



**EMPLOYMENT RISK MANAGEMENT AUTHORITY
SPECIAL EXECUTIVE COMMITTEE MEETING
AGENDA**

**Wednesday, May 20, 2026
9:00 a.m.**

Zoom

Dial-in Number: (669) 444-9171

Meeting ID: 869 8496 2121

Passcode: 897445

All portions of this meeting will be conducted via teleconference in accordance with Government Code Section 54953. The teleconference locations are as follows: *California Intergovernmental Risk Authority, 2330 East Bidwell Suite 150 Folsom CA 95816; 72-811 Highway 111 #1014 Palm Desert, CA 9226; City of Union City, 34009 Alvarado-Niles Road, Union City, CA 94587; WestCat, 601 Walter Avenue, Pinole, CA 94564 and 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.*

Each location is accessible to the public, and members of the public may address the Committee from any teleconference location. Alternatively, you may attend the meeting and address the Committee via the Zoom link or dial-in number shown above.

In compliance with the Americans with Disabilities Act, if you need a disability-related modification or accommodation to participate in this meeting, please contact Cassandra Batista (kassandra.batista@sedgwick.com or 916.244.1103) 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 Cassandra Batista via phone or email for copies.

- 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 Cassandra Batista at kassandra.batista@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.

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4. MEMBERSHIP MATTERS

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- *A. Review of Prospective Member Application, City of Maywood (CIRA)

Recommendation: Staff recommends the Executive Committee conditionally approve the City of Maywood (CIRA) at a \$250,000 SIR, effective July 1, 2026, with the condition its personnel policies and procedures be reviewed by legal counsel with expertise in public sector employment law within 24 months of joining ERMA.

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- *B. Review of Prospective Member Application, City of El Segundo (CIRA)

Recommendation: Staff recommends the Executive Committee conditionally approve the City of El Segundo (CIRA) at a SIR of \$750,000, effective July 1, 2026, with the condition its personnel policies and procedures be reviewed by legal counsel with expertise in public sector employment law within 24 months of joining ERMA.

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- *C. Review of Prospective Member Application, Town of Portola Valley (PLAN JPA)

Recommendation: Staff recommends the Executive Committee conditionally approve the Town of Portola Valley (PLAN JPA) at a \$50,000 SIR, effective July 1, 2026, with the condition its personnel policies and procedures be reviewed by legal counsel with expertise in public sector employment law within 24 months of joining ERMA.

5. CLAIMS MATTERS

- A. Closed Session – Pursuant to Government Code Section §54956.95(a), the Executive Committee will recess to Closed Session to discuss the following claims:

- Berlier v. City of Ceres (CSJVRMA)
- Anstess v. City of Placerville (CIRA)

- B. Report from Closed Session

Pursuant to Government Code 54957.1, the Executive Committee must report in Open Session any action, or lack thereof, taken in Closed Session.

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

* Reference materials enclosed with staff report.

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application, City of Maywood (CIRA)

RECOMMENDATION: *Staff recommends the Executive Committee conditionally approve the City of Maywood (CIRA) at an SIR of \$250,000, effective July 1, 2026, with the condition its personnel policies and procedures be reviewed by legal counsel with expertise in public sector employment law within 24 months of joining ERMA.*

BACKGROUND AND STATUS:

The City of Maywood, an underlying member of the California Intergovernmental Risk Authority (CIRA), provided an application and supporting documentation for participation in ERMA effective July 1, 2026, at a self-insured retention (SIR) of \$250,000. The application was NOT the standard ERMA application, however it had much of the same information. The application materials have been reviewed by staff and are summarized as follows:

- The City reports payroll of approximately \$2,060,492 for the 2025 calendar year and has 25 full-time and 3 part-time employees.
- Because CIRA risk-shares EPL in their General Liability program, new members to ERMA typically attach at a \$250,000 SIR. That is their request here.
- The City has written personnel policies and procedures. However, it is not clear from this application the last time they were reviewed.
- The City has no current reportable losses.
- It appears the City is compliant with AB 1825 and SB 1343 training requirements, although the question in the application is a bit different.

