.113	0.056	-0.049	0.951		0.750	
15 Perris (9/25/00)	5,701,034	6,196,159	6,530,512	7,175,027	-	-	-	-	-	6,400,683	-	-	12,828	-	0.065	-0.065	0.935		0.750	
16 Rancho Mirage (12/31/19)	6,690,026	6,896,156	6,639,586	7,250,967	-	-	-	-	75,000	6,869,184	18,750	0.273	13,767	1.362	0.067	0.024	1.024		1.362	
17 San Jacinto (7/1/18)	2,653,364	2,782,506	3,358,185	3,824,668	-	-	-	-	-	3,154,681	-	-	6,323	-	0.046	-0.046	0.954		0.750	
18 SDRTC (11/4/13)	580,983	667,310	683,648	589,513	-	-	-	-	-	630,363	-	-	1,263	-	0.020	-0.020	0.980		0.750	
19 Sunline (11/4/13)	15,285,967	16,071,138	16,861,855	16,474,031	131,458	97,391	-	-	181,508	16,173,248	69,725	0.431	32,414	2.151	0.103	0.119	1.119		1.500	
20 Victorville (7/1/01)	21,901,180	25,971,469	27,744,606	28,539,240	-	-	190,000	-	-	26,039,124	47,500	0.182	52,187	0.910	0.131	-0.012	0.988		0.910	
21 VVTA (7/1/12)	864,702	1,009,164	1,231,809	1,405,607	-	-	-	-	-	1,127,820	-	-	2,260	-	0.027	-0.027	0.973		0.750	
22 PERMA Staff	544,680	542,562	569,426	628,490	-	-	-	-	-	571,290	-	-	1,145	-	0.019	-0.019	0.981		0.750	
PERMA Total	172,669,056	185,783,970	195,940,585	205,015,625	542,493	266,995	612,896	443,134	407,410	189,852,309	432,609	0.228	380,499	1.137	0.354	0.048	1.048	1.048		1.062
PLAN JPA																				
American Canyon (7/1/20)	6,262,128	6,765,379	7,034,131	7,193,051	-	-	-	-	-	6,813,672	-	-	13,656	-	0.067	-0.067			0.750	
Atherton (7/1/20)	3,987,649	4,261,242	4,327,213	4,799,844	-	-	-	-	-	4,343,987	-	-	8,706	-	0.054	-0.054			0.750	
Woodside (7/1/20)	2,105,236	2,065,636	1,941,841	2,202,980	-	-	-	-	-	2,078,923	-	-	4,167	-	0.037	-0.037			0.750	
PLAN JPA Total	12,355,013	13,092,257	13,303,185	14,195,875						13,236,583			26,529		0.093	-0.093	0.907	0.907		n/a
SCORE																				
1 Biggs (7/1/17)	380,549	386,860	396,932	401,784	-	-	-	-	-	391,531	-	-	785	-	0.016	-0.016	0.984		0.750	
2 Colfax	445,047	645,079	792,003	686,920	-	-	-	-	-	642,262	-	-	1,287	-	0.021	-0.021	0.979		0.750	
3 Dunsmuir (01/01/20)	5486,927	636,173	643,157	773,287	-	-	-	-	-	634,886	-	-	1,272	-	0.020	-0.020	0.980		0.750	
4 Live Oak (7/1/04)	1,281,001	1,357,810	1,395,034	1,386,600	-	-	-	-	-	1,355,111	-	-	2,716	-	0.030	-0.030	0.970		0.750	
5 Loomis (7/1/12)	738,548	735,943	857,619	945,312	-	-	-	-	-	819,356	-	-	1,642	-	0.023	-0.023	0.977		0.750	
6 Mt. Shasta (7/1/01)	1,764,123	1,943,730	2,082,387	2,187,871	-	-	230,000	-	-	1,994,528	57,500	2.883	3,997	14.384	0.036	0.486	1.486		1.500	
7 Portola	721,331	796,713	749,220	690,092	-	-	-	-	-	739,339	-	-	1,482	-	0.022	-0.022	0.978		0.750	
8 Rio Dell (7/1/02)	978,061	1,006,121	1,020,181	1,017,410	-	-	-	-	-	1,005,443	-	-	2,015	-	0.026	-0.026	0.974		0.750	
9 Shasta Lake	3,431,994	3,587,737	3,910,822	4,059,564	-	-	-	-	-	3,747,529	-	-	7,511	-	0.050	-0.050	0.950		0.750	
10 Susanville (7/1/04)	3,674,289	3,972,225	3,977,057	3,992,735	-	231,250	-	-	-	3,904,077	57,813	1.481	7,824	7.389	0.051	0.324	1.324		1.500	
11 Tulelake (7/1/15)	349,348	354,832	373,352	398,502	-	-	-	-	-	369,009	-	-	740	-	0.016	-0.016	0.984		0.750	
12 Weed (7/1/15)	1,541,803	1,699,522	1,800,282	2,123,163	-	-	-	-	-	1,791,193	-	-	3,590	-	0.034	-0.034	0.966		0.750	
13 Yreka	2,827,360	2,986,353	3,202,905	3,490,580	-	-	-	-	-	3,126,800	-	-	6,267	-	0.045	-0.045	0.955		0.750	
SCORE Total	18,620,381	20,109,098	21,200,951	22,153,820		231,250	230,000			20,521,062	115,313	0.562	41,128	2.804	0.116	0.210	1.210	1.210		1.097

