



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

**Tuesday, April 29, 2025  
8:30 a.m.**

**Zoom**

**Zoom Link: <https://us06web.zoom.us/j/5229477796?omn=86901595039>**

**Dial-in Number: (669) 444-9171**

**Meeting ID: 522 947 7796**

***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: *City of Rancho Cucamonga, 10500 Civic Center Drive, Rancho Cucamonga, CA 91730; Municipal Pooling Authority, 1911 San Miguel Drive, Walnut Creek, CA, 94696; Coachella Valley MVCD, 43-420 Trader Place, Indio, CA 92201.*

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](mailto:yvette.flama@sedgwick.com) or (916.730.2667) 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](#).

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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 Yvette Flama at [yvette.flama@sedgwick.com](mailto: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.

**3      4.    CONSENT CALENDAR**

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

\*A.    Minutes from the January 15, 2025, Underwriting Committee Meeting

**7      5.    ADMINISTRATIVE MATTERS**

\*A.    Review of ERMA Member Application

*Recommendation: Provide feedback and direction as needed.*

**22     6.    MEMBERSHIP MATTERS**

\*A.    Review of Prospective Member Application, Town of Hillsborough (PLAN JPA)

*Recommendation: Staff recommends the Underwriting Committee unconditionally approve the Town of Hillsborough at a \$100,000 SIR, effective January 1, 2026.*

**7.    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

**8.    ADJOURNMENT**

**CONSENT CALENDAR**

**SUBJECT:   Consent Calendar**

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

**REFERENCE MATERIALS ATTACHED:**

- A.       Minutes from the January 15, 2025, Underwriting Committee Meeting

## EMPLOYMENT RISK MANAGEMENT AUTHORITY (ERMA)

### MINUTES OF THE UNDERWRITING COMMITTEE MEETING OF JANUARY 14, 2025

An ERMA Underwriting Committee Meeting was held on January 14, 2025. All portions of this meeting were conducted via Zoom in accordance with Government Code Section 54953.

**COMMITTEE MEMBERS PRESENT:** John Gillison, President, CIRA (*Joined at 11:29 a.m.*)  
Bryan Whitemyer, Vice President, CSJVRMA  
Jeremy Wittie, Treasurer, VCJPA

**COMMITTEE MEMBERS ABSENT:** None.

**OTHERS PRESENT:** Rob Kramer, Executive Director  
Yvette Flama, Board Secretary  
Jeanette Workman, CSJVRMA Executive Director

1. CALL TO ORDER/ROLL CALL

The January 14, 2025, ERMA Underwriting Committee Meeting was called to order at 11:05 a.m. A roll call was taken, and a quorum was determined to be present.

2. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

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

3. PUBLIC COMMENTS

None.

4. CONSENT CALENDAR

None.

5. MEMBERSHIP MATTERS

A. Review of Prospective Member Application, City of Parlier (CSJVRMA JPA)

Rob Kramer, Executive Director, reported an application was received from the City of Parlier, an underlying member of the Central San Joaquin Valley Risk Management Authority (CSJVRMA), for participation in ERMA at a \$50,000 self-insured retention (SIR), effective January 1, 2025. Mr. Kramer provided a summary of the application as follows:

- The City reports a payroll of \$4.8M for the 2023 calendar year and has 58 full-time

employees and 7 part-time employees.

- The City fairly recently had its written personnel policies and procedures reviewed with a few noted exceptions.
- The City noted they do not have a procedure for obtaining information and following up on oral or written claims.
- The City reported compliance with AB 1825 and SB 1343 training requirements.
- The City is a previous member of ERMA. They withdrew as a member in 2019. When they were a member, they were at a \$50,000 SIR.

Mr. Kramer went on to explain that the City of Parlier was once a member of ERMA until 2019, when there was some level of discomfort with their level of collaboration on an open claim. ERMA notified the City in writing that if it did not collaborate with ERMA, ERMA would deny coverage. ERMA ended up denying coverage because the City of Parlier was not willing to provide ERMA with the information that was needed to manage the claim. Mr. Kramer went on to note that the City did not agree with the decision and decided to withdraw.