REFERENCE MATERIALS ATTACHED:

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



CONTRIBUTION INDICATION
CIRA

Name of Entity	City of Maywood
2024/25 Actual Calendar Year Payroll*	\$2,060,492
Coverage Period**	July 1, 2026 to June 30, 2027

CALCULATION

Self-Insured Retention Option		\$100,000	\$150,000	\$250,000	\$350,000	\$500,000
Funding Rate		0.483	0.416	0.306	0.223	0.142
Funding for Losses		\$9,945	\$8,575	\$6,312	\$4,585	\$2,918
Loss Prevention & Training	0.0085	176	176	176	176	176
Administration	0.0573	1,180	1,180	1,180	1,180	1,180
Deposit Contribution		\$11,300	\$9,931	\$7,668	\$5,941	\$4,274
JPA Participation Credit	9.62%	(1,088)	(956)	(738)	(572)	(411)
Net Contribution		\$10,213	\$8,975	\$6,930	\$5,369	\$3,862
Individual Experience Mod Factor ⁽¹⁾		1.000	1.000	1.000	1.000	1.000
Individual Off-Balance Factor ⁽²⁾		0.954	0.954	0.954	0.954	0.954
Contribution Adj. for Off-Bal. Factor		\$9,741	\$8,561	\$6,610	\$5,121	\$3,684
Excess Insurance \$3M x \$1M ⁽³⁾	0.0604	\$0	\$0	\$0	\$0	\$0
ERMA CONTRIBUTION ⁽⁴⁾		\$9,741	\$8,561	\$6,610	\$5,121	\$3,684

Notes:

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

(2) 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.

(3) CIRA offers optional purchased Excess Insurance of \$3M x \$1M, but was not elected for this indication.

(4) Contribution calculated using rates per the 2026/27 Preliminary Budget.

PLEASE NOTE: This indication is based on the 2026/27 Preliminary Budget which has not yet been finalized for the 2026/27 program year, but was preliminarily approved by the ERMA BOD and utilized to provide the most accurate indication.

* ERMA used 2024/25 payroll as reported by CIRA. The fiscal date range of the data is 10/1/2024-9/30/2025.

** The annual contribution shown will be prorated for a partial year based on the date of inception.



ACE Municipal AdvantageSM Public Entity Liability Application

NOTICE

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Company during the Policy Period are covered subject to the Policy Provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

Please attach copies of the following:

- Audited Financial Statement or Budget for the most recent available fiscal year, if the applicant has more than \$500,000,000 in Annual Budget
- Minimum of last 3 years of liability claim loss runs (5 years desired)
- Current Employee Handbook including procedures on sexual harassment, discrimination and employee grievances, if the applicant has more than 1,500 full-time and part-time employees
- Copy of the **Public Entity's** Employment Termination procedures, if the applicant has more than 1,500 full-time and part-time employees

1. Name of **Public Entity**: City of Maywood Year Established: 1924

2. Principal Address: 4319 East Slauson Ave.,

City: Maywood State: CA Zip: 90270

Public Entity's Website www.cityofmaywood.com

3. Do you have a Full Time Risk Manager? Yes No

Name of Risk Manager: Nancy Rodriguez Phone Number: 323-562-5764

GENERAL INFORMATION:

4. Type of **Public Entity**: Town City County State

Special District Authority or Commission (Please indicate):

Water/Sewer Utility (Gas/Electric/Cable) Development/Finance Authority

Port Authority Transit Authority Housing Authority

Airport Sports/Convention Center Parks Department

5. Population Trends: Please provide Population information:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Population of Municipality	23,244	25,128	25,135

Seasonal increase in population? Yes No ____%

6. Budget and Employment information for the **Public Entity**.

a. Please provide the annual budget and employee count of the **Public Entity**.

