



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

**Tuesday, June 29, 2021
1:00 p.m.**

Zoom

Dial-in Number: (669) 900-6833

Meeting ID: 884 7103 6774

Passcode: 333080

[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 28, 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 Ms. Jobe at 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 will be available for public inspection. Please contact Ms. Jobe at 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. |

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4. MEMBERSHIP MATTERS

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- *A. Review of Prospective New Member Applications – Redwood Empire Municipal Insurance Fund’s (REMIF) Underlying Member Entities

Recommendation: The Underwriting Committee recommends the Board of Directors approve the Redwood Empire Municipal Insurance Fund’s (REMIF) underlying members:

- 1) Cities of Sebastopol and Ukiah at a \$250,000 SIR, effective July 1, 2021; and*
- 2) Cities of Arcata and Lakeport at a \$250,000 SIR, effective July 1, 2021, with the condition the cities’ personnel policies and procedures are updated, reviewed by legal counsel with public sector employment law expertise, and approved by City Council, no later than July 1, 2023.*

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- B. Discussion Regarding the Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and Underlying Member Entities

Recommendation: Provide direction to staff.

5. 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

6. ADJOURNMENT

NOTICES:

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

MEMBERSHIP MATTERS

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

BACKGROUND AND STATUS:

The Underwriting Committee (Committee) met on April 22, 2021, to consider applications for participation from the underlying members of the Redwood Empire Municipal Insurance Fund (REMIF) – Cities of Arcata, Lakeport, Sebastopol, and Ukiah at a \$250,000 SIR, effective July 1, 2021.

Applications and supporting documentation were received and reviewed, as follows:

City of Arcata

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

The City’s written personnel policies and procedures were last updated in 1995. A plan to formally update the policies has been identified by the City as a priority goal but not yet completed due to various internal constraints.

The City is compliant with AB 1825 and SB 1343 training requirements and utilizes Liebert, Cassidy, Whitmore (LCW) for training. This City is also a member of LCW’s Consortium.

City of Lakeport

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

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

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

City of Sebastopol

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

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

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

City of Ukiah

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

The City is in the process of working with LCW to update written personnel policies and procedures with anticipated completion of all updates in late 2021.

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

RECOMMENDATION:

The Underwriting Committee recommends the Board of Directors approve the Redwood Empire Municipal Insurance Fund's (REMIF) underlying members:

- 1) Cities of Sebastopol and Ukiah at a \$250,000 SIR, effective July 1, 2021; and*
- 2) Cities of Arcata and Lakeport at a \$250,000 SIR, effective July 1, 2021, with the condition the cities' personnel policies and procedures are updated, reviewed by legal counsel with public sector employment law expertise, and approved by City Council, no later than July 1, 2023.*

REFERENCE MATERIALS ATTACHED:

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

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	SIR Selected	Payroll/100 Pool Rate	Funding For Losses	Loss Prevention & Training	Admin. Costs	Deposit Premium	JPA Participation Credit	Net Deposit Premium	2 JPA Experience Modification Factor	3 Dep Prem Adjusted for Experience Modification	4 Off-Balance Factor	5 Dep Prem Adjusted for Off Balance Factor	6 Individual Experience Modification Factor	7 Capped Individual Experience Modification	8 Capped Ind. Ex Mod Including .25 capped change over prior year	Info Only: (2020/2021) Experience Modification	9 Deposit Adjusted for Experience Modification	10 Off-Balance Factor	11 Premium Adjusted for Off Balance Factor			
1 Amador	\$39,540	\$350,000	0.214	\$85	\$3	\$20	\$108	(\$11)	\$97	1.167	\$113	1.026	\$116	0.000	0.750	0.750	0.750	\$73	1.156	\$84	\$236	(\$151)	
2 Avalon	5,445,158	350,000	0.214	11,664	429	2,774	14,866	(1,483)	13,383	1.167	15,618	1.026	16,031	0.000	0.750	0.750	0.750	10,037	1.156	11,602	39,454	(27,852)	
3 Belvedere (07/01/15)	2,244,081	350,000	0.214	4,807	177	1,143	6,127	(611)	5,516	1.167	6,436	1.026	6,607	1.028	1.028	1.028	1.000	5,670	1.156	6,554	17,073	(10,519)	
4 Blue Lake	537,023	350,000	0.214	1,150	42	274	1,466	(146)	1,320	1.167	1,540	1.026	1,581	0.000	0.750	0.750	0.750	990	1.156	1,144	3,092	(1,948)	
5 California City	7,934,699	350,000	0.214	16,996	625	4,042	21,663	(2,161)	19,502	1.167	22,758	1.026	23,361	10.284	1.500	1.500	1.500	29,253	1.156	33,814	76,556	(42,742)	
6 Calimesa	2,176,608	350,000	0.214	4,662	171	1,109	5,943	(593)	5,350	1.167	6,243	1.026	6,408	0.000	0.750	0.750	1.000	4,012	1.156	4,638	15,306	(10,668)	
7 Calistoga	6,639,191	350,000	0.214	14,221	523	3,382	18,126	(1,808)	16,318	1.167	19,042	1.026	19,546	0.000	0.750	0.750	0.750	12,238	1.156	14,147	38,417	(24,270)	
8 Citrus Heights	18,707,681	350,000	0.214	40,072	1,473	9,531	51,076	(5,096)	45,980	1.167	53,656	1.026	55,077	0.565	0.750	0.750	0.750	34,485	1.156	39,862	87,576	(47,714)	
9 Clearlake	4,675,251	350,000	0.214	10,014	368	2,382	12,764	(1,274)	11,491	1.167	13,409	1.026	13,764	4.713	1.500	1.250	1.000	14,364	1.156	16,603	35,638	(19,035)	
10 Coalinga	5,605,176	350,000	0.214	12,006	441	2,856	15,303	(1,527)	13,777	1.167	16,076	1.026	16,502	4.488	1.500	1.500	1.500	20,665	1.156	23,887	58,159	(34,272)	
11 Ferndale	760,266	350,000	0.214	1,628	60	387	2,076	(207)	1,869	1.167	2,181	1.026	2,238	0.000	0.750	0.750	0.750	1,401	1.156	1,620	4,159	(2,539)	
12 Grass Valley	8,649,990	350,000	0.214	18,528	681	4,407	23,616	(2,356)	21,260	1.167	24,809	1.026	25,466	0.000	0.750	0.750	0.750	15,945	1.156	18,431	46,730	(28,299)	
13 Highland	3,489,735	350,000	0.214	7,475	275	1,778	9,528	(951)	8,577	1.167	10,009	1.026	10,274	0.000	0.750	0.750	0.750	6,433	1.156	7,436	18,789	(11,353)	
14 Menifee (10/1/08)	14,915,995	350,000	0.214	31,950	1,175	7,599	40,724	(4,063)	36,661	1.167	42,781	1.026	43,914	5.120	1.500	1.500	1.250	54,991	1.156	63,566	85,103	(21,537)	
15 Nevada City	2,729,700	350,000	0.214	5,847	215	1,391	7,453	(744)	6,709	1.167	7,829	1.026	8,037	0.000	0.750	0.750	0.750	5,032	1.156	5,816	15,994	(10,178)	
16 Placencia	16,488,966	350,000	0.214	35,319	1,299	8,401	45,018	(4,491)	40,527	1.167	47,293	1.026	48,545	1.275	1.275	1.000	0.750	40,527	1.156	46,846	57,865	(11,019)	
17 Placerville	6,866,007	350,000	0.214	14,707	541	3,498	18,746	(1,870)	16,875	1.167	19,693	1.026	20,214	0.000	0.750	0.750	0.750	12,657	1.156	14,630	36,885	(22,255)	
18 Plymouth	689,651	350,000	0.214	1,477	54	351	1,883	(188)	1,695	1.167	1,978	1.026	2,030	0.000	0.750	0.750	0.750	1,271	1.156	1,469	3,672	(2,203)	
