



**EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)  
UNDERWRITING COMMITTEE MEETING  
AGENDA**

**Thursday, May 18, 2023  
4:00 p.m.**

**[Zoom](#)**

**Dial-in Number: (669) 900-6833  
Meeting ID: 812 2677 8137  
*No Passcode Required***

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All portions of this meeting will be conducted via teleconference in accordance with Government Code Section 54953. The teleconference locations are as follows: *Sedgwick, 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833; City of Rancho Cucamonga, 10500 Civic Center Drive, Rancho Cucamonga, CA 91730; and City of Oakdale, 280 N. 3rd Ave., Oakdale, CA 95361.*

Each location is accessible to the public, and members of the public may address the Committee from any teleconference location.

In compliance with the Americans with Disabilities Act, if you need a disability-related modification or accommodation to participate in this meeting, please contact Danielle Davis ([danielle.davis3@sedgwick.com](mailto:danielle.davis3@sedgwick.com) or 916-244-1116) as early as possible, and preferably at least one full business day before the start of the meeting.

Documents and materials relating to an open session agenda item that are provided to the Committee will be available for public inspection. Please contact Ms. Davis via phone or [email](#).

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**Page**

**1. CALL TO ORDER; ROLL CALL**

**2. APPROVAL OF AGENDA AS POSTED (OR AMENDED)**

**3. PUBLIC COMMENTS** - The Public may submit any questions by contacting Danielle Davis at [danielle.davis3@sedgwick.com](mailto:danielle.davis3@sedgwick.com). This time is reserved for members of the public to address the Committee relative to matters of ERMA not on the agenda. No action may be taken on non-agenda items unless authorized by law.

**4. CONSENT CALENDAR**

- 3        \*A.    Minutes of the March 30, 2023, Underwriting Committee Meeting  
              *Recommendation: Approval of the Consent Calendar.*

**5. MEMBERSHIP MATTERS**

- 6        \*A.    Review of Prospective Member Application, Town of Los Altos Hills (PLAN)  
              *Recommendation: Staff recommends the Underwriting Committee approve the Town of Los Altos Hills (PLAN) at a \$75,000 SIR, effective July 1, 2023, 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 governing council no later than July 1, 2025.*

- 12       \*B.    Review of Prospective Member Application, City of Beaumont (ERMAC)  
              *Recommendation: Staff recommends the Underwriting Committee approve the City of Beaumont (ERMAC) at a \$500,000 SIR, effective July 1, 2023, with the express conditions that: 1) All employment matters are to be managed by a pre-identified member of ERMA's defense panel; 2) Any EPL claims are to be defended by an approved member of ERMA's defense panel; and 3) The ERMA Litigation Manager shall have discretion, direction and guidance on a case-by-case basis.*

**6. CLOSING COMMENTS**

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

- A.    Committee
- B.    Staff

**7. ADJOURNMENT**

Agenda Item 4.A.

**CONSENT CALENDAR**

**SUBJECT:   Consent Calendar**

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**RECOMMENDATION:** *Approval of the 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 Committee wish to discuss any item listed, it may be pulled from the Consent Calendar.

**REFERENCE MATERIALS ATTACHED:**

- A. Minutes of the March 30, 2023, Underwriting Committee Meeting

## **EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)**

### **MINUTES OF THE UNDERWRITING COMMITTEE MEETING OF MARCH 30, 2023**

An ERMA Underwriting Committee Meeting was held on March 30, 2023. All portions of this meeting were conducted via Zoom in accordance with Government Code Section 54953.

**COMMITTEE MEMBERS PRESENT:** John Gillison, President, CIRA  
Bryan Whitemyer, Vice President, CSJVRMA

**COMMITTEE MEMBERS ABSENT:** None.

**OTHERS PRESENT:** Jennifer Jobe, Executive Director

#### **1. CALL TO ORDER/ROLL CALL**

The March 30, 2023, ERMA Underwriting Committee Meeting was called to order at 1:00 p.m. A roll call was taken, and it was determined a quorum was present.

#### **2. APPROVAL OF AGENDA AS POSTED (OR AMENDED)**

**Bryan Whitemyer moved, seconded by John Gillison, to approve the agenda as posted. A roll call vote was taken. The motion passed unanimously.**

#### **3. PUBLIC COMMENTS**

None.

#### **4. CONSENT CALENDAR**

**John Gillison moved, seconded by Bryan Whitemyer, to approve the following item on the Consent Calendar: A) Minutes of the December 6, 2022, Underwriting Committee Meeting. A roll call vote was taken. The motion passed unanimously.**

#### **5. MEMBERSHIP MATTERS**

##### **A. Review of Prospective Member Application, City of Norco (PERMA)**

Jennifer Jobe, Executive Director, reported an application was received from the City of Norco, an underlying member of the Public Entity Risk Management Authority (PERMA), for participation in ERMA at a \$100,000 self-insured retention (SIR), effective July 1, 2023. Ms. Jobe provided a summary of the application, as follows:

- The city reports payroll of \$9.1M for the 2022 calendar year and has 79 full-time employees and 47 part-time employees.