Please do not include that portion of the Annual Budget that is allocated to any of the following entities: schools, hospitals, clinics, nursing homes or other health care operations, jails or detention facilities, law enforcement agencies or fire fighting authorities.

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
	\$ 22,878,994	25	3

b. If coverage is desired for any of the operations listed below, please provide the Budget and Employment information as requested.

Please note: Coverage for any of these operations is subject to the review and acceptance by the underwriter and will be provided by endorsement only

Public Entity	Current Annual Revenue/Budget	Number of Employees	
		Full Time	Part Time
Schools	\$		
Health Care Operations (hospitals, clinics, nursing homes, etc.)	\$		
Jails or detention facilities	\$		
Law enforcement agencies	\$		
Fire fighting authorities	\$		

7. Does the **Public Entity** employ any of the following professional staff:

Lawyers Yes No Total Number _____
 Accountants Yes No Total Number 3
 Architects/Engineers Yes No Total Number _____

FINANCIAL INFORMATION:

Please provide the following information. *If "Yes" to any question below, or if the applicant has budget deficits in the past three years, please explain on a separate attachment.*

8. a) Indicate fiscal year end date: 6/30

b) Please provide a budget figure for the current and prior two fiscal years:

	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Revenues	22,878,994	19,705,007	17,674,220
Expenditures	22,572,390	22,989,513	21,460,508
Outstanding Bond Issues	18,782,869	19,361,672	19,928,795
Budget Surplus (Deficit)	306,604	(3,284,506)	(3,786,288)

c) Has any State or Federal funding (aid) been eliminated in the past year? Yes No

d) Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? Yes No

e) Has the Public Entity been in default on principal or interest on any bond? Yes No

9. Please indicate if the **Public Entity's** bonds are rated (check all that apply) and their ratings from each agency:

Rating	Rating	Rating
<input type="checkbox"/> Moody's	<input checked="" type="checkbox"/> Standard & Poor's AA	<input type="checkbox"/> Fitch

PUBLIC ENTITY OPERATIONS

If the answer is "Yes" to any question below, please attach details on a separate piece of paper

10. Are the **Public Entity's** board, council or commission members elected or appointed? Elected
 Appointed
- a) If ELECTED, are they elected via: Single Member District At Large Combination of Both
- b) If APPOINTED, by whom? _____
-
11. Have any of the following occurred within the past five years:
- a) Strike, slowdown or other disruption by employees? Yes No
- b) Protests or civil commotion related to **Public Entity's** operations or activities? Yes No
- c) Disputes involving integration, segregation, discrimination, or violation of civil rights? Yes No
- d) Grand jury investigations, recall proceedings or indictments of any elected or appointed officials? Yes No
12. Does the **Public Entity**:
- a) Have zoning provisions that require a public hearing for zoning changes? Yes No
- b) Have a policy and process which prohibits zoning board members from voting on actions which may conflict with their own business or investment interests? Yes No
- c) Have a disaster planning document in place for both natural disasters and terrorist acts? Yes No
- d) Award any jobs or projects under sole source or "no-bid" contracts? Yes No
- e) Operate, license and/or regulate any child or elder care facilities, family child care or foster care homes, child adoption services, child welfare services or public housing? Yes No
13. Does the **Public Entity's** vendor contracting review process include the following:
- a) Use of hold harmless provisions in all contracts? Yes No
- b) Use of Indemnification provisions? Yes No
- c) Transfer of liability to services provider under contract with the applicant Yes No
- d) Attorney attendance and written documentation of meetings Yes No
- e) Minority vendor hiring policy Yes No

EMPLOYMENT PRACTICES

If the answer is "No" to any question below, please attach details on a separate piece of paper

Does the **Public Entity**:

- 14. Have a Human Resources or Personnel Department? Yes No
- 15. Use a uniform employment application for all applicants at all locations? Yes No
- 16. Have a formal orientation program for all new **Employees**? Yes No
- 17. Regularly conduct sensitivity training or other discrimination or sexual harassment prevention education? Yes No
- 18. Provide regular written performance evaluations for all **Employees**? Yes No
- 19. Use an "800" number, intranet or similar method for the reporting of allegations of employment practices violations? Yes No
- 20. Have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes No
- 21. Require mandatory arbitration of employment and labor related claims? Yes No
- 22. Require terminations to be reviewed by the following:
 - Human Resources Department? Yes No
 - Legal Department? Yes No
 - Outside Counsel? Yes No
- 23. Publish and distribute a uniform employment handbook? Yes No

Please indicate whether the **Public Entity** has adopted the following policies and if the policy is in the Employee Handbook:

	<u>Adopted</u>	<u>In Employee Handbook</u>
EEO Statement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
At-will Statement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Harassment Policy/Procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Progressive Discipline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FMLA Policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy Leave Policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grievance Procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ADA Policy Requiring Reasonable Accommodation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minority Hiring Policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Union Hiring Policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Email and Voicemail Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Retention of Computer Data, Emails and Voicemail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- 24. If a *California Public Entity*, does the **Public Entity** Provide to its supervisory employees in that location(s), two hours of classroom or other interactive training and education regarding sexual harassment at least once every two years? Yes No

Regarding Third Party Liability exposure, does the **Public Entity**:

- 25. Have policies or procedures outlining **Employee** conduct when interacting with customers, clients, the general public or other third parties? Yes No
- 26. Have policies or procedures for dealing with complaints from customers, clients or third parties for issues involving harassment or discrimination? Yes No
- 27. Provide formal diversity or cultural sensitivity training for employees who interact with customers, clients or the general public? Yes No

28. Has a customer, client or third party ever submitted a written complaint or brought a civil proceeding against a proposed Insured alleging harassment, discrimination, or civil rights violations? Yes No

If "Yes", please attach details on a separate piece of paper

CLAIMS INFORMATION:

29. Has there been, or is there now pending, any **Claim(s)** against any proposed **Insured**? Yes No
30. Does any proposed **Insured** have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or in-formal investigation which might give rise to a **Claim** under the proposed **Policy**? Yes No
31. Does any proposed **Insured** have knowledge or information of any threatened claim which might give rise to a **Claim** under the proposed **Policy**? Yes No
32. During the last 3 years have any of the **Insureds** been involved in any administrative proceedings before the Equal Employment Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs, or any state or local government agency whose purpose is to address employment-related claims? Yes No
33. Have any **Insureds** ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment? Yes No

If "Yes" to any of Questions 29-33 please attach a detailed explanation including date of event, claimant, nature of matter, defense costs, indemnity amount, reserve amount and current status for each claim, matter, event, notice or circumstance.

It is agreed that with respect to questions 29-33 above, if such **Claim**, knowledge, information, proceeding, agreement, investigation, matter, order, decree or judgment exists, any **Claim** arising therefrom is excluded from the proposed coverage and will not be covered for **Claims Expenses**, indemnity, or **Loss** under any **Policy** issued.

CURRENT INSURANCE INFORMATION

34. Please provide Public Officials Liability and Employment Practices Liability policy information:

LAST 5 YEARS	PROFESSIONAL LIABILITY CARRIER	LIMITS	DEDUCTIBLE / RETENTION	PREMIUM
Current Year	ACE American Insurance Co.	\$2,000,000	\$100,000	\$26,408
Prior Year	ACE American Insurance Co.	\$2,000,000	\$100,000	\$24,495
2 nd Prior Yr	ACE American Insurance Co.	\$2,000,000	\$100,000	\$23,431
3 rd Prior Yr	ACE American Insurance Co.	\$2,000,000	\$100,000	\$21,343
4 th Prior Yr	RSUI Indemnity Company	\$1,000,000	\$100,000	\$22,690

35. Current general liability carrier and limits:

MIC/Great American -\$5M

36. Current Law Enforcement/Police Professional Liability insurance carrier and limits:

N/A

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO TENNESSEE AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

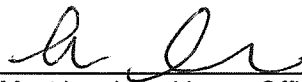
NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS, ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:



(Must be signed by an Officer of the Applicant)

Nancy Rodriguez, HR/Risk Maanger
Print Name and Title

04/08/2026
Date (Mo./Day/Yr.)