**2021/2022 Preliminary Operating Budget
Experience Modification Calculation**

Member	Calendar Year Payroll				Incurred Losses at 12/31/20 Individual Losses from \$25k and Capped at \$500k					Experience Modification Calculation										Prior Year JPA Capped* Experience Modifier
	Actual 2015	Actual 2016	Actual 2017	Actual 2018	(Not Used or Updated) Program Year	Program Year	Program Year	Program Year	Program Year	4 Year Average Payroll	4 Year Average Losses	4 Year Loss Rate \$100/PR	Average Expected Losses	Member Experience Ratio	Credibility Factor	Deviation from Norm Multiplied by Credibility	Factored Experience Modifier	JPA Capped* Factored Experience Modifier	Ind. Capped** Ex Mod (No factor applied)	
	Payroll	Payroll	Payroll	Payroll	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020											
VCIPA																				
1 Alameda County	1,334,976	1,447,199	1,563,529	1,676,675	-	-	-	-	-	1,505,595	-	-	3,017	-	0.032	-0.032	0.968		0.750	
2 Burney Basin	54,817	48,172	50,409	55,802	-	-	-	-	-	52,300	-	-	105	-	0.006	-0.006	0.994		0.750	
3 Butte County	1,216,804	1,305,293	1,346,734	1,425,928	-	-	-	-	-	1,323,690	-	-	2,653	-	0.030	-0.030	0.970		0.750	
4 Coachella Valley (9/14/00)	4,405,282	4,434,691	4,649,100	4,827,948	-	-	-	-	-	4,579,255	-	-	9,178	-	0.055	-0.055	0.945		0.750	
5 Colusa	197,876	207,436	200,877	211,902	-	-	-	-	-	204,523	-	-	410	-	0.012	-0.012	0.988		0.750	
6 Compton Creek	96,876	110,501	119,325	127,470	-	-	-	-	-	113,543	-	-	228	-	0.009	-0.009	0.991		0.750	
7 Consolidated	1,304,677	1,341,775	1,481,122	1,802,644	-	-	-	16,300	-	1,482,555	4,075	0.275	2,971	1.371	0.031	0.012	1.012		1.371	
8 Contra Costa County	3,023,168	3,162,039	3,292,543	3,449,660	-	-	-	84,474	-	3,231,853	21,118	0.653	6,477	3.260	0.046	0.104	1.104		1.500	
9 Delta VCD (7/1/08)	1,113,971	1,212,742	1,199,039	1,408,611	-	-	-	-	-	1,233,591	-	-	2,472	-	0.029	-0.029	0.971		0.750	
10 Durham (8/26/02)	59,646	63,249	67,783	69,762	-	-	-	-	-	65,110	-	-	130	-	0.007	-0.007	0.993		0.750	
11 Fresno	678,547	783,378	903,600	991,283	-	-	-	-	-	839,202	-	-	1,682	-	0.024	-0.024	0.976		0.750	
12 Glenn County	126,759	131,002	89,964	102,012	-	-	-	-	-	112,434	-	-	225	-	0.009	-0.009	0.991		0.750	
13 Greater Los Angeles	5,409,424	5,647,762	5,939,559	6,337,607	-	-	-	-	-	5,833,588	-	-	11,692	-	0.062	-0.062	0.938		0.750	
14 Kings MAD (7/1/09)	850,186	898,298	983,186	1,119,661	-	-	-	-	-	962,833	-	-	1,930	-	0.025	-0.025	0.975		0.750	
15 Lake County (2/1/04)	563,489	577,729	560,840	568,221	-	-	-	-	-	567,570	-	-	1,138	-	0.019	-0.019	0.981		0.750	
16 Los Angeles County West	2,605,775	2,943,903	3,018,465	3,210,592	-	-	-	46,326	-	2,944,684	11,581	0.393	5,902	1.962	0.044	0.042	1.042		1.500	
17 Marin-Sonoma	3,055,514	3,010,559	3,226,419	3,370,957	-	-	-	-	-	3,165,862	-	-	6,345	-	0.046	-0.046	0.954		0.750	
18 Napa County	688,943	710,647	753,978	777,705	-	-	-	-	-	732,818	-	-	1,469	-	0.022	-0.022	0.978		0.750	
19 Northwest	1,518,556	1,622,363	1,722,959	1,790,673	-	-	-	-	-	1,663,638	-	-	3,334	-	0.033	-0.033	0.967		0.750	
20 Orange County	5,966,908	6,199,879	6,064,617	6,800,125	-	-	-	-	-	6,257,882	-	-	12,542	-	0.064	-0.064	0.936		0.750	
21 Placer County	1,357,506	1,421,940	1,535,417	1,633,740	-	-	-	-	-	1,487,151	-	-	2,981	-	0.031	-0.031	0.969		0.750	
22 Sacramento Yolo	4,265,067	4,353,798	4,645,228	4,970,259	-	-	-	-	-	4,558,588	-	-	9,136	-	0.055	-0.055	0.945		0.750	
23 San Gabriel Valley	1,868,251	2,108,694	2,312,602	2,475,684	360,608	-	-	-	-	2,191,308	-	-	4,392	-	0.038	-0.038	0.962		0.750	
24 San Joaquin County	2,401,289	2,372,822	2,461,438	2,506,529	-	-	-	-	-	2,435,519	-	-	4,881	-	0.040	-0.040	0.960		0.750	
25 San Mateo County	1,930,469	1,956,127	2,096,070	2,239,040	-	-	-	-	-	2,055,426	-	-	4,119	-	0.037	-0.037	0.963		0.750	
26 Santa Barbara County	417,616	427,538	432,883	414,392	-	-	-	-	-	423,107	-	-	848	-	0.017	-0.017	0.983		0.750	
27 Shasta	969,818	980,333	1,048,691	1,121,528	-	-	-	-	-	1,030,092	-	-	2,064	-	0.026	-0.026	0.974		0.750	
28 Sutter-Yuba	960,126	1,000,006	1,036,945	1,198,663	-	-	-	-	-	1,048,935	-	-	2,102	-	0.026	-0.026	0.974		0.750	
29 Tehama County	326,106	331,540	345,687	352,442	-	-	-	-	-	338,944	-	-	679	-	0.015	-0.015	0.985		0.750	
30 Turlock	821,556	844,600	944,491	961,645	-	-	-	-	-	893,073	-	-	1,790	-	0.024	-0.024	0.976		0.750	
31 West Valley	1,092,739	1,273,438	1,395,475	1,433,500	-	-	-	50,000	-	1,298,788	12,500	0.962	2,603	4.802	0.029	0.111	1.111		1.500	
VCIPA Total	50,682,737	52,929,453	55,488,975	59,432,660	360,608	-	46,326	150,773	-	54,633,456	49,275	0.090	109,495	0.450	0.190	-0.104	0.896	0.896		1.092
Oakland H.A.	26,500,365	26,867,023	28,486,957	29,405,018	-	144,657	-	25,000	99,268	27,814,841	\$ 67,231	0.242	55,746	1.206	0.136	0.028	1.028	1.028		0.968
Contra Costa H.A.	4,773,630	5,207,303	5,220,093	5,320,183	-	-	-	-	-	5,130,302	\$ -	-	10,282	-	0.058	-0.058	0.942	0.942		0.958
Totals	\$ 1,404,822,725	\$ 1,479,166,079	\$ 1,544,845,064	\$ 1,629,024,033	\$ 3,103,733	\$ 3,001,946	\$ 4,097,119	\$ 3,028,051	\$ 2,013,944	\$ 1,514,464,475	\$ 3,035,265	0.200	\$ 3,035,265	1.000	1.000	0.000	1.000			

COVERAGE MATTERS

SUBJECT: Discussion and Action Regarding Excess Coverage for the 2021/22 Program Year

BACKGROUND AND STATUS:

ERMA has obtained excess coverage through RSUI since the 2010/11 Program Year. ERMA maintains policy limits from \$2M excess of \$1M for each member per claim, a \$4M per member aggregate, and \$10M policy aggregate.

At the April 27, 2021, Board meeting, Seth Cole, Alliant Insurance Services, advised RSUI was in the process of reviewing loss history for the most recent twelve months and was expected to offer a fair renewal, subject to any adverse claim development or material changes to the underlying terms. He further advised a formal renewal proposal would be presented at the June 8 Board meeting.

Attached is a renewal proposal for the 2021/22 Program Year. RSUI has proposed a flat rate renewal at a premium of \$347,272, a 4.3% increase over the expiring premium due to increased members payroll for 2021/22. RSUI will provide a premium quote for YCPARMIA, if it is admitted for membership in ERMA.

Mr. Cole will present the proposal and answer questions from the Board.

RECOMMENDATION:

Staff recommends the Board of Directors authorize binding excess coverage through RSUI for the 2021/22 Program Year, as presented.

REFERENCE MATERIALS ATTACHED:

- Alliant Renewal Proposal, dated May 19, 2021

May 19, 2021

Jennifer Jobe
Executive Director
ERMA c/o Sedgwick
1750 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833

Employment Risk Management Authority (ERMA) Renewal Proposal: July 1, 2021-2022

Dear Jennifer:

We are extremely pleased to present the upcoming renewal proposal for ERMA's optional Excess Employment Practices Liability program effective July 1, 2021. RSUI currently provides \$2,000,000 in limits Each Claim per Member (with a \$4,000,000 Per Member Aggregate, and \$10,000,000 Policy Aggregate) excess of ERMA's Retained Limit of \$1,000,000.

We were successful in negotiating a **flat rate renewal**, an excellent outcome in today's insurance market environment, and both demonstrates RSUI's commitment to ERMA, and most importantly, the continued value ERMA brings to its membership.

The renewal premium is \$347,272. This is a 4.3% increase over the expiring premium because members' payroll of this optional coverage has increased by \$35,607,111 (4.3%).

We understand that the ERMA Board will be considering YCPARMIA for membership. If approved, RSUI will provide a premium quote for YCPARMIA to participate in the optional Excess.

We look forward to reviewing with you and the Board on June 8th.

Sincerely,



Seth Cole, ARM
Senior Vice President
scole@alliant.com

cc: Michael Simmons, Vice Chairman – Public Entities
msimmons@alliant.com

Excess Employment Practices Liability Coverage

INSURANCE COMPANY:	RSUI Indemnity Company
A.M. BEST RATING:	A+(Superior), Financial Size Category: XIV (\$1.5 Billion to \$2 Billion) as of 10/29/20
STANDARD & POOR'S RATING:	A+ (Strong) pulled as of 4/26/21
STATE COVERED STATUS:	Admitted
POLICY/COVERAGE TERM:	July 1, 2021 – July 1, 2022
Coverage Form:	Claims Made & Reported Coverage; Follow Form Excess
Members Covered:	CSJVRMA, MBASIA, MPA, VCJPA, Oakland Housing Authority, Housing Authority of the County of Contra Costa, CalTIP (5 members: Livermore Amador Valley Transit Authority, Mendocino Transit Authority, San Luis Obispo Regional Transit Authority, Tahoe Transportation District, Yolo County Transportation District), PLAN JPA (3 members: City of American Canyon, Town of Atherton, Town of Woodside)
Limits:	
Per Claim	\$2,000,000 Each Claim Per Member
Per Member Aggregate	\$4,000,000 Per Member Aggregate
Policy Aggregate	\$10,000,000 Policy Aggregate
ERMA's Retention:	\$1,000,000 per occurrence of loss and claims expense, inclusive of member's deductibles
Retroactive Date:	7/1/10 except for MBASIA which is 7/1/11; City of Patterson, City of Mendota, City of Lemoore, City of Sonora, City of Tehachapi which are 7/1/13; City of Sanger which is 4/18/16; City of Woodlake, City of Dinuba, City of Farmersville which is 7/1/16; CalTIP (5 members) which is 7/1/17; PLAN JPA (3 members) which is 7/1/20.
Definitions:	Wrongful Act, Loss and Claim shall each have the same meaning as defined in the Primary Policy
Defense Inside/Outside the Limits:	Inside
Who has the Duty to Defend:	Insurer

Excess Employment Practices Liability Coverage – Continued

Endorsement & Exclusions (including but not limited to):

- Additional Named Insured Endorsement
- Amendatory Endorsement-Claims Made and Reported and Limit of Liability
- Amended Declarations-\$2MM per claim per member city/\$4MM aggregate per member/\$10MM policy aggregate
- Cap on Losses From Certified Acts of Terrorism
- Disclosure pursuant to Terrorism Risk Insurance Act
- Prior Acts Exclusion-Wrongful Acts that occurred prior to 7/1/10; 7/1/11 for MBASIA; 7/1/13 for City of Patterson, City of Mendota, City of Lemoore, City of Sonora, City of Tehachapi; 4/18/16 for City of Sanger; 7/1/16 for City of Woodlake, City of Dinuba, City of Farmersville; 7/1/17 for CalTIP (5 members); PLAN JPA (3 members) 7/1/20.
- Prior and/or Pending Litigation Exclusion-Litigation that occurred prior to 7/1/10; 7/1/11 for MBASIA; 7/1/13 for City of Patterson, City of Mendota, City of Lemoore, City of Sonora, City of Tehachapi; 4/18/16 for City of Sanger; 7/1/16 for City of Woodlake, City of Dinuba, City of Farmersville; 7/1/17 for CalTIP (5 members); 7/1/20 PLAN JPA (3 members).
- Specific Entities Exclusion-BCJPIA, PARSAC, PERMA, SCORE excluded from coverage
- Exclusion – Prior and or Pending Litigation Backdated – Higher Limits - \$1M xs \$1M – July 1, 2018
- Three Year Bilateral Discovery Period - If the policy is not renewed or is cancelled, insured has option to purchase Discovery period in which to give notice of claims: One Year @ 100% of annual premium; Two Years @ 150% of annual premium; Three Years @ 175% of annual premium.