- The city is in the process of updating written personnel policies and procedures, which were last reviewed by legal counsel and approved by city council in 1991.
- The city is working toward compliance with AB 1825 and SB 1343 training requirements by conducting both in-house training as well as online training via Vector Solutions, a third-party provider (formerly known as Target Solutions).

The city provided an attestation of no known losses in the most recent seven completed fiscal years.

Ms. Jobe noted staff's additional recommendation that the Committee extend approval of the city's participation in ERMA with the condition the city's personnel policies and procedures are reviewed and updated by legal counsel with public sector employment law expertise and formally approved by the district's governing board no later than July 1, 2025.

**John Gillison moved, seconded by Bryan Whitemyer, to recommend the Board approve the City of Norco (PERMA) at a \$100,000 SIR, effective July 1, 2023, with the condition the city's personnel policies and procedures are updated, reviewed by legal counsel with expertise in public sector employment law, and approved by city council no later than July 1, 2025. A roll call vote was taken. The motion passed unanimously.**

6. CLOSING COMMENTS

A. Committee Members

None.

B. Staff

None.

7. ADJOURNMENT

The March 30, 2023, ERMA Underwriting Committee meeting adjourned at 1:11 p.m. by general consent.

A handwritten signature in dark ink, reading "Danielle Davis". The signature is written in a cursive, flowing style. The first name "Danielle" is larger and more prominent, with a long, sweeping underline that extends under the last name "Davis".

Danielle Davis, Board Secretary

Agenda Item 5.A.

**MEMBERSHIP MATTERS**

**SUBJECT:   Review of Prospective Member Application, Town of Los Altos Hills (PLAN)**

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**RECOMMENDATION:** *Staff recommends the Underwriting Committee approve the Town of Los Altos Hills (PLAN) at a \$75,000 SIR, effective July 1, 2023, 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 governing council no later than July 1, 2025.*

**BACKGROUND AND STATUS:**

The Town of Los Altos Hills, an underlying member of the Pooled Liability Assurances Network (PLAN) JPA, provided an application and supporting documentation for participation in ERMA effective July 1, 2023, at a \$75,000 self-insured retention (SIR). The application materials have been reviewed by staff and are summarized as follows:

- The town reports payroll of approximately \$3.1M for the 2022 calendar year and has 27 full-time employees and no part-time employees.
- The town is in the process of updating written personnel policies and procedures, which were last reviewed by legal counsel and approved by city council in 2016.
- The town is compliant with AB 1825 and SB 1343 training requirements and engages 34<sup>th</sup> Street Consulting to conduct training.

**REFERENCE MATERIALS ATTACHED:**

- Town of Los Altos Hills Premium Indication
- Town of Los Altos Hills Application for Participation

# EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

## PLAN JPA

Name of Entity	City of Los Altos Hills
2022 Calendar Year Payroll	\$3,155,702
Coverage Period	July 1, 2023 to June 30, 2024

## CALCULATION

Retained Limit Options		\$50,000	\$75,000	\$100,000
Retained Limit Factor		1.00	0.91	0.83
Retained Limit Rate		0.555	0.502	0.458
Funding for Losses		\$17,514	\$15,850	\$14,449
Loss Prevention & Training	0.0075	237	237	237
Administration	0.0598	1,887	1,887	1,887
Subtotal		\$19,638	\$17,975	\$16,573
JPA Participation Credit	0.44%	(\$86)	(\$79)	(\$73)
Individual Experience Mod Factor *		1.000		
Off-Balance Factor		1.162		
Excess Insurance \$3M x \$1M	0.0575	1,815	1,815	1,815
ERMA CONTRIBUTION		\$24,541	\$22,616	\$20,994

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

# 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.*

**PROGRAM YEAR: 2023/24**

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

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



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

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

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

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

<b>E. DESIRED SELF-INSURED RETENTION</b>							
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$350K	<input type="checkbox"/> \$500K	
<b>Please attach the following:</b> <ul style="list-style-type: none"> <li>• <i>EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</i></li> <li>• <i>Payroll information for the previous 7 completed calendar years;</i></li> <li>• <i>Completed resolution authorizing participation in ERMA;</i></li> <li>• <i>Completed intent to participate; and</i></li> <li>• <i>Most Recent Financial Audit.</i></li> </ul>							

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

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

The undersigned acknowledges:

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

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

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**Agency or Entity Name**

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

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**Applicant's Title**

*Sarina Revillar*

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**Applicant's Signature**

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**Date**

Agenda Item 5.B.