Mr. Kramer went on to note that, since they withdrew from ERMA, there has been turnover. The previous City Manager is no longer with them; the current Police Chief has served as interim City Manager for six months. It was noted that the City is currently recruiting for both a City Manager as well as a Finance Director. The Finance Director left the City for reasons not related to staffing concerns. Mr. Kramer noted they engaged Liebert Cassidy Whitmore as their Board Counsel. Mr. Kramer presented three open claims to the Committee and provided an overview of the nature of the claims.

Jeanette Workman, CSJVRMA Executive Director, noted she recently spoke to her contacts at the City, and they confirmed they will have a permanent City Manager within the next six months. Ms. Workman went on to confirm that she has not been made aware of recent claims that will be of concern to the Board should they grant the City retroactive admission starting January 1, 2025.

Mr. Kramer concluded by stating the Interim City Manager felt the decision to withdraw from ERMA by previous leadership was a mistake, and they are eager to join and have the coverage once again.

**John Gillison moved, seconded by Bryan Whitemyer, to recommend the Board approve the City of Parlier (CSJVRMA) at a \$100,000 SIR, effective January 1, 2025, with no conditions. A roll call vote was taken. The motion passed unanimously.**

6. CLOSING COMMENTS

A. Committee Members

None.

B. Staff

None.

7. ADJOURNMENT

The January 14, 2025, ERMA Underwriting Committee meeting adjourned at 11:30 a.m. by general consent.

  
Yvette Flama, Board Secretary

**ADMINISTRATIVE MATTERS**

**SUBJECT:   Review of ERMA Member Application – *Presented by Yvette Flama, Board Secretary***

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**RECOMMENDATION:** *Provide feedback and direction as needed.*

**BACKGROUND AND STATUS:**

Staff, along with the Litigation Manager, reviewed the current applications provided to potential members of ERMA and made the following changes:

- Updated the list of policies to align with the eight (8) identified by the Board during the 24/25 Employment Practices Policy Survey period;
- Removed the \$25k SIR option for new members;
- SB 553 Workplace Violence Prevention was added as a training that the agency must attest to having in place.

Staff requests that the Committee review the applications and provide feedback as needed.

**REFERENCE MATERIALS ATTACHED:**

- Draft ERMA Application for JPA's
- Draft ERMA Application for Direct Members
- Draft ERMA Application for Underlying JPA Members

**PROGRAM YEAR: 2025/26**

ENTITY NAME: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT PRACTICES INFORMATION**

**A. Entity Information**

1.	Identify the structure of the applying Entity:	
	<input type="checkbox"/> In-house Staff Joint Powers Authority (Proceed to Section B.)	<input type="checkbox"/> Contracted Staff Joint Powers Authority (Proceed to Section F.)

**B. Policies and Procedures**

1.	Does the Entity have written personnel policies and procedures?	<input 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"/> <del>Pregnancy Leave</del> Hiring	<input type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> <del>Family</del> Medical Leave	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol- <del>Free Workplace &amp;</del> Testing	<input type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input type="checkbox"/> <del>Family Medical Leave Act</del> Internet, Computer, Media, and Electronic/Resources Use	<input type="checkbox"/> Harassment, Discrimination, & Retaliation
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies ( <u>SB 553</u> )
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees <input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), <u>CA</u> . 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

*If you answered no to any of the above, please use this space to provide more information:*



<b>C.</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:	2__ 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>D.</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?	<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 CRD, 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>E.</b>	<b>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, <del>and</del> SB 778 ( <u>Sexual Harassment Prevention</u> ), and <u>SB 553 (Workplace Violence Prevention)</u> ??	<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 ( <u>Sexual Harassment Prevention</u> ) <sup>3</sup> 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

**E. DESIRED SELF-INSURED RETENTION**☐ ~~\$25K~~    ☐ \$50K    ☐ \$75K    ☐ \$100K    ☐ \$250K    ☐ \$350K    ☐ \$500K

*Please attach the following:*

- *Member application fee of \$2,500 for prospective JPAs. (Upon approval and completion of the first year of membership, a credit in the amount equal to the fee remitted upon application will be issued in the form of a premium credit.)*
- *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.