Premium:

Annual Premium - **\$347,272** Flat
Rate per \$100 of payroll is .04
Based on annual payroll of \$868,179,421

Quote Valid Until:

July 1, 2021

Binding Conditions:

See Binding Requirements Recap Page

See Disclaimer Page for Important Notices and Acknowledgement

Disclosures

This proposal of insurance is provided as a matter of convenience and information only. All information included in this proposal, including but not limited to personal and real property values, locations, operations, products, data, automobile schedules, financial data and loss experience, is based on facts and representations supplied to Alliant Insurance Services, Inc. by you. This proposal does not reflect any independent study or investigation by Alliant Insurance Services, Inc. or its agents and employees.

Please be advised that this proposal is also expressly conditioned on there being no material change in the risk between the date of this proposal and the inception date of the proposed policy (including the occurrence of any claim or notice of circumstances that may give rise to a claim under any policy which the policy being proposed is a renewal or replacement). In the event of such change of risk, the insurer may, at its sole discretion, modify, or withdraw this proposal, whether or not this offer has already been accepted.

This proposal is not confirmation of insurance and does not add to, extend, amend, change, or alter any coverage in any actual policy of insurance you may have. All existing policy terms, conditions, exclusions, and limitations apply. For specific information regarding your insurance coverage, please refer to the policy itself. Alliant Insurance Services, Inc. will not be liable for any claims arising from or related to information included in or omitted from this proposal of insurance.

Alliant embraces a policy of transparency with respect to its compensation from insurance transactions. Details on our compensation policy, including the types of income that Alliant may earn on a placement, are available on our website at www.alliant.com. For a copy of our policy or for any inquiries regarding compensation issues pertaining to your account you may also contact us at: Alliant Insurance Services, Inc., Attention: General Counsel, 701 B Street, 6th Floor, San Diego, CA 92101.

Analyzing insurers' over-all performance and financial strength is a task that requires specialized skills and in-depth technical understanding of all aspects of insurance company finances and operations. Insurance brokerages such as Alliant Insurance typically rely upon rating agencies for this type of market analysis. Both A.M. Best and Standard and Poor's have been industry leaders in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings.

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at www.ambest.com. For additional information regarding insurer financial strength ratings visit Standard and Poor's website at www.standardandpoors.com.

Our goal is to procure insurance for you with underwriters possessing the financial strength to perform. Alliant does not, however, guarantee the solvency of any underwriters with which insurance or reinsurance is placed and maintains no responsibility for any loss or damage arising from the financial failure or insolvency of any insurer. We encourage you to review the publicly available information collected to enable you to make an informed decision to accept or reject a particular underwriter. To learn more about companies doing business in your state, visit the Department of Insurance website for that state.

NY Regulation 194

Alliant Insurance Services, Inc. is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

Other Disclosures / Disclaimers

FATCA:

The Foreign Account Tax Compliance Act (FATCA) requires the notification of certain financial accounts to the United States Internal Revenue Service. Alliant does not provide tax advice so please contact your tax consultant for your obligation regarding FATCA.

Claims Reporting:

Your policy will come with specific claim reporting requirements. Please make sure you understand these obligations. Contact your Alliant Service Team with any questions.

Claims Made Policy:

(Applicable to any coverage that is identified as claims made)

This claims-made policy contains a requirement stating that this policy applies only to any claim first made against the Insured and reported to the insurer during the policy period or applicable extended reporting period. Claims must be submitted to the insurer during the policy period, or applicable extended reporting period, as required pursuant to the Claims/Loss Notification Clause within the policy in order for coverage to apply. Late reporting or failure to report pursuant to the policy's requirements could result in a disclaimer of coverage by the insurer.

Other Disclosures / Disclaimers = Continued

Claims Made Policy (D&O/EPL)

(Applicable to any coverage that is identified as claims made)

This claims-made policy contains a requirement stating that this policy applies only to any claim first made against the Insured and reported to the insurer during the policy period or applicable extended reporting period. Claims must be submitted to the insurer during the policy period, or applicable extended reporting period, as required pursuant to the Claims/Loss Notification Clause within the policy in order for coverage to apply. Late reporting or failure to report pursuant to the policy's requirements could result in a disclaimer of coverage by the insurer.

Any Employment Practices Liability (EPL) or Directors & Officers (D&O) with EPL coverage must give notice to the insurer of any charges / complaints brought by any state / federal agency (i.e. EEOC and similar proceedings) involving an employee. To preserve your rights under the policy, it is important that timely notice be given to the insurer, whether or not a right to sue letter has been issued.

NRRA:

(Applicable if the insurance company is non-admitted)

The Non-Admitted and Reinsurance Reform Act (NRRA) went into effect on July 21, 2011. Accordingly, surplus lines tax rates and regulations are subject to change which could result in an increase or decrease of the total surplus lines taxes and/or fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes and/or fees must be promptly remitted to Alliant Insurance Services, Inc.

Changes and Developments

It is important that we be advised of any changes in your operations, which may have a bearing on the validity and/or adequacy of your insurance. The types of changes that concern us include, but are not limited to, those listed below:

- Changes in any operations such as expansion to another states, new products, or new applications of existing products.
- Travel to any state not previously disclosed.
- Mergers and/or acquisition of new companies and any change in business ownership, including percentages.
- Any newly assumed contractual liability, granting of indemnities or hold harmless agreements.
- Any changes in existing premises including vacancy, whether temporary or permanent, alterations, demolition, etc. Also, any new premises either purchased, constructed or occupied
- Circumstances which may require an increased liability insurance limit.
- Any changes in fire or theft protection such as the installation of or disconnection of sprinkler systems, burglar alarms, etc. This includes any alterations to the system.
- Immediate notification of any changes to a scheduled of equipment, property, vehicles, electronic data processing, etc.
- Property of yours that is in transit, unless previously discussed and/or currently insured.

Other Disclosures / Disclaimers = Continued

Certificates / Evidence of Insurance

A certificate is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by a policy. Nor does it constitute a contract between the issuing insurer(s), authorized representative, producer or certificate holder.

You may have signed contracts, leases or other agreements requiring you to provide this evidence. In those agreements, you may assume obligations and/or liability for others (Indemnification, Hold Harmless) and some of the obligations that are not covered by insurance. We recommend that you and your legal counsel review these documents.

In addition to providing a certificate of insurance, you may be required to name your client or customer on your policy as an additional insured. This is only possible with permission of the insurance company, added by endorsement and, in some cases, an additional premium.

By naming the certificate holder as additional insured, there are consequences to your risks and insurance policy including:

- Your policy limits are now shared with other entities; their claims involvement may reduce or exhaust your aggregate limit.
- Your policy may provide higher limits than required by contract; your full limits can be exposed to the additional insured.
- There may be conflicts in defense when your insurer has to defend both you and the additional insured.

See Request to Bind Coverage page for acknowledgment of all disclaimers and disclosures.

Binding Requirements Recap

Below is a recap by Line of Coverage. **ALL** coverage(s) require the following:

- A written request to bind coverage
- A signed and dated Client Notification of Carrier Ratings Policy, Guidelines and Practices letter is required prior to binding (only if the carrier rating is below a B+, or not rated)
- All Surplus Lines Taxes/Fees are Fully Earned (only applies to a non-admitted carrier)

Coverage Line and Description of Subjectivity(ies)	Effective Date
Excess Employment Practices Liability <ul style="list-style-type: none">• Copy of Final 21-22 ERMA MOC	July 1, 2021

In order to complete the underwriting process, we require that you send us any additional information requested above. We are not required to bind coverage prior to our receipt and underwriting acceptance of the above information. However, if we do bind coverage prior to such acceptance, the terms and conditions as indicated above may be amended until such receipt and acceptance. Any agreement to bind coverage in connection with this proposal must be in writing from an authorized employee of the Insurer

Request to Bind Coverage

Employment Risk Management Authority (ERMA)

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

Coverage Line	Bind Coverage for:
Excess Employment Practices Liability	<input type="checkbox"/>

This Authorization to Bind Coverage also acknowledges receipt and review of all disclaimers and disclosures, including exposures used to develop insurance terms, contained within this proposal.