19 Point Arena	430,874	350,000	0.214	923	34	220	1,176	(117)	1,059	1.167	1,236	1.026	1,269	0.000	0.750	0.750	0.750	794	1.156	918	2,261	(1,343)	
20 Rancho Cucamonga	28,856,863	350,000	0.214	61,811	2,273	14,702	78,786	(7,860)	70,925	1.167	82,766	1.026	84,958	1.451	1.451	1.451	1.250	102,885	1.156	118,927	151,025	(32,098)	
21 Rancho Cucamonga FPD (7/1/16)	20,323,453	350,000	0.214	43,533	1,601	10,354	55,487	(5,536)	49,952	1.167	58,291	1.026	59,834	0.000	0.750	0.750	0.750	37,464	1.156	43,305	85,724	(42,419)	
22 Rancho Santa Margarita (01/01/04	2,816,136	350,000	0.214	6,032	222	1,435	7,689	(767)	6,922	1.167	8,077	1.026	8,291	0.000	0.750	0.750	0.750	5,191	1.156	6,001	16,616	(10,616)	
23 San Juan Bautista	799,052	350,000	0.214	1,712	63	407	2,182	(218)	1,964	1.167	2,292	1.026	2,352	0.000	0.750	0.750	0.750	1,473	1.156	1,703	4,364	(2,661)	
24 Sierra Madre	7,105,732	350,000	0.214	15,220	560	3,620	19,400	(1,936)	17,465	1.167	20,380	1.026	20,920	0.000	0.750	1.000	0.750	17,465	1.156	20,188			
25 South Lake Tahoe	20,917,691	350,000	0.214	44,806	1,647	10,657	57,110	(5,698)	51,412	1.167	59,995	1.026	61,584	0.076	0.750	0.750	0.750	38,559	1.156	44,571	86,876	(42,305)	
26 Tehama	49,230	350,000	0.214	105	4	25	134	(13)	121	1.167	141	1.026	145	0.000	0.750	0.750	0.750	91	1.156	105	204	(99)	
27 Trinidad	379,001	350,000	0.214	812	30	193	1,035	(103)	932	1.167	1,087	1.026	1,116	0.000	0.750	0.750	0.750	699	1.156	808	2,231	(1,424)	
28 Truckee	11,054,419	350,000	0.214	23,679	871	5,632	30,181	(3,011)	27,170	1.167	31,706	1.026	32,545	0.000	0.750	0.750	0.750	20,377	1.156	23,555	61,572	(38,017)	
29 Twentynine Palms	2,793,715	350,000	0.214	5,984	220	1,423	7,627	(761)	6,866	1.167	8,013	1.026	8,225	11.807	1.500	1.250	1.000	8,583	1.156	9,921	21,295	(11,374)	
30 Watsonville	33,956,878	350,000	0.214	72,736	2,674	17,300	92,710	(9,250)	83,460	1.167	97,393	1.026	99,973	2.177	1.500	1.500	1.500	125,190	1.156	144,710	186,322	(41,612)	
31 Wheatland	1,825,924	350,000	0.214	3,911	144	930	4,985	(497)	4,488	1.167	5,237	1.026	5,376	0.000	0.750	0.750	0.750	3,366	1.156	3,891	10,696	(6,805)	
32 Wildomar (07/01/08)	1,459,862	350,000	0.214	3,127	115	744	3,986	(398)	3,588	1.167	4,187	1.026	4,298	0.000	0.750	0.750	0.750	2,691	1.156	3,111	8,052	(4,942)	
33 Yountville	3,710,270	350,000	0.214	7,947	292	1,890	10,130	(1,011)	9,119	1.167	10,642	1.026	10,923	0.000	0.750	0.750	1.000	6,839	1.156	7,906	29,302	(21,396)	
34 Yucaipa	4,929,286	350,000	0.214	10,559	388	2,511	13,458	(1,343)	12,115	1.167	14,138	1.026	14,512	0.000	0.750	0.750	0.750	9,086	1.156	10,503	29,611	(19,108)	
35 Yucca Valley	3,085,964	350,000	0.214	6,610	243	1,572	8,425	(841)	7,585	1.167	8,851	1.026	9,085	0.565	0.750	0.750	0.750	5,689	1.156	6,576	12,969	(6,394)	
36 Arcata	9,555,644	350,000	0.214	20,468	753	4,868	26,089	(2,603)	23,486	1.167	27,407	1.026	28,133			1.000		23,486	1.156	27,148			
37 Cloverdale	4,508,206	350,000	0.214	9,657	355	2,297	12,308	(1,228)	11,080	1.167	12,930	1.026	13,273			1.000		11,080	1.156	12,808			
38 Cotati	4,017,641	350,000	0.214	8,606	316	2,047	10,969	(1,094)	9,875	1.167	11,523	1.026	11,828			1.000		9,875	1.156	11,414			
39 Eureka	13,633,910	350,000	0.214	29,204	1,074	6,946	37,224	(3,714)	33,510	1.167	39,104	1.026	40,140			1.000		33,510	1.156	38,735			
40 Fort Bragg	3,482,902	350,000	0.214	7,460	274	1,774	9,509	(949)	8,560	1.167	9,989	1.026	10,254			1.000		8,560	1.156	9,895			
41 Fortuna	5,217,344	350,000	0.214	11,176	411	2,658	14,244	(1,421)	12,823	1.167	14,964	1.026	15,360			1.000		12,823	1.156	14,823			
42 Healdsburg	16,615,489	350,000	0.214	35,590	1,309	8,465	45,364	(4,526)	40,838	1.167	47,656	1.026	48,918			1.000		40,838	1.156	47,205			
43 Lakeport	3,437																						