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**Agency or Entity Name**

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

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**Applicant's Title**

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**Applicant's Signature**

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**Date**

**PROGRAM YEAR: 2025/26**

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"/> <del>Pregnancy Leave</del> <del>Hiring</del>	<input type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> <del>Family</del> Medical Leave	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol- <del>Free Workplace &amp; Testing</del>	<input type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input type="checkbox"/> <del>Family Medical Leave Act</del> <del>Internet, Computer, Media, and Electronic/</del> <del>Resources Use</del>	<input type="checkbox"/> Harassment, Discrimination, & Retaliation
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies ( <b>SB 553</b> )
	<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 <del>A</del> 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__ %	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.</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?	<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 CRD, 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 " <del>layoffs</del> " during the next 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details.	
4.	Have you had any " <del>layoffs</del> " 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, <del>and</del> SB 778 ( <u>Sexual harassment Prevention</u> ), and SB 553 ( <u>Workplace Violence Prevention</u> )?	<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 ( <u>Sexual Harassment Prevention</u> ) 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"/> <del>\$25K</del>	<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>Member application fee of \$1,000 for individual, direct members. (Upon approval and completion of the first year of membership, a credit in the amount equal to the fee remitted upon application will be issued in the form of a premium credit.)</i></li> <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> </ul>							

- *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.

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**Agency or Entity Name**

---

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

---

**Applicant's Title**

---

**Applicant's Signature**

---

**Date**

**PROGRAM YEAR: 2025/26**

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"/> <del>Pregnancy Leave</del> <u>Hiring</u>	<input type="checkbox"/> Termination <input type="checkbox"/> Suspension
	<input type="checkbox"/> <del>Family</del> Medical Leave	<input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Grievance Procedures
	<input type="checkbox"/> Drug & Alcohol- <del>Free</del> <u>Workplace &amp; Testing</u>	<input type="checkbox"/> Discipline <input type="checkbox"/> Attendance
	<input type="checkbox"/> <u>Internet, Computer, Media, and Electronic Equipment/Resources Use</u> <del>Family Medical Leave Act</del>	<input type="checkbox"/> Harassment, Discrimination, & Retaliation
	<input type="checkbox"/> Written Job Description for all Positions	<input type="checkbox"/> Workplace Violence Policies ( <u>SB 553</u> )
	<input type="checkbox"/> Annual Written Performance Evaluations for all Employees	
	<input type="checkbox"/> Employee Hotline/Complaint Procedure	
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), <u>CA</u> . 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>	

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

<b>C. Employment Practices Claims Handling</b>	
1.	Who in the Entity has been designated to handle claims?
2.	<div> (a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up on the claim? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> (b) Do you require written claims for EEO-related complaints? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
	<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 CRD, 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, <del>and</del> SB 778 (Sexual Harassment Prevention), and SB 553 (Workplace Violence Prevention)?	<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 (Sexual Harassment Prevention) 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

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

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

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

The undersigned acknowledges:

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

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

\_\_\_\_\_  
**Agency or Entity Name**

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

\_\_\_\_\_  
**Applicant's Title**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**MEMBERSHIP MATTERS**

**SUBJECT:   Review of Prospective Member Application, Town of Hillsborough (PLAN JPA) – Presented by Rob Kramer, Executive Director**

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**RECOMMENDATION:** *Staff recommends the Underwriting Committee unconditionally approve the Town of Hillsborough at a \$100,000 SIR, effective January 1, 2026.*

**BACKGROUND AND STATUS:**

The Town of Hillsborough, an underlying member of the Pooled Liability Assurance Network (PLAN JPA), provided an application and supporting documentation for participation in ERMA effective July 1, 2026, at a \$100,000 self-insured retention (SIR). The application materials have been reviewed by staff and are summarized as follows:

- The Town reports a payroll of approximately \$22,571,900 for the 2023/24 calendar year and has ninety-nine (99) full-time and two (2) part-time employees.
- The Town noted that their written personnel policies and procedures have been reviewed in the last five years and are regularly reviewed by legal counsel.
- The Town noted they do have a procedure for obtaining information and following up on oral or written claims.
- The Town is compliant with AB 1825, SB 1343, and SB 778 training requirements.