Signature

Date

Title

Printed / Typed Name

This proposal does not constitute a binder of insurance. Binding is subject to final carrier approval. *The actual terms and conditions of the policy will prevail.*

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 Underwriting Committee convened on May 25, 2021, and reviewed the city's application materials, as follows:

City of Exeter

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

The city is in the process of updating their written personnel policies and procedures utilizing legal counsel with employment law expertise 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:

The Underwriting Committee recommends the Board of Directors 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

Name of Entity	City of Exeter
2020 Calendar Payroll	\$2,674,088
Coverage Period	July 1, 2021 to June 30, 2022

CALCULATION

Member Retained Limit Options		\$25,000	\$50,000	\$75,000	\$100,000
Retained Limit Factor		1.13	1.00	0.90	0.82
Retained Limit Rate		0.672	0.595	0.536	0.488
Defense & Indemnity: Pooled Funding		\$17,979	\$15,911	\$14,320	\$13,047
Administration	0.0514	1,374	1,374	1,374	1,374
Loss Prevention & Training	0.0079	210	210	210	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.

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>City of Exeter</u>		Date: <u>4/21/2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies <i>Separate Admin Policy</i>
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? <u>2012</u>	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i> <u>See Attached</u>		

B. Employee Information					
1.	Number of Full Time Employees: <u>31</u>				
2.	Number of Part time Employees: <u>10 (approx. 3 FTEs)</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees? <u>See attached for addl information.</u>				
	<u>2020</u> <u>13.5 %</u>	<u>2019</u> <u>8 %</u>	<u>2018</u> <u>27 %</u>	<u>2017</u> <u>27.5 %</u>	<u>2016</u> <u>7.14 %</u>
4.	How many involuntary employment terminations have occurred in the past three years?				
	<u>2020 = 3</u>	<u>2019 = 5</u>	<u>2018 = 1</u>		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 <i>90.25%</i>	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 <i>9.75%</i>	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. <i>Due to the Covid-19 pandemic, the City's Parks & Rec staff were laid off.</i>	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>See attached.</i>	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input checked="" type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input type="checkbox"/> \$350K <input type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

City of Exeter
Agency or Entity Name

Shonna Oneal
Applicant's Name (please print)

City Clerk / HR Manager
Title

Shonna Oneal
Applicant's Signature

May 7, 2021
Date

MEMBERSHIP MATTERS

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

BACKGROUND AND STATUS:

The Board of Directors met on April 27, 2021, to consider applications for participation from the Redwood Empire Municipal Insurance Fund (REMIF) and ten of its underlying member entities. The Board approved REMIF and the Cities of Arcata, Cotati, Fort Bragg, Fortuna, Healdsburg, Lakeport, Sebastopol, Sonoma, St. Helena, and Ukiah at a \$250,000 or \$350,000 self-insured retention (SIR), effective July 1, 2021.

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

The Underwriting Committee has met on May 7, 2021, May 17, 2021, and May 25, 2021, to review REMIF’s five remaining members. Applications and supporting documentation have been received and reviewed as follows:

City of Cloverdale

The city reports payroll of \$4.5M for the 2020 calendar year, has 43 full-time employees, and four 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 is in the process of updating their written personnel policies and procedures utilizing Liebert Cassidy Whitmore’s model policies and intends for legal counsel to review the policies upon completion.

The city recently completed its AB 1825 and SB 1343 training requirements via Safety National’s online learning management system.

City of Eureka

The city reports payroll of \$13.6M for the 2020 calendar year, has 207 full-time employees, and 96 part-time employees.

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

The city is compliant with AB 1825 and SB 1343 training requirements and utilizes Liebert Cassidy Whitmore (LCW) to conduct training.

City of Rohnert Park

The city reports payroll of \$23M for the 2020 calendar year, has 203 full-time employees, and 115 part-time employees.

The city has written personnel policies and procedures and budgeted plans to update their policies in the 2021/22 fiscal year.

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

City of Willits

The city reports payroll of \$3.2M for the 2020 calendar year, has 40 full-time employees, and no part-time employees.

The city has written personnel policies and procedures which have not been reviewed since 2009. The city has plans to update their procedures in the 2021/22 fiscal year, which will be reviewed by legal counsel and adopted by City Council.

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

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:

The Underwriting Committee recommends the Board approve:

- 1) The City of Eureka at a \$250,000 SIR, effective July 1, 2021;*
- 2) The City of Cloverdale at a \$250,000 SIR or a \$350,000 SIR, effective July 1, 2021, with the condition the City completes the review and update of its written policies and procedures, and reviewed by legal counsel well-versed in public sector employment law;*
- 3) Cities of Rohnert Park and Willits at a \$250,000 SIR, effective July 1, 2021, with the condition the cities' personnel policies and procedures are updated, and reviewed by legal counsel with expertise in public sector employment law; and*

- 4) *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 Calculation
- City of Cloverdale Completed Potential Member Application
- City of Eureka Completed Potential Member Application
- City of Rohnert Park Completed Potential Member Application
- City of Willits Completed Potential Member Application
- Town of Windsor Completed Potential Member Application

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

	Member	2020 Payroll	CONTRIBUTION Member Retained Limit Options	
			\$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.

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>City of Cloverdale</u>		Date: <u>02/23/2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Currently in process		
	If no, when was the manual or rules last reviewed? The manual has been updated but not adopted		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p>The City is currently in the process of updating the Personnel Polices & Procedures</p>			

B. Employee Information					
1.	Number of Full Time Employees: 43				
2.	Number of Part time Employees: 4				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees? 7				
	2020__ 4%	2019__ 12%	2018__ 2%	2017__ 12%	2016__ 5%
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020__ 1__		2019__ 0__		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 26%	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 74%	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please explain. No, we are still implementing SB 778.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: REMIF provides trainings and HR staff maintains certificates.	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

City of Cloverdale

Agency or Entity Name

David Kelley

Applicant's Name (please print)

City Manager

Title

Applicant's Signature

Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>CITY OF EUREKA</u>		Date: <u>02/05/21</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i> <u>#3 ACKNOWLEDGEMENT FORM IS BEING DEVELOPED</u>		

B. Employee Information						
1.	Number of Full Time Employees: <u>207</u>					
2.	Number of Part time Employees: <u>90</u>					
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	<table style="width: 100%; text-align: center;"> <tr> <td>2019 <u>30 out</u> <u>90 in</u></td> <td>2018 <u>33 out</u> <u>90 in</u></td> <td>2017 <u>30 out</u> <u>90 in</u></td> <td>2016 <u>38 out</u> <u>90 in</u></td> <td>2015 <u>32 out</u> <u>90 in</u></td> </tr> </table>	2019 <u>30 out</u> <u>90 in</u>	2018 <u>33 out</u> <u>90 in</u>	2017 <u>30 out</u> <u>90 in</u>	2016 <u>38 out</u> <u>90 in</u>	2015 <u>32 out</u> <u>90 in</u>
2019 <u>30 out</u> <u>90 in</u>	2018 <u>33 out</u> <u>90 in</u>	2017 <u>30 out</u> <u>90 in</u>	2016 <u>38 out</u> <u>90 in</u>	2015 <u>32 out</u> <u>90 in</u>		
4.	How many involuntary employment terminations have occurred in the past three years?					
	<table style="width: 100%; text-align: center;"> <tr> <td>2020 <u>5</u></td> <td>2019 <u>5</u></td> </tr> </table>	2020 <u>5</u>	2019 <u>5</u>			
2020 <u>5</u>	2019 <u>5</u>					

WE DO NOT TRACK TEMPORARY PART-TIME EMPLOYEE TURNOVER. ITEM #3 SHOWS THE # OF RPT AND RPT EMPLOYEES THAT LEFT DURING A YEAR AND THE # OF NEW HIRES

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 95.17%	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 4.83 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: ONLINE UCW TRAININGS FOR ALL EMPS + VOLUNTEERS	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:


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

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

City of Eureka
Agency or Entity Name

Patricia J. Powell
Applicant's Name (please print)

Assistant City Manager
Title


Applicant's Signature

2/26/2021
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>City of Rehnerd Park</u>		Date: <u>2/26/21</u>
EMPLOYMENT POLICY HIGHEST PRIORITY		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Some</u>
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Some</u>
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i>		

B. Employee Information						
1.	Number of Full Time Employees: <u>203</u>					
2.	Number of Part time Employees: <u>115</u>					
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	<u>2016</u>	<u>12%</u>	<u>2017</u>	<u>17%</u>	<u>2018</u>	<u>16%</u>
	<u>2019</u>	<u>8%</u>	<u>2020</u>	<u>9%</u>		
4.	How many involuntary employment terminations have occurred in the past three years?					
	<u>2018</u>	<u>4 PT</u>	<u>1 Alleged Constructive</u>	<u>2019</u>	<u>2 PT</u>	<u>2020</u>
					<u>2 PT</u>	