**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 Arcata</u>		Date: <u>02-25-2021</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 <i>separate from manual</i>	<input checked="" type="checkbox"/> Discipline	<input type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act	<input checked="" type="checkbox"/> Anti-Harassment Policies <i>separate from manual</i>	<input type="checkbox"/> Workplace Violence Policies <i>separate from manual</i>
	<input type="checkbox"/> Written Job Description for all Positions		
	<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 <i>included, but not updated</i>
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>1995</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
<i>If you answered no to any of the above, please use this space to provide more information:</i> #6,7 The City's Personnel Rules and Regulations are needing to be updated. #5 Mous have more current categories protected under FEHA. #10 Information is provided to employee on these items, but a specific orientation is not conducted			
B. Employee Information			
1.	Number of Full Time Employees: <u>12.7 (10 currently frozen due to COVID-19)</u>		
2.	Number of Part time Employees: <u>Varies seasonally 50-100</u>		
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?		
	20 <u>20</u> <u>13%</u>	20 <u>19</u> <u>7%</u>	20 <u>18</u> <u>10%</u> 20 <u>17</u> <u>13%</u> 20 <u>16</u> <u>9%</u>
4.	How many involuntary employment terminations have occurred in the past three years?		
	20 <u>20</u> <u>2</u>	20 <u>19</u> <u>0</u>	20 <u>18</u> <u>2</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 91.34%	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 8.66%	

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? (b) Do you require written claims for EEO-related complaints?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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: <i>See attached</i>	
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		Division
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>Tracking sheet for all active employees noting when training taken and next due;</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 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 Arcata

Agency or Entity Name

Danette Demello

Applicant's Name (please print)