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THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Nancy Rodriguez, HR/Risk Manager
Print Name and Title

04/08/2026
Date (Mo./Day/Yr.)

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

FOR MISSOURI APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature:

(Must be signed by an Officer of the Applicant)

Print Name and Title

_____/_____/_____
Date (Mo./Day/Yr.)

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application, City of El Segundo (CIRA)

RECOMMENDATION: *Staff recommends the Executive Committee conditionally approve the City of El Segundo (CIRA) at an SIR of \$750,000, effective July 1, 2026, with the condition its personnel policies and procedures be reviewed by legal counsel with expertise in public sector employment law within 24 months of joining ERMA.*

BACKGROUND AND STATUS:

The City of El Segundo, an underlying member of the California Intergovernmental Risk Authority (CIRA), provided an application and supporting documentation for participation in ERMA effective July 1, 2026, at a self-insured retention (SIR) of \$750,000. This request is different than most CIRA members that attach at a \$250,000 SIR because the City has that same \$750,000 SIR in CIRA and is therefore not risk-sharing with the other members at that lower \$250,000 level. The application materials have been reviewed by staff and are summarized as follows:

- The City reports payroll of approximately \$38,897,412 for the 2025 calendar year and has 306 full-time and 272 part-time employees. Because CIRA risk-shares EPL in their General Liability program, all new members to ERMA typically attach at a \$250,000 SIR. However, the request for the City of El Segundo is at \$750,000 as explained above.
- The City has not had many of its written personnel policies and procedures reviewed and updated within the past five years;
- The City has a relatively high number of layoffs over the last 5 years.
- The City has reportable losses (which will be discussed by staff).
- The City is compliant with AB 1825 and SB 1343 training requirements.

REFERENCE MATERIALS ATTACHED:

- City of El Segundo Premium Indication
- City of El Segundo Application for Participation



CONTRIBUTION INDICATION CIRA

Name of Entity	City of El Segundo
2024/25 Actual Calendar Year Payroll*	38,897,412
Coverage Period**	July 1, 2026 to June 30, 2027

CALCULATION

Self-Insured Retention Option		\$250,000	\$350,000	\$500,000	\$750,000
Funding Rate		0.306	0.223	0.142	0.055
Funding for Losses		\$119,158	\$86,558	\$55,083	\$21,359
Loss Prevention & Training	0.0084	3,276	3,276	3,276	3,276
Administration	0.0566	22,006	22,006	22,006	22,006
Deposit Contribution		<u>\$144,441</u>	<u>\$111,841</u>	<u>\$80,365</u>	<u>\$46,641</u>
JPA Participation Credit	9.61%	(13,887)	(10,753)	(7,727)	(4,484)
Net Contribution		<u>\$130,554</u>	<u>\$101,088</u>	<u>\$72,639</u>	<u>\$42,157</u>
Individual Experience Mod Factor ⁽¹⁾		1.000	1.000	1.000	1.000
Individual Off-Balance Factor ⁽²⁾		0.954	0.954	0.954	0.954
Contribution Adj. for Off-Bal. Factor		\$124,529	\$96,423	\$69,286	\$40,211
Excess Insurance \$3M x \$1M ⁽³⁾	0.0604	\$0	\$0	\$0	\$0
ERMA CONTRIBUTION ⁽⁴⁾		\$124,529	\$96,423	\$69,286	\$40,211

Notes:

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

(2) 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

(3) CIRA offers optional purchased Excess Insurance of \$3M x \$1M, but was not elected for this indication.

(4) Contribution calculated using rates per the 2026/27 Preliminary Budget.

PLEASE NOTE: This indication is based on the 2026/27 Preliminary Budget which has not yet been finalized for the 2026/27 program year. The 2026/27 preliminarily budget was approved by the ERMA BOD. It is being utilized to provide the most accurate indication.