	<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
5.	Percentage of Employees with salaries less than \$100,000 % 81 (includes PT)	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 % 19	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>Contact HR</i>	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. DESIRED SELF-INSURED RETENTION						
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$500K	
Please attach the following:						
<ul style="list-style-type: none"> ∞ 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

City of Rohnert Park
Agency or Entity Name

Victoria Perrault
Applicant's Name (please print)

HR Director
Title

Nicholas Perrault
Applicant's Signature

2/26/21
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>City of Willits</u>		Date: <u>April 7, 2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A.	Policies and Procedures	
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? <u>February 2009</u>	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information:</i>	
	The Personnel, Policies and Procedures Manual will be revised in 2021/2022 fiscal year	

B.	Employee Information				
1.	Number of Full Time Employees: <u>40</u>				
2.	Number of Part time Employees: <u>0</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees? This was calculated manually				
	<u>2021</u> %	<u>2020</u> <u>29%</u>	<u>2019</u> <u>23 %</u>	<u>2018</u> <u>8 %</u>	<u>2017</u> <u>15 %</u>
4.	How many involuntary employment terminations have occurred in the past three years?				
	<u>2020 - 1</u>		<u>2019 - 0 2018 - 0</u>		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>
	5.	Percentage of Employees with salaries less than \$100,000 7.5 %
	6.	Percentage of Employees with salaries greater than \$100,000 92.5 %
		Should = 100%

C.	Employment Practices Claims Handling	
	1.	Who in the Entity has been designated to handle claims? Karen Stevenson, 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) Do you require written claims for EEO-related complaints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims: See Attached
	3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following? I only have data from 8/2016
		(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. Student Intern was laid off May 2020 due to Covid-19	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: HR maintains training records and follows up annually to see who needs training	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input type="checkbox"/> \$500K
<p>Please attach the following: REMIF has provided all of this information, see attached last fiscal audit.</p> <ul style="list-style-type: none"> • <i>EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</i> • <i>Payroll information for the previous 7 completed calendar years;</i> • <i>Completed resolution authorizing participation in ERMA;</i> • <i>Completed intent to participate; and</i> • <i>Most Recent Financial Audit.</i> 2019/2020 had not been done yet 	

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

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

The undersigned acknowledges:

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

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

City of Willits

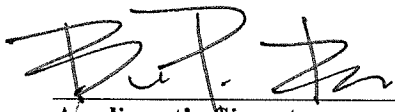
Agency or Entity Name

Brian Bender

Applicant's Name (please print)

City Manager

Title



Applicant's Signature

05.03.21

Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Town of Windsor</u>		Date: <u>03/04/2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If no, when was the manual or rules last reviewed? 2018 began review - still in process of finalizing		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p>Currently in the process of legal counsel revising and updating policies</p>			

B. Employee Information					
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__ %
4.	How many involuntary employment terminations have occurred in the past three years? 1				
	20__	20__			

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 66%	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 34%	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months? Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: HR will keep completed training certificates on file	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Town of Windsor
Agency or Entity Name

Jeneen Peterson
Applicant's Name (please print)

Administrative Services Director
Title

Jeneen Peterson
Applicant's Signature

3/25/21
Date

MEMBERSHIP MATTERS

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

BACKGROUND AND STATUS:

The Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and eighteen of its underlying member entities have provided applications for participation in ERMA effective July 1, 2021, at a \$500,000 self-insured retention (SIR).

The Underwriting Committee met on May 7, 2021, May 17, 2021, May 18, 2021, and May 25, 2021, to review YCPARMIA and its underlying members. Applications and supporting documentation have been received and reviewed, as follows:

YCPARMIA

YCPARMIA reports payroll of \$533,022 for the 2020 calendar year, has four full-time employees, and one part-time employee.

YCPARMIA policies and procedures were last reviewed in 2015, with plans to update all policies in the coming months.

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

City of Davis

The city reports payroll of \$37.6M for the 2020 calendar year, has 331 full-time employees, and 101 part-time employees.

The city has written personnel policies and procedures that have been reviewed by the City Attorney and will be formally adopted by City Council following labor organization review.

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

City of West Sacramento

The city reports payroll of \$39.5M for the 2020 calendar year, has 363 full-time employees, and 236 part-time employees.

The city has written personnel policies and procedures that have not been updated in the last five years.

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

City of Winters

The city reports payroll of \$4.7M for the 2020 calendar year, has 35 full-time employees, and 21 part-time employees.

The city has comprehensive written personnel policies and procedures in place regularly reviewed by legal counsel and formally adopted by City Council.

The city is compliant with AB 1825 and SB 1343 training mandates, having utilized the contract attorney firm of Best, Best & Krieger, in December 2020, for all employees and City Council.

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.

County of Yolo

The county reports payroll of \$137M for the 2020 calendar year, has 1,456 full-time employees, and 423 part-time employees.

The county has comprehensive written personnel policies and procedures in place which are regularly reviewed by legal counsel and formally adopted by the district's Board.

The county is 80% compliant with AB 1825 and SB 1343 training mandates and continues to utilize Target Solution to complete their training.

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.

Davis Cemetery District

The district reports payroll of \$335,545 for the 2020 calendar year, has five full-time employees, and no part-time employees.

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

The district is compliant with AB1825 and SB 1343 training mandates and obtains such via Golden State Risk Management Authority.

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.

Capay Valley Fire Protection District

The district reports payroll of \$25,368 for the 2020 calendar year, no full-time employees, and has three 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 have not been reviewed by legal counsel but were formally adopted by the district's Commissioners.

The district was scheduled to complete its AB 1825-compliant training on May 13, 2021, utilizing the California Department of Fair Employment and Housing's online training. After which, the district will be in full compliance with training mandates.

Clarksburg Valley Fire Protection District

The district reports payroll of \$9,011 for the 2020 calendar year, no full-time employees, has two part-time employees, and 20 volunteers. 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 regularly reviewed by legal counsel and formally adopted by the district's Board.

The district is compliant with SB 1343 training requirements and utilizes Vector Solutions to conduct their training.

Dunnigan Fire Protection District

The district reports payroll of \$225,099 for the 2020 calendar year, no full-time employees, 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 has written personnel policies and procedures in place that are not regularly reviewed by legal counsel but have been adopted by the district's Board.

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

Esparto Fire Protection District

The district reports payroll of \$102,224 for the 2020 calendar year, has two 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 are regularly reviewed by legal counsel and formally adopted by the district's Board.

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

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.

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.

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.

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.

Madison Community Services District

The district reports payroll of \$80,000 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 no written personnel policies and procedures in place, nor are they compliant with AB 1825 and SB 1343 training mandates.

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.

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 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.

RECOMMENDATION:

The Underwriting Committee recommends the Board approve:

- 1) The Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and the following underlying members at a \$500,000 SIR, effective July 1, 2021, with the condition YCPARMIA and each entity's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by each entity's governing body, no later than July 1, 2023:*
 - *City of West Sacramento*
 - *City of Woodland*
 - *Capay Valley Fire Protection District*
 - *Dunnigan Fire Protection District*
 - *Yolo County Emergency Communications Agency*
 - *In-Home Supportive Services Public Authority*
 - *West Plainfield Fire Protection District*
 - *Winters Cemetery District*
 - *Willow Oak Fire Protection District*
- 2) The following entities at a \$500,000 SIR, effective July 1, 2021:*
 - *City of Davis, City of Winters*
 - *Davis Cemetery District*
 - *Esparto Fire Protection District*
 - *Madison Fire Protection District*
 - *Esparto Unified School District*
 - *Valley Clean Energy Alliance*
 - *Yolo-Solano Air Quality Management District*
- 3) The Clarksburg Fire Protection District at a \$500,000 SIR, effective July 1, 2021, with the condition the district provides proof of compliance with state-mandated training requirements by August 31, 2021.*
- 4) The Madison Community Services District at a \$500,000 SIR with the conditions the district's personnel policies and procedures are updated, reviewed by legal counsel with public sector employment law expertise, and approved by the district Boards, no later than July 1, 2023, and the district provides proof of compliance with state-mandated training requirements by August 31, 2021;*
- 5) The County of Yolo at a \$500,000 SIR, with the express condition that any EPL claims be defended by an approved member of ERMA's defense panel; and*
- 6) 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
- YCPARMIA Completed Potential New Member Application
- City of Davis Completed Potential New Member Application
- City of West Sacramento Completed Potential New Member Application
- City of Winters Completed Potential New Member Application
- City of Woodland Completed Potential New Member Application
- County of Yolo Completed Potential New Member Application
- Cottonwood Cemetery District Completed Potential New Member Application
- Davis Cemetery District Completed Potential New Member Application
- Winters Cemetery District Completed Potential New Member Application
- Capay Valley Fire Protection District Completed Potential New Member Application
- Clarksburg Valley Fire Protection District Completed Potential New Member Application
- Dunnigan Fire Protection District Completed Potential New Member Application
- Esparto Fire Protection District Completed Potential New Member Application
- Madison Fire Protection District Completed Potential New Member Application
- West Plainfield Fire Protection District Completed Potential New Member Application
- Willow Oak Fire Protection District Completed Potential New Member Application
- Esparto Unified School District Completed Potential New Member Application
- Madison Community Services District Completed Potential New Member Application
- Yolo-Solano Air Quality Management District Completed Potential New Member Application
- Valley Clean Energy Alliance 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

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

Member	2019 Payroll	Member Retained Limit Option \$500,000	
		ERMA Contribution	Total 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.*

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE JOINT POWER AUTHORITIES

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

ENTITY NAME <u>Yolo County Public Agency Risk Management Insurance Authority (YCPARMA)</u>		Date: <u>3/10/2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Entity Information		
1.	Identify the structure of the applying Entity:	
	<input checked="" type="checkbox"/> In-house Staff Joint Powers Authority (Proceed to Section B.)	<input type="checkbox"/> Contracted Staff Joint Powers Authority (Proceed to Section F.)
B. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring <small>Yes for background check, probation, etc.</small>	<input checked="" type="checkbox"/> Termination
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? 2015 - Currently under review	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p>We have written descriptions for all jobs but they are not currently included in the personnel manual. We are working on updating our personnel manual and will set a regular review schedule.</p>		

C. Employee Information	
1.	Number of Full Time Employees: <u>4</u>
2.	Number of Part time Employees: <u>1</u> (temporary)
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?