Assistant City Manager

Title

Danette Demello

Applicant's Signature

02-25-21

Date

IV. INTERNAL COMPLAINT PROCEDURE

- A. Employees are encouraged, whenever possible, to let a person know if he or she has done something or said something which the other employee finds offensive or unwelcome. Many complaints can be resolved at this informal level without further incident.
- B. Employees who believe they are the victim of, or witness to, any form of discrimination and/or harassment are urged to make a complaint. Complaints can be formal or informal and (*except for complaints concerning Police Officers*) may be submitted orally or in writing to any of the following individuals:
- immediate Supervisor;
 - any Supervisor or Department Head that they feel comfortable talking with;
 - the Personnel Director or;
 - the City Manager.
- C. Complaints concerning Police Officers may be made either orally or in writing to any of the following individuals:
- any Police Supervisor;
 - the Chief of Police;
 - the Personnel Director or;
 - the City Manager.
- D. An informal complaint means that the offended employee does not wish to commence the formal investigation process. Instead, the employee is seeking a counseling session with his or her department head and the Personnel Director, with the intent of clarifying the issues and obtaining assistance in dealing with the problem of harassment or discrimination. Such a counseling session will contain the following:
1. A discussion of the problem: What has happened, how the employee feels about it, and how this is affecting the work environment.
 2. The employee will be clearly informed of the options available in terms of an informal or formal complaint.
 3. If the employee chooses to make an informal complaint, the counseling sessions will include the discussion of possible remedies including actions that the employee can take, such as: writing a letter to the offending employee asking that the objectionable behavior not continue, changing schedules and/or patterns of work , and actions that the City can take: changes in assignments or work locations, re-education with regard to discrimination/harassment standards.

4. The offended employee must be encouraged to maintain documentation (copies of written communications and gifts) and a dated log of offenses. This documentation will be necessary if a formal investigation is undertaken at a future date.
 5. If, at any time during the course of the counseling session, the employee decides to make a formal complaint the Personnel Director will begin the formal investigative process.
 6. If management believes that the complaint warrants a formal investigation, even though the offended employee wishes to keep it on an informal level, management will need to develop its own case through independent observation and investigation.
- E. Upon notification of a formal harassment complaint that relates to personnel other than Police Officers, the Personnel Director shall:
1. Within three (3) working days of receipt of the complaint, provide the complainant and the accused harasser with a copy of this policy and a confidential memorandum regarding the nature of the complaint.
 2. Authorize a full and effective investigation of the complaint and supervise and/or investigate the complaint. The investigations will be immediate, confidential, thorough, objective and completed and shall include interviews with the complainant, the accused harasser, and any other persons the Personnel Director has reason to believe have relevant knowledge concerning the complaint. This may include victims of similar conduct. Although the City will make all reasonable efforts to maintain confidentiality for the benefit of both the complainant and the accused, complete confidentiality cannot be guaranteed. The City must disclose the name of the complaining party to the accused in order to complete a full and fair investigation. However, to the fullest extent possible, the City will limit access to information contained in the complaint and discovered in the investigation process only to those persons who need it to complete the investigation or take appropriate remedial action;
 3. Review factual information gathered throughout the investigation, determine whether a violation of this policy has occurred, giving consideration to all factual information, the totality of the circumstances including the nature of the verbal, physical, visual or sexual conduct and the context in which the alleged incident(s) occurred;
 4. Promptly report the results of the investigation and the determination as to whether this policy has been violated to the appropriate persons, including the complainant, the alleged harasser, the supervisor, the department head and the City Manager. If discipline is imposed, it will be communicated to the complainant, although the specific disciplinary action taken may not be communicated;

5. If a violation of this policy has been established, recommend prompt and effective remedial action, commensurate with the severity of the offense, against the harasser;
 6. Take reasonable steps to protect the victim and other potential victims from further harassment;
 7. Take reasonable steps to protect the victim from any retaliation as a result of communicating the complaint;
 8. If appropriate, recommend action to remedy the victim's loss, if any, which resulted from the harassment.
- E. Upon notification of a formal harassment complaint involving police officers, the Personnel Director shall:
1. Direct the Chief of Police to assign the complaint to a police supervisor selected by the complainant.
 2. The Chief of Police, or his /her designee, shall notify the offending police officer regarding the nature of the complaint by way of a confidential memorandum within three (3) working days of receipt of the complaint, pursuant to requirements of the California Government Code commencing with Section 3300.
 3. Once the investigation has been completed, the investigator shall submit the completed package to the Chief of Police through the chain of command for review with the Personnel Director.
 4. The Personnel Officer and the Chief of Police shall take action pursuant to the City's Personnel Rules.
 5. The Personnel Director shall notify the complainant, in writing, of the disposition of the investigation pursuant to the limitations set forth in California Penal Code Section 832.7.