**MEMBERSHIP MATTERS**

**SUBJECT: Review of Prospective Member Application, City of Beaumont (ERMAC)**

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**RECOMMENDATION:** *Staff recommends the Underwriting Committee approve the City of Beaumont (ERMAC) at a \$500,000 SIR, effective July 1, 2023, with the express conditions that: 1) All employment matters are to be managed by a pre-identified member of ERMA's defense panel; 2) Any EPL claims are to be defended by an approved member of ERMA's defense panel; and 3) The ERMA Litigation Manager shall have discretion, direction and guidance on a case-by-case basis.*

**BACKGROUND AND STATUS:**

The City of Beaumont, an underlying member of the Exclusive Risk Management Authority of California (ERMAC), completed an application for participation in ERMA requesting a \$250,000 self-insured retention (SIR), with a coverage effective date of July 1, 2023. The application was reviewed by staff, with the following key information reported as follows:

- The city reports payroll of approximately \$17.3M for the 2022 calendar year and has 205 full-time employees and 14 part-time employees.
- The city is in the process of updating written personnel policies and procedures, which were last reviewed by legal counsel and approved by city council in 2017.
- The city is compliant with AB 1825 and SB 1343 training requirements and conducts online training via Neogov, a third-party provider.

For historical reference, the city was previously approved for participation in ERMA with a \$500,000 SIR effective July 1, 2020, but withdrew from consideration prior to the coverage effective date. Staff is therefore recommending approval at the same SIR and with the same participation conditions as originally stipulated.

**REFERENCE MATERIALS ATTACHED:**

- City of Beaumont Premium Indication
- City of Beaumont Application for Participation

# EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

## ERMAC

Name of Entity	City of Beaumont
2022 Calendar Year Payroll	\$17,301,809
Coverage Period	July 1, 2023 to June 30, 2024

## CALCULATION

		\$100,000	\$250,000	\$350,000
Retained Limit Options				
Retained Limit Factor		0.83	0.51	0.37
Retained Limit Rate		0.458	0.280	0.203
Funding for Losses		\$79,221	\$48,493	\$35,049
Loss Prevention & Training	0.0075	1,301	1,301	1,301
Administration	0.0598	10,346	10,346	10,346
Subtotal		\$90,868	\$60,140	\$46,696
JPA Participation Credit	10.00%	(\$9,087)	(\$6,014)	(\$4,670)
Individual Experience Mod Factor *		1.000		
Off-Balance Factor		1.036		
ERMA CONTRIBUTION		\$84,714	\$56,067	\$43,534

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

**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.*

**PROGRAM YEAR: 2023/24**

ENTITY NAME: City of Beaumont Date: 4/25/2023

**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"/> Harassment, Discrimination, & Retaliation
	<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 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
<b><i>If you answered no to any of the above, please use this space to provide more information:</i></b>		

**B. Employee Information**

1.	Number of Full Time Employees: 205				
2.	Number of Part time Employees: 14				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2022 9%	2021 14%	2020 10%	2019 22%	2018 22%
4.	How many involuntary employment terminations have occurred in the past three years?				
	2022 Terminations: 5	2021 Terminations: 3	2020 Terminations: 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 30%	Should = 100%
6.	Percentage of Employees with salaries greater than \$100,000 70%	

<b>C.</b>	<b>Employment Practices Claims Handling</b>	
1.	Who in the Entity has been designated to handle claims?	
2.	(a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up on the claim? (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
	<b>If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims:</b>	
3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following?	
	(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(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 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.		

<b>D. Employment Practices Risk Management</b>		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. Layoffs in 2020 for part time recreation staff only – they have all been offered positions back per personnel handbook.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Annual training thru Neogov for all personnel. New personnel with 90 days. Completion certificates placed in personnel files.	
7.	Does your entity provide SB 1343 training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are elected or appointed officials trained on the entity's policy regarding harassment, discrimination, and retaliation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>E. DESIRED SELF-INSURED RETENTION</b>	
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K <input type="checkbox"/> \$75K <input type="checkbox"/> \$100K <input checked="" type="checkbox"/> \$250K <input type="checkbox"/> \$350K <input type="checkbox"/> \$500K
<p><b>Please attach the following:</b></p> <ul style="list-style-type: none"> <li>• <i>EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year;</i></li> <li>• <i>Payroll information for the previous 7 completed calendar years;</i></li> <li>• <i>Completed resolution authorizing participation in ERMA;</i></li> <li>• <i>Completed intent to participate; and</i></li> <li>• <i>Most Recent Financial Audit.</i></li> </ul>	



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

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

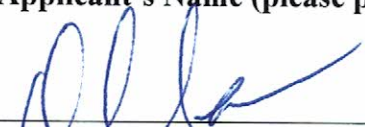
The undersigned acknowledges:

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

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

City of Beaumont  
**Agency or Entity Name**

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

  
**Applicant's Signature**

4/25/23  
**Date**

Administrative Services Director  
**Applicant's Title**