		2020 29 %	2019 57 %	2018 42 %	2017 14 %	2016 0 %
	4.	How many involuntary employment terminations have occurred in the past three years?				
		2020 1			2018-19 None	
		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>				
	5.	Percentage of Employees with salaries less than \$100,000 100 %				Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 0 %				

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

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

E. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: Human Resources and Personnel responsibilities are handled by the Executive Director (CEO/Risk Manager), Administrative Assistant, and Finance Officer (benefits only)	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Staff complete the training online through TargetSolutions. Records are kept with personnel files	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA)

Agency or Entity Name

Lily Viek

Applicant's Name (please print)

Administrative Assistant

Title


Applicant's Signature

4/13/21

Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>City of Davis</u>		Date: <u>3.18.2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If no, when was the manual or rules last reviewed? <u>6yrs?</u>		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p>5. Anti-harassment policies being reviewed by legal currently. 6. were periodically reviewed but haven't been under "new" city attorney (2yrs); starting process now 8. Personnel rules approved by Council; Handbook policies by CM</p>			

B. Employee Information					
1.	Number of Full Time Employees: <u>331</u>				
2.	Number of Part time Employees: <u>101</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020 <u>9.6 %</u>	2019 <u>10.71%</u>	2018 <u>9.98 %</u>	2017 <u>12.1 %</u>	2016 <u>9.2 %</u>
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 <u>3</u>	2019 <u>2</u>	2018 <u>1</u>		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 % 69%	of full-time employees Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 % 31%	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain. #6 -sign in sheets, certificates to personnel file for online; now using Target Solutions so can run report	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records:	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation? during orientation; then invited to subsequent training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

City of Davis

Agency or Entity Name

Janet Emmett

Applicant's Name (please print)

HR Director

Title


Applicant's Signature

4/8/2021

Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>City of West Sacramento</u> Date: <u>4/5/21</u>			
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If no, when was the manual or rules last reviewed?		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p><small>A2&3: Rules/policies provided upon hire and signed for otherwise they are assessable to employees on city intra-net; some (not all) policies employees review annually. A6&7 :Legal reviews as items are updated/revised, not all have been revised in last 5 years. A8: Not all policies require Council approval.</small></p>			

B. Employee Information					
1.	Number of Full Time Employees:	363			
2.	Number of Part time Employees:	236			
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020 8.18%	2019 11.02 %	2018 10.11 %	2017 7.15%	2016 8.17%
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 0	2019 2			
		2018 4			

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 77.41 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 22.59 %	

C. Employment Practices Claims Handling			
	1.	Who in the Entity has been designated to handle claims? Human Resources 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Do you require written claims for EEO-related complaints?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims: See attached: Response to Question C2a	
	3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following?	
		(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

	(h) Allegations of libel, slander, defamation of character, invasion of privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer is yes to any of the above, please attach a listing of the loss(es) showing a full description of each claim, including the date filed, the substance of the allegations, the disposition of the claim, and any monetary amounts paid in connection with the claim. <i>The claim is being litigated and there has not been a final disposition of the claim.</i>		

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. 2 positions changed from Regular to Limit Term when funding ended.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Training administered and retained in Vector Solutions software platforms.	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

City of West Sacramento
Agency or Entity Name

Liane Lee
Applicant's Name (please print)

HR Manager
Title

/s/Liane Lee
Applicant's Signature

4/5/21
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>City of Winters</u>		Date: <u>3-23-21</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension (w/ discipline)
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board? <u>8/18/2020 updated</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no to any of the above, please use this space to provide more information:		

B. Employee Information						
1.	Number of Full Time Employees:					<u>35</u>
2.	Number of Part time Employees:					<u>21</u>
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	2020 <u>23%</u>	2019 <u>0%</u>	2018 <u>3%</u>	2017 <u>0%</u>	2016 <u>0%</u>	
4.	How many involuntary employment terminations have occurred in the past three years?					
	2020 <u>0</u>	2019 <u>0</u>	2018 <u>0</u>			

→ 6 people retired
2 people resigned

	<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
5.	Percentage of Employees with salaries less than \$100,000 % <u>81</u>	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 % <u>19</u>	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records:	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

YCPARMIA
ELECTING
500K SIR

E. DESIRED SELF-INSURED RETENTION	
<input checked="" type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> • 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

City of Winters
Agency or Entity Name

Kathleen S. Trepa
Applicant's Name (please print)

City Manager
Title

K.S. Trepa
Applicant's Signature

4/12/21
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Shast City of Woodland</u>		Date: <u>4-15-21</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? <u>1999</u>	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p>#7 <u>Working on reviewing policies</u></p>		

B. Employee Information						
1.	Number of Full Time Employees: <u>296</u>					
2.	Number of Part time Employees: <u>100</u>					
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	<u>2020</u>	<u>10 %</u>	<u>2019</u>	<u>8.5 %</u>	<u>2018</u>	<u>7.5 %</u>
					<u>2017</u>	<u>8.6 %</u>
						<u>2016</u> <u>12.5 %</u>
4.	How many involuntary employment terminations have occurred in the past three years?					
	<u>2020</u>	<u>2</u>	<u>2019</u>	<u>3</u>		
			<u>2018</u>	<u>3</u>		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 <u>65</u> %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 <u>35</u> %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>Target Solutions</i>	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> • 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

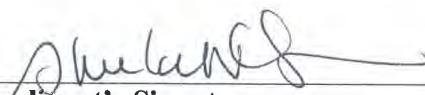
- (1) ERMA does not require the submittal of the aforementioned policies and procedures. ERMA does, however, rely on the information provided by the applicant in review of the application and the undersigned, therefore, declares and represents that the policies and procedures as represented above are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

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

City of Woodland
Agency or Entity Name

Sheila McGhane
Applicant's Name (please print)

HR Manager
Title


Applicant's Signature

4/15/21
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>Yolo County</u>		Date: <u>4/2/2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information:</i>	

B. Employee Information						
1.	Number of Full Time Employees: 1456					
2.	Number of Part time Employees: 423					
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	2020	16 %	2019	17 %	2018	18 %
					2017	15 %
					2016	15 %
4.	How many involuntary employment terminations have occurred in the past three years?					
	2020		2019		2018	

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 86 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 14 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please explain. 80% compliant. County continues to work towards full compliance.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Learning management system records training completion and records retained by HR.	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

County of Yolo

Agency or Entity Name

Cha Yang

Applicant's Name (please print)

Risk Manager/Safety Officer

Title


Applicant's Signature

04/02/2021

Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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: Cottonwood Cemetery Date: 4-16-21

EMPLOYMENT PRACTICES INFORMATION

A. Policies and Procedures

1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input type="checkbox"/> Hiring	<input type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? <u>2015</u>	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

N/A

B. Employee Information

1.	Number of Full Time Employees:					
2.	Number of Part time Employees: <u>1</u>					
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
4.	How many involuntary employment terminations have occurred in the past three years?					
	2020	<u>none</u>		2019	<u>none</u>	
				2018	<u>none</u>	

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

C. Employment Practices Claims Handling	
1.	Who in the Entity has been designated to handle claims? <i>5th Dist Supervisor</i>
2.	<div> (a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up on the claim? <input type="checkbox"/> Yes <input type="checkbox"/> No ? </div> <div> (b) Do you require written claims for EEO-related complaints? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
	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 Administrator on all claims involving actual or potential industrial injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following? <i>NO</i>
	(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

D. Employment Practices Risk Management	
1.	Does the applicant have a Human Resources or Personnel Department? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe handling of this function:
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details.
4.	Have you had any "layoffs" in the past 36 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details.
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778? <i>DON'T KNOW</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>DON'T KNOW</i>
7.	Does your entity provide SB 1343 training? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation? <i>DON'T KNOW</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> 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. 	