ENTITY NAME: City of Lakeport

Date: February 25, 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 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? <u>2008 with plans to review in 2021-22</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? <u>Policies are provided at time of hire & review time given.</u>	<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>2020 - 48</u>
2.	Number of Part time Employees:	<u>2020 - 4</u>
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?	
	<u>2020</u> - 11.11%	<u>2019</u> - 18.0 % <u>2018</u> - 4.0 % <u>2017</u> - 11.0 % <u>2016</u> - 21 %
4.	How many involuntary employment terminations have occurred in the past three years?	
	<u>2020</u> - 3	<u>2019</u> - 3 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 10 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 90 %	

C. Employment Practices Claims Handling			
	1.	Who in the Entity has been designated to handle claims? <i>City Manager assigns, usually to HR</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 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: <i>See Attached.</i>	
	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>4 Claims - Brookes, Johnson, Ohlen, Schneider</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 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 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>On File with REMIF</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>Tracked in an Excel Spreadsheet</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 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> <i>Too large to email: https://www.cityoflakeport.com/Comprehensive%20Annual%20Financial%20Report%20FY%2019-20.pdf</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 Lakeport

Agency or Entity Name

Kelly Buendia

Applicant's Name (please print)

Administrative Services Director
Title



Applicant's Signature

02/25/2021

Date

ENTITY NAME: _____ Date: _____

EMPLOYMENT PRACTICES INFORMATION

A. Policies and Procedures

1.	Does the Entity have written personnel policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input type="checkbox"/> Hiring	<input type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol Testing	<input type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input type="checkbox"/> Family Medical Leave Act	<input type="checkbox"/> Anti-Harassment Policies
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>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:				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	20 <u>20</u> 5 %	20 <u>19</u> 9 %	20 <u>18</u> 11 %	20 <u>17</u> 11 %	20 <u>16</u> N/A%
4.	How many involuntary employment terminations have occurred in the past three years?				
	20 <u>20</u>		20 <u>19</u> 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 73 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 27 %	

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 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	<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.		

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

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

Agency or Entity Name

Applicant's Name (please print)



Applicant's Signature

Title

Date

ENTITY NAME: City of Ukiah Date: February 3, 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 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? <u>Currently under review by LCW</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
	<i>If you answered no to any of the above, please use this space to provide more information:</i> Employment policies have not been updated within the past 5 years due to scheduling conflicts	

B. Employee Information

1.	Number of Full Time Employees: 189 FY 20/21				
2.	Number of Part time Employees: 16.04 FY 20/21				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2020	11%	2019	9%	2018 11% 2017 10% 2016 10%
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020	7	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 15 %	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 85 %	

C. Employment Practices Claims Handling			
	1.	Who in the Entity has been designated to handle claims? HR/Risk Management 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 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: See attache policy and procedure forms.	
	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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. Due to financial hardships with COVID-19 pandemic, we laid off 3 positions	
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: The City utilizes TargetSolutions to push out and track these 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 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 Ukiah
Agency or Entity Name

Sheri Mannion
Applicant's Name (please print)


Applicant's Signature

HR/Risk Management Director
Title

February 22, 2021
Date

MEMBERSHIP MATTERS

SUBJECT: Discussion Regarding the Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and Underlying Member Agencies

BACKGROUND AND STATUS:

YCPARMIA and its twenty-two underlying member agencies applied and were approved for participation in ERMA, effective July 1, 2021.

Staff was recently advised by YCPARMIA of pending 2021/22 Program Year considerations which necessitated a placeholder for additional discussions by the Board of Directors.

RECOMMENDATION:

Provide direction to staff.

Agenda Item 4.B.