



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

**Wednesday, October 11, 2023
1:00 p.m.**

Zoom

Zoom Link: <https://us02web.zoom.us/j/89016148686>

Dial-in Number: (669) 900-6833

Meeting ID: 890 1614 8686

No Passcode Required

All portions of this meeting will be conducted via teleconference in accordance with Government Code Section 54953. The teleconference locations are as follows: *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 Yvette Flama (yvette.flama@sedgwick.com or 916.290.4629 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 provided to the Committee will be available for public inspection. Please contact Ms. Flama via phone or [email](#).

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 Yvette Flama at yvette.flama@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

- *A. Minutes of the May 18, 2023, Underwriting Committee Meeting

Recommendation: Approval of the Consent Calendar.

5. MEMBERSHIP MATTERS

- *A. Review of Prospective Member Application, City of Burlingame (PLAN JPA)

Recommendation: Staff recommends the Underwriting Committee unconditionally approve the City of Burlingame (PLAN JPA) at a \$100,000 SIR, effective January 1, 2024. Please note, the City has requested a \$50,000 SIR and if the Committee wishes to approve them at that level, then some participation requirements could be considered.

- *B. Review of Prospective Member Application, City of Milpitas (PLAN JPA)

Recommendation: Staff recommends the Underwriting Committee unconditionally approve the City of Milpitas (PLAN JPA) at a \$100,000 SIR effective January 1, 2024.

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

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 May 18, 2023, Underwriting Committee Meeting

EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

MINUTES OF THE UNDERWRITING COMMITTEE MEETING OF MAY 18, 2023

An ERMA Underwriting Committee Meeting was held on May 18, 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
Danielle Davis, Board Secretary

1. CALL TO ORDER/ROLL CALL

The May 18, 2023, ERMA Underwriting Committee Meeting was called to order at 4:00 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 March 30, 2023, Underwriting Committee Meeting. A roll call vote was taken. The motion passed unanimously.

5. MEMBERSHIP MATTERS

A. Review of Prospective Member Application, Town of Los Altos Hills (PLAN)

Jennifer Jobe, Executive Director, reported an application was received from the Town of Los Altos Hills, an underlying member of the Pooled Liability Assurances Network (PLAN) JPA, for participation in ERMA at a \$75,000 self-insured retention (SIR), effective July 1, 2023. Ms. Jobe reviewed the town's seven-year loss history and provided a summary of the application, 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 34th Street Consulting to conduct training.

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 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. A roll call vote was taken. The motion passed unanimously.

B. Review of Prospective Member Application, City of Beaumont (ERMAC)

Ms. Jobe advised the City of Beaumont, an underlying member of the Exclusive Risk Management Authority of California (ERMAC), also completed an application for participation in ERMA effective July 1st, requesting a \$250,000 self-insured retention (SIR). After providing a review of important 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.
- The city provided an attestation of no known losses for the previous seven fiscal years.

Ms. Jobe explained 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 upon the Board's assessment of participation conditions. She noted the city is amenable to the conditions as originally stipulated, which staff is recommending the committee consider in conjunction with approval of participation.

John Gillison moved, seconded by Bryan Whitemyer, to recommend the Board 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. A roll call vote was taken. The motion passed unanimously.

6. CLOSING COMMENTS

A. Committee Members

None.

B. Staff

None.

7. ADJOURNMENT

The May 18, 2023, ERMA Underwriting Committee meeting adjourned at 4:30 p.m. by general consent.

A handwritten signature in black ink that reads "Danielle Davis". The signature is written in a cursive, flowing style. The first name "Danielle" is written in a larger, more prominent script, and the last name "Davis" is written in a slightly smaller, more compact script. The signature is positioned above a horizontal line.

Danielle Davis, Board Secretary

Agenda Item 5.A.