This would have to come from payroll on yolo County Dept. of Financial Services

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

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

The undersigned acknowledges:

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

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

Pettowood Cemetery Dist
Agency or Entity Name

John Regellbrugge
Applicant's Name (please print)

Chair
Title

John Regellbrugge
Applicant's Signature

4-16-21
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Davis Cemetery District</u>		Date: <u>03/05/2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, when was the manual or rules last reviewed?		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If you answered no to any of the above, please use this space to provide more information:</i>		

B. Employee Information						
1.	Number of Full Time Employees: <u>5</u>					
2.	Number of Part time Employees: <u>0</u>					
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">2020 0 %</td> <td style="width: 20%; text-align: center;">2019 16 %</td> <td style="width: 20%; text-align: center;">2018 33 %</td> <td style="width: 20%; text-align: center;">2017 0 %</td> <td style="width: 20%; text-align: center;">2016 0 %</td> </tr> </table>	2020 0 %	2019 16 %	2018 33 %	2017 0 %	2016 0 %
2020 0 %	2019 16 %	2018 33 %	2017 0 %	2016 0 %		
4.	How many involuntary employment terminations have occurred in the past three years?					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">2020</td> <td style="width: 40%; text-align: center;">2019</td> </tr> <tr> <td style="text-align: center;">2018</td> <td style="text-align: center;">1</td> </tr> </table>	2020	2019	2018	1	
2020	2019					
2018	1					

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 100 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 0 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: The District Superintendent handles all HR and personnel issues. Assistant Superintendent is involved, as needed.	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Electronic records are maintain via Google Drive.	
7.	Does your entity provide SB 1343 training?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Agency or Entity Name

Applicant's Name (please print)

Title

Applicant's Signature

Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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: Winters Cemetery District Date: 03/05/2021

EMPLOYMENT PRACTICES INFORMATION

A. Policies and Procedures

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

B. Employee Information

1.	Number of Full Time Employees:	<u>3</u>
2.	Number of Part time Employees:	<u>5 - Board Members</u>
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?	
	2020 <u>0</u> %	2019 <u>0</u> %
	2018 <u>0</u> %	2017 <u>1</u> %
	2016 <u>0</u> %	
4.	How many involuntary employment terminations have occurred in the past three years?	
	2020 <u>0</u>	2019 <u>0</u>
	2018 <u>0</u>	

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 <u>100</u> %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 <u>0</u> %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: <i>District Manager handles all!</i>	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>Earned Certificates are Listed in Excel Program and filed</i>	
7.	Does your entity provide SB 1343 training? <i>Obtain Elsewhere</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation? <i>No Elected Officials</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Winters Cemetery District
Agency or Entity Name

Sheila Carbahal
Applicant's Name (please print)

District Manager
Title

Sheila Carbahal
Applicant's Signature

3/10/2021
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Capay Valley Fire Protection District</u>		Date: <u>03/26/2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply.	
	<input checked="" type="checkbox"/> Firing	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Cal. Gov't. Code section 12940??	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information:</i> legal council has not reviewed our policies, FMLA information is posted, but not in the employee manual, and we do not currently perform yearly evaluations	

B. Employee Information						
1.	Number of Full Time Employees: <u>0</u>					
2.	Number of Part time Employees: <u>3</u>					
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	%	2015	0	%
4.	How many involuntary employment terminations have occurred in the past three years?					
	2020	1		2019	0	
	2018	0		2017	0	

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
5	Percentage of Employees with salaries less than \$100,000 100 %	Should - 100%	
6	Percentage of Employees with salaries greater than \$100,000 0 %		

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: hiring is done by Fire Chief, onboarding is done by officers, grievances go through the chain of command, skipping a step if your grievance is with your commanding officer.	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please explain: We were unaware of SB 1343 and will take immediate steps to implement necessary training.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: training attendance is documented and filed with District training records	
7.	Does your entity provide SB 1343 training?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input checked="" type="checkbox"/> \$50K
<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K
<input type="checkbox"/> \$250K	<input type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> 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. 	

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>CLARKSBURG FIRE PROTECTION DIST</u>		Date: <u>03-05-2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave <u>N.A.</u>	<input type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act <u>N.A.</u>	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies <u>(Pending)</u>
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i>		

B. Employee Information					
1.	Number of Full Time Employees:				
2.	Number of Part time Employees: <u>2</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020 <u>0</u> %	2019 <u>0</u> %	2018 <u>0</u> %	2017 <u>0</u> %	2016 <u>0</u> %
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 <u>0</u>	2019 <u>0</u>	2018 <u>0</u>		

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

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: FIRE CHIEF / GOVERNING BOARD	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: TRAINING RECORDS BOOK	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

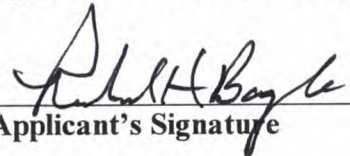
The undersigned acknowledges:

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

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

CLARKSBURG FIRE PROTECTION DISTRICT
Agency or Entity Name

RICHARD H. BAGBY
Applicant's Name (please print)


Applicant's Signature

ASST. CHIEF & CLERK
Title
BOARD SECRETARY

03-05-2021
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

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

B. Employee Information					
1.	Number of Full Time Employees: <u>0</u>				
2.	Number of Part time Employees: <u>1</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020 <u>0</u> %	2019 <u>0</u> %	2018 <u>0</u> %	2017 <u>0</u> %	2016 <u>0</u> %
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 <u>0</u>	2019 <u>2</u>	2018 <u>0</u>		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 % <u>100</u>	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 % <u>0</u>	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: <i>Secretary enters new employee into payroll system. Chief collects employee paperwork, performs evaluations.</i>	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>Target Solutions</i>	
7.	Does your entity provide SB 1343 training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation? <i>no elected officials</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> • 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

DUNNIGAN FIRE PROTECTION DISTRICT
Agency or Entity Name

SHERILL JENKINS
Applicant's Name (please print)

DISTRICT SECRETARY
Title

S Jenkins
Applicant's Signature

4-2-21
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Esparto Fire Protection District</u>		Date: <u>03/22/2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, when was the manual or rules last reviewed?		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If you answered no to any of the above, please use this space to provide more information:</i>		

B. Employee Information					
1.	Number of Full Time Employees: 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	2018 0		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 100 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 0 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Target solutions training platform	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Esparto Fire Protection District
Agency or Entity Name

Curtis Lawrence
Applicant's Name (please print)

Assistant Fire Chief
Title

Curtis Lawrence
Applicant's Signature

03/22/2021
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

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

B. Employee Information										
1.	Number of Full Time Employees: 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 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	28	2019	23						

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 % 100%	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 % 0%	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function: Board Of Commissioners	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: electronica & paper copy	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation? no elected officials	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Madison Fire Protection District

Agency or Entity Name

Paul Green

Applicant's Name (please print)

Fire Chief

Title

Paul Green

Applicant's Signature

3/18/21

Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>West Plainfield Fire Prot Dist</u>		Date: <u>4/23/21</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? <u>in process now</u>	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i>		

B. Employee Information						
<u>3</u>	1.	Number of Full Time Employees:				
<u>2</u>	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 <u>33</u> %	2019 <u>33</u> %	2018 <u>0</u> %	2017 <u>0</u> %	2016 <u>0</u> %
	4.	How many involuntary employment terminations have occurred in the past three years?				
		2020 <u>0</u>	2019 <u>0</u>	2018 <u>0</u>		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 100 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 0 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: <i>chain of command through Board of Supervisors, if necessary</i>	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>Target Vector Solutions</i>	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

West Plainfield Fire Protection District
Agency or Entity Name

Cherie Rita
Applicant's Name (please print)

Fire Chief
Title

Cherie Rita
Applicant's Signature

4/23/21
Date

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

B.	Employee Information					
<u>4</u>	1.	Number of Full Time Employees:				
<u>1</u>	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 <u>15</u> %	2019 <u>20</u> %	2018 <u>20</u> %	2017 <u>15</u> %	2016 <u>20</u> %
	4.	How many involuntary employment terminations have occurred in the past three years?				
		2020		2019 <u>1</u>		
		2018				

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

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>RECORDS KEPT IN OUR REPORTING SOFTWARE</i>	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:


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

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

Willow OAK FIRE PROTECTION DIST.
Agency or Entity Name

MARCUS KLINKHAMMER
Applicant's Name (please print)

FIRE CHIEF
Title


Applicant's Signature

5/6/2021
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>Esparto Unified School District</u>		Date: <u>3/19/2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input type="checkbox"/> Hiring	<input type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input type="checkbox"/> Anti-Harassment Policies
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information: #4 is covered under union contracts</i>	

B. Employee Information						
1.	Number of Full Time Employees: 86					
2.	Number of Part time Employees: 22					
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?					
	2020	5 %	2019	5 %	2018	5 %
	2017	5 %	2016	5 %		
4.	How many involuntary employment terminations have occurred in the past three years?					
	2020	0	2019	1		
	2018	0				