**REFERENCE MATERIALS ATTACHED:**

- Town of Hillsborough Premium Indication
- Town of Hillsborough Application for Participation



## CONTRIBUTION INDICATION PLAN

Name of Entity	Town of Hillsborough
2023 Calendar Year Payroll	\$12,840,647
Coverage Period	July 1, 2024 to June 30, 2025 *

### CALCULATION

Self-Insured Retention Option		\$50,000	\$75,000	\$100,000	\$250,000
Funding Rate		0.552	0.500	0.455	0.279
Funding for Losses		\$70,880	\$64,147	\$58,476	\$35,795
Loss Prevention & Training	0.0091	1,167	1,167	1,167	1,167
Administration	0.0542	6,954	6,954	6,954	6,954
Deposit Contribution		\$79,002	\$72,268	\$66,598	\$43,916
JPA Participation Credit	2.02%	(1,592)	(1,456)	(1,342)	(885)
Net Contribution		\$77,410	\$70,812	\$65,256	\$43,031
JPA Experience Mod Factor		1.232			
JPA Off-Balance Factor <sup>(1)</sup>		1.232			
Contribution Adj. for Off-Bal. Factor		\$117,523	\$107,506	\$99,071	\$65,329
Individual Experience Mod Factor <sup>(2)</sup>		1.000			
Individual Off-Balance Factor <sup>(1)</sup>		1.236			
Contribution Adj. for Off-Bal. Factor		\$95,694	\$87,538	\$80,669	\$53,195
Excess Insurance \$3M x \$1M	0.0575	\$7,383	\$7,383	\$7,383	\$7,383
ERMA CONTRIBUTION <sup>(3)</sup>		\$103,077	\$94,921	\$88,052	\$60,578

#### Notes:

(1) Off-Balance Factor: To ensure that ERMA collects the required total contribution from a member, which is determined by ERMA's consulting actuary, an off-balance factor is applied to the net contribution after the experience modification factor is applied to the net contribution. All underlying members within the same primary JPA receive the same off-balance factor.

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

(3) Contribution calculated using rates per the 2024/25 approved budget.

\* Members joining mid-year would be charged a prorated contribution

**PROGRAM YEAR: 2024/25**

ENTITY NAME: Town of Hillsborough Date: March 25, 2025

**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?	
8.	Were the above-referenced policies formally approved and adopted by council/governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered no to any of the above, please use this space to provide more information:</i>	

**B. Employee Information**

1.	Number of Full Time Employees: 99									
2.	Number of Part time Employees: 2									
3.	For each of the past five years, what has been your annual percentage turnover rate of employees?									
	2020	8 %	2021	8 %	2022	7 %	2023	10 %	2024	9 %
4.	How many involuntary employment terminations have occurred in the past three years?									
	2022	Terminations 0	2023	Terminations: 2	2024	Terminations: 3				



		<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 22%	Should = 100%
	6.	Percentage of Employees with salaries greater than \$100,000 78%	

<b>C.</b>	<b>Employment Practices Claims Handling</b>		
	1.	Who in the Entity has been designated to handle claims? City Manager	
	2.	(a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow up on the claim?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Do you require written claims for EEO-related complaints?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>If yes to 2(a), describe the policy and procedure for receiving, reviewing, and responding to claims:</b>  Claims and grievance procedures are outlined in Bargaining Unit MOUs for union members and Personnel Policies for unrepresented employees.	
	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 CRD, EEOC, Department of Labor or Federal Department of Justice, any civil lawsuit or other written claim) alleging the following?	
		(a) Allegations of discrimination or harassment under FEHA, Title VII or any other federal or state law relating to discrimination based on race, sex, religion, disability, national origin, marital status, age, sexual orientation, retaliation or any other protected legal status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(b) Allegations of retaliation relating to an Employee engaging in protected activity involving any EEO-related complaint, protected leave status, worker's compensation claim, or any other protected activity or status;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(c) Actual or alleged constructive termination of an employment relationship in a manner which is alleged to have been against the law or wrongful, or in breach of an implied employment contract or breach of the covenant of good faith and fair dealing in the employment contract;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<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 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: <small>Human Resources maintains a training spreadsheet for tracking. All new employees are required to complete training and Town-wide training is offered every other year.</small>	
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 checked="" 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.

## Town of Hillsborough

**Agency or Entity Name**

## Doug Davis

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

DocuSigned by:

*Doug Davis*

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**Applicant's Signature**

## City Manager

**Applicant's Title**

3/31/2025

**Date**