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application, City of Burlingame (PLAN JPA)

RECOMMENDATION: *Staff recommends the Underwriting Committee unconditionally approve the City of Burlingame (PLAN JPA) at a \$100,000 SIR, effective January 1, 2024. Please Note, the City has requested a \$50,000 SIR and if the Committee wishes to approve them at that level, then some participation requirements could be considered.*

BACKGROUND AND STATUS:

The City of Burlingame, an underlying member of the Pooled Liability Assurances Network (PLAN) JPA, provided an application and supporting documentation for participation in ERMA effective January 1, 2024, at a \$50,000 self-insured retention (SIR). The application materials have been reviewed by staff and are summarized as follows:

- The City reports payroll of approximately \$26,883,468.00 for the 2022 calendar year and has 217 full-time employees and 140 part-time employees.
- The City fairly recently had its written personnel policies and procedures reviewed with a few noted exceptions.
- The City is compliant with AB 1825 and SB 1343 training requirements.

REFERENCE MATERIALS ATTACHED:

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

EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

PLAN JPA

Name of Entity	City of Burlingame
2022 Calendar Year Payroll	\$26,883,468
Coverage Period	July 1, 2023 to June 30, 2024

CALCULATION

		\$50,000	\$75,000	\$100,000
Retained Limit Options		1.00	0.91	0.83
Retained Limit Factor		0.555	0.502	0.458
Retained Limit Rate				
Funding for Losses		\$149,203	\$135,029	\$123,093
Loss Prevention & Training	0.0103	2,771	2,771	2,771
Administration	0.0574	15,442	15,442	15,442
Subtotal		\$167,416	\$153,242	\$141,306
JPA Participation Credit	0.44%	(\$737)	(\$675)	(\$622)
Individual Experience Mod Factor *		1.000		
Off-Balance Factor		1.162		
Excess Insurance \$3M x \$1M	0.0575	15,458	15,458	15,458
ERMA CONTRIBUTION **		\$209,139	\$192,741	\$178,932

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

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

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 Burlingame	Date: 9/29/2023
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 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 type="checkbox"/> Discipline <input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Family Medical Leave Act <input checked="" type="checkbox"/> Harassment, Discrimination, & Retaliation
	<input checked="" type="checkbox"/> Written Job Description for all Positions <input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees
	<input type="checkbox"/> Employee Hotline/Complaint Procedure
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed? See below
8.	Were the above-referenced policies formally approved and adopted by council/governing board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><i>If you answered no to any of the above, please use this space to provide more information:</i></p> <p><small>7. A few policies (performance evaluation, hiring process, termination, violence in the workplace) have not been updated since before 2018. Several policies including Civil Service Rules and Regulations were updated within the past 5 years. 8. Administrative policies are approved by the City Manager. 10. Onboarding of employee includes providing copies of policies, but not discussed in detail.</small></p>	

B. Employee Information					
1.	Number of Full Time Employees: 217				
2.	Number of Part time Employees: 140				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2019 6.5 %	2020 2.7 %	2021 9 %	2022 7.9 %	2023 5.8 %
4.	How many involuntary employment terminations have occurred in the past three years?				
	2020 Terminations 2	2021 Terminations: 2	2022 Terminations: 6		

		<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>	
	5.	Percentage of Employees with salaries less than \$100,000 % 69	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 % 31	

C.	Employment Practices Claims Handling		
	1.	Who in the Entity has been designated to handle claims? City Attorney's Office	
	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: We follow the policy and procedures as required by PLAN JPA.	
	3.	Does the Employment Claims handler coordinate with the Workers' Compensation Administrator on all claims involving actual or potential industrial injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	4.	Has your entity received any claim in the previous 7 completed fiscal years, including the partial current fiscal year, (including but not limited to Tort Claim, any and all claims filed with the DFEH, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following?	
		(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract;	<input 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. Part-time recreation staff laid off due to lack of work during shelter in place.	
5.	Is your entity in full compliance with the training requirements set forth in AB 1825, SB 1343 and SB 778?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, please explain. We have assigned training through Target Solutions for those that are due to complete their bi-annual training and are expecting to complete by December 2023.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: We use Target Solutions to track and assign online training to staff as required.	
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

E. DESIRED SELF-INSURED RETENTION							
<input type="checkbox"/> \$25K	<input checked="" type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$350K	<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 Burlingame

Agency or Entity Name

Lisa Goldman

Applicant's Name (please print)

Lisa K. Goldman

Applicant's Signature

City Manager

Applicant's Title

09/29/2023

Date

Agenda Item 5.B.