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 94 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 6 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>We go through Target Solutions</i>	
7.	Does your entity provide SB 1343 training? <i>Yes</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION						
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input checked="" type="checkbox"/> \$500K	
Please attach the following: <ul style="list-style-type: none"> 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

Esparto Unified School District
Agency or Entity Name

Leah Smith
Applicant's Name (please print)

Controller
Title

Leah Smith
Applicant's Signature

3/26/21
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Madison Community Services District</u> Date: <u>4-23-2021</u>			
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input type="checkbox"/> Hiring	<input type="checkbox"/> Termination	<input type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input type="checkbox"/> Discipline	<input type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input type="checkbox"/> Anti-Harassment Policies	
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies	
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed?		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i>			

B. Employee Information						
1.	Number of Full Time Employees: 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 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	
	2018	0				

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 50 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 50 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: GM and Board President handles this area	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please explain. Too small and does not apply	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: N/A	
7.	Does your entity provide SB 1343 training?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

MADISON COMMUNITY SERVICES DISTRICT
Agency or Entity Name

LEO REFSLAND
Applicant's Name (please print)

GM
Title

Leo Refsland
Applicant's Signature

4-30-2021
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

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

B. Employee Information											
1.	Number of Full Time Employees: <u>22</u>										
2.	Number of Part time Employees: <u>0</u>										
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?										
	<table style="width: 100%; text-align: center;"> <tr> <td>2020</td> <td><u>14</u> %</td> <td>2019</td> <td><u>23</u> %</td> <td>2018</td> <td><u>9</u> %</td> <td>2017</td> <td><u>14</u> %</td> <td>2016</td> <td><u>14</u> %</td> </tr> </table>	2020	<u>14</u> %	2019	<u>23</u> %	2018	<u>9</u> %	2017	<u>14</u> %	2016	<u>14</u> %
2020	<u>14</u> %	2019	<u>23</u> %	2018	<u>9</u> %	2017	<u>14</u> %	2016	<u>14</u> %		
4.	How many involuntary employment terminations have occurred in the past three years?										
	<table style="width: 100%; text-align: center;"> <tr> <td>2020</td> <td><u>0</u></td> <td>2019</td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td>2018</td> <td><u>0</u></td> </tr> </table>	2020	<u>0</u>	2019	<u>0</u>			2018	<u>0</u>		
2020	<u>0</u>	2019	<u>0</u>								
		2018	<u>0</u>								

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>
5.	Percentage of Employees with salaries less than \$100,000 68 %	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 32 %	

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

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

D. Employment Practices Risk Management

1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: <i>ADMINISTRATIVE SERVICES MANAGER (ASM) + THE ADMIN. OPERATIONS COORDINATOR HANDLE ALL HR RELATED ITEMS.</i>	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. <i>ON APRIL 16 WE NOTIFIED OUR PLANNER WE ARE REORGANIZING AND HE RESIGNED EFFECTIVE APRIL 21, 2021.</i>	
4.	Have you had any "layoffs" in the past 36 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. <i>SEE #4</i>	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: <i>TARGET SOLUTIONS IS USED AND CERTIFICATES ARE MAINTAINED IN THE HR FILE OR ELECTRONICALLY IN THE EMPLOYEE ONLINE FILE IF SET UP.</i>	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION

<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

YOLO-SOLANO AIR QUALITY MGMT DIST.

Agency or Entity Name

MURIEL CLEMENTE

Applicant's Name (please print)

ADMINISTRATIVE SERVICES MGR

Title

Muriel Clemente

Applicant's Signature

4/2/21

Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA) LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>VALLEY CLEAN ENERGY</u>		Date: <u>APRIL-2021</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination <input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave <input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses work place conduct, EPI policies and practices, and grievance procedures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information:</i>	

B. Employee Information					
1.	Number of Full Time Employees: <u>5</u>				
2.	Number of Part time Employees: <u>0</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020 <u>0</u> %	2019 <u>0</u> %	2018 <u>0</u> %	2017 <u>0</u> %	2016 <u>0</u> %
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 <u>0</u>	2019 <u>0</u>	2018 <u>0</u>		

	<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
5.	Percentage of Employees with salaries less than \$100,000 .40%	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 .60%	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records:	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
Please attach the following: <ul style="list-style-type: none"> • EPE 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 declares that no fact, circumstance, or situation indicating the probability of a claim or action is now known to any person proposed for this coverage, and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the coverage for herewith being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete, and accurate, and include all material information.

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

The undersigned acknowledges:

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

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

Valley Clean Energy
Agency or Entity Name

Edward Buchanan
Applicant's Name (please print)

Finance & Admin Dir.
Title

[Signature]
Applicant's Signature

May 07-21
Date

**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)
LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS
OF A PARTICIPATING JOINT POWERS AUTHORITY**

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

ENTITY NAME: <u>Yolo Emergency Communications</u>		Date: <u>3/23/2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies	<u>Pending</u>
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <u>Needs Review</u>
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, when was the manual or rules last reviewed? <u>Under Review</u>		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you answered no to any of the above, please use this space to provide more information: <u>The agency is planning an overhaul of its personnel and administrative policies</u></p>			

B. Employee Information					
1.	Number of Full Time Employees: <u>46</u>				
2.	Number of Part time Employees: <u>0</u>				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020 <u>13</u> %	2019 <u>13</u> %	2018 <u>13</u> %	2017 <u>13</u> %	2016 <u>13</u> %
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 <u>0</u>	2019 <u>0</u>	2018 <u>0</u>		

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

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: <i>Accounting & HR functions Combined Position: HR/Fiscal Administrator</i>	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records:	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

The undersigned acknowledges:

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

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

Yolo Emergency Communications Agency
Agency or Entity Name

Dena Humphrey
Applicant's Name (please print)

Executive Director
Title

Dena Humphrey
Applicant's Signature

3/23/21
Date

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

LIABILITY COVERAGE APPLICATION FOR PROSPECTIVE MEMBERS OF A PARTICIPATING JOINT POWERS AUTHORITY

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

ENTITY NAME: <u>Yolo County IHSS Public Authority</u>		Date: <u>4/1/2021</u>	
EMPLOYMENT PRACTICES INFORMATION			
A. Policies and Procedures			
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are the following policies or procedures included in the manual? Check all that apply:		
	<input checked="" type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Termination	<input type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Medical Leave	<input checked="" type="checkbox"/> Unpaid Leave	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Drug & Alcohol Testing	<input checked="" type="checkbox"/> Discipline	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies	
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies	
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees		
	<input type="checkbox"/> Employee Hotline/Complaint Procedure		
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If no, when was the manual or rules last reviewed? 2003		
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p>The current personnel policies and procedures were adopted by the governing board in 1/2003.</p>			

B. Employee Information										
1.	Number of Full Time Employees: 4									
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	25 %	2019	25 %	2018	25 %	2017	0 %	2016	0 %
4.	How many involuntary employment terminations have occurred in the past three years?									
	2020 0		2019 0		2018 0					

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 100 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 0 %	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please describe handling of this function: This is done by Yolo County Health and Human Services--HR team.	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: This is maintained and tracked by Yolo County--HR. Status is provided to PA supervisor and Director	
7.	Does your entity provide SB 1343 training? It is provided by Yolo County	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Are elected officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION
<input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input type="checkbox"/> \$250K <input checked="" type="checkbox"/> \$500K
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Yolo County IHSS Public Authority

Agency or Entity Name

Kim Britt

Applicant's Name (please print)

IHSS PA Director

Title

Kim Britt

Applicant's Signature

4/1/2021

Date

TRAINING/LOSS PREVENTION MATTERS

SUBJECT: Risk Assessment Update – City of California City (PARSAC)

BACKGROUND AND STATUS:

Kathy Maylin, Litigation Manager, reported at the November 2, 2020, Board meeting, the City of California City exceeded parameters of ERMA's Target Ratio Calculations in several program years. Per Ms. Maylin's request, the Board authorized a risk assessment of the city to take place with a report to be provided at the June 2021 Board meeting.

Ms. Maylin will be in attendance to provide a verbal report and answer any questions of the Board.

RECOMMENDATION:

None

REFERENCE MATERIALS ATTACHED:

None

LITIGATION MANAGEMENT

SUBJECT: Report from Kathy Maylin, Litigation Manager

BACKGROUND AND STATUS:

This time is reserved for Kathy Maylin, Litigation Manager, to report to the Board regarding any general litigation management and member support activities.

RECOMMENDATION:

None

REFERENCE MATERIALS ATTACHED:

None

CLAIMS MATTERS

**SUBJECT: Closed Session - Pursuant to Government Code Section 54956.95(a) to
Discuss Claims**

BACKGROUND AND STATUS:

The confidential Litigation Manager's Report was distributed to the Board of Directors under separate cover. The Board will discuss the claims listed below during the Closed Session.

Claim	Page Number
Choate, Shannon v. City of Shafter	p. 44
Soriano, Dina v. City of Twentynine Palms	p. 85
Reynolds, DeAndre v. City of Victorville	p. 100

RECOMMENDATION:

None

REFERENCE MATERIALS ATTACHED:

- Confidential Litigation Manager's Report (distributed under separate cover)