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application, City of Milpitas (PLAN JPA)

RECOMMENDATION: *Staff recommends the Underwriting Committee unconditionally approve the City of Milpitas (PLAN JPA) at a 100,000 SIR, effective January 1, 2024.*

BACKGROUND AND STATUS:

The City of Milpitas, an underlying member of the Pooled Liability Assurances Network (PLAN) JPA, provided an application and supporting documentation for participation in ERMA effective January 1, 2024, at a \$100,000 self-insured retention (SIR). The application materials have been reviewed by staff and are summarized as follows:

- The City reports payroll of approximately \$63,120,648.00 for the 2022 calendar year and has 402 full-time employees and 316 part-time employees.
- The City recently had its written personnel policies and procedures reviewed.
- The City is compliant with AB 1825 and SB 1343 training requirements.

REFERENCE MATERIALS ATTACHED:

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

EMPLOYMENT RISK MANAGEMENT AUTHORITY CONTRIBUTION INDICATION

PLAN JPA

Name of Entity	City of Milpitas
2022 Calendar Year Payroll	\$63,120,648
Coverage Period	July 1, 2023 to June 30, 2024

CALCULATION

		\$100,000	\$250,000	\$350,000	\$500,000
Retained Limit Options		0.83	0.51	0.37	0.21
Retained Limit Factor		0.458	0.280	0.203	0.114
Retained Limit Rate					
Funding for Losses		\$289,014	\$176,911	\$127,867	\$71,816
Loss Prevention & Training	0.0103	6,506	6,506	6,506	6,506
Administration	0.0574	36,257	36,257	36,257	36,257
Subtotal		\$331,776	\$219,674	\$170,629	\$114,578
JPA Participation Credit	0.44%	(\$1,461)	(\$967)	(\$751)	(\$504)
Individual Experience Mod Factor *		1.000			
Off-Balance Factor		1.162			
Excess Insurance \$3M x \$1M	0.0575	36,294	36,294	36,294	36,294
ERMA CONTRIBUTION **		\$420,066	\$290,396	\$233,665	\$168,829

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

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

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 Milpitas	Date: 09/29/2023
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 checked="" type="checkbox"/> Written Job Description for all Positions <input checked="" type="checkbox"/> Workplace Violence Policies
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), Ca. Gov't. Code section 12940)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed? See attached for the policies that were updated in 2021
8.	Were the above-referenced policies formally approved and adopted by council/governing board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no to any of the above, please use this space to provide more information:</i>	
City administrative policies are adopted after meeting and conferring with the Unions and then formally signed and approved by the City Manager.	

B. Employee Information					
1.	Number of Full Time Employees:402				
2.	Number of Part time Employees:316				
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?				
	2019 5 %	2020 8 %	2021 13 %	2022 13 %	2023 1 %
4.	How many involuntary employment terminations have occurred in the past three years?				
	2021Terminations3	2022Terminations:8	2023Terminations:5		

		<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 % 43.7	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 % 56.3	

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

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

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe handling of this function:	
2.	Do you have any established set of grievance or complaint procedures as an effective means of resolving disputes prior to litigation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you anticipate any "layoffs" during the next 24 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any "layoffs" in the past 36 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details. One office assistant was laid off in June 2021	
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: Required training timeframes are tracked on a spreadsheet and completion dates are entered into the Payroll/HR system	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

E. DESIRED SELF-INSURED RETENTION							
<input type="checkbox"/> \$25K	<input type="checkbox"/> \$50K	<input type="checkbox"/> \$75K	<input checked="" type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$350K	<input type="checkbox"/> \$500K	
Please attach the following: <ul style="list-style-type: none"> <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 Milpitas

Agency or Entity Name

Nicholas Raisch

Applicant's Name (please print)

HR Director

Applicant's Title

Nick Raisch Digitally signed by Nick Raisch
Date: 2023.09.29 11:51:20
-07'00'

Applicant's Signature

09/29/23

Date