* ERMA used 2024/25 payroll as reported by CIRA. The fiscal date range of the data is 10/1/2024-9/30/2025.

** The annual contribution shown will be prorated for a partial year based on the date of inception.

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

If completed electronically, this application will automatically adjust to accommodate any additional answers. If not completed electronically, then additional sheets may be needed.

2026/2027 Program Year

ENTITY NAME: <u>City of El Segundo</u>		Date: <u>4-30-26</u>
EMPLOYMENT PRACTICES INFORMATION		
A. Policies and Procedures		
1.	Does the Entity have written personnel policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Entity distribute the manual/rules to all employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Entity have employees sign an acknowledgement form indicating they have read and understood the above-referenced policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the following policies or procedures included in the manual? Check all that apply:	
	<input checked="" type="checkbox"/> Pregnancy Leave 2010	<input checked="" type="checkbox"/> Hiring & Termination 2010
	<input checked="" type="checkbox"/> Family Medical Leave 2010	<input checked="" type="checkbox"/> Suspension 2010 for Hiring/Termination
	<input checked="" type="checkbox"/> Drug & Alcohol-Free Workplace & Testing 2008	<input checked="" type="checkbox"/> Unpaid Leave 2010
	<input checked="" type="checkbox"/> Internet, Computer, Media, and Electronic Equipment/Resources Use 2025	<input checked="" type="checkbox"/> Grievance Procedures 2010
	<input checked="" type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Discipline 2010
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	<input checked="" type="checkbox"/> Attendance 2010
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	<input checked="" type="checkbox"/> Harassment, Discrimination, & Retaliation 2010
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), C.A. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, when was the manual or rules last reviewed? Please see above for the date updated	
8.	Were the above-referenced policies formally approved and adopted by the council and/or 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
If you answered 'No' to any of the above, please use this space to provide more information:		

B. Employee Information									
1.	Number of Full-Time Employees: <u>306</u>								
2.	Number of Part-time Employees: <u>272</u>								
3.	For each of the past five years, what has been your annual percentage turnover rate of employees? <u> </u> Please see bottom of page 4.								
	20__	%	20__	%	20__	%			
4.	How many involuntary employment terminations have occurred in the past three years?								
	20 <u>25</u>	Terminations	<u>6</u>	20 <u>24</u>	Terminations:	<u>3</u>	20 <u>23</u>	Terminations:	<u>2</u>
	<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed, whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>								
5.	Percentage of Employees with salaries less than \$100,000 <u> </u> %						Should = 100%		
6.	Percentage of Employees with salaries greater than \$100,000 <u> </u> %								

C. Employment Practices Claims Handling	
1.	Who in the Entity has been designated to handle claims? Risk Manager
2.	(a) With respect to oral or written claims, do you have a written procedure for obtaining information and conducting required follow-up on the claim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (b) Do you require written claims for EEO-related complaints? <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(h) Allegations of libel, slander, defamation of character, invasion of privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is 'Yes' to any of the above, please attach a listing of the loss(es) showing a full description of each claim, including the date filed, the substance of the allegations, the disposition of the claim, and any monetary amounts paid in connection with the claim.		

D. Employment Practices Risk Management		
1.	Does the applicant have a Human Resources or Personnel Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please describe the handling of this function:	
2.	Do you have an 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, SB 778 (Sexual Harassment Prevention), and SB 553 (Workplace Violence Prevention)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If 'No', please use this space or attach a separate sheet to explain.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Knowbe4 Training Program	

	7.	Does your entity provide SB 1343 (Sexual Harassment Prevention) 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"/> \$50K	<input type="checkbox"/> \$75K	<input type="checkbox"/> \$100K	<input type="checkbox"/> \$250K	<input type="checkbox"/> \$350K	<input type="checkbox"/> \$500K
Please provide a quote for a \$1M SIR and a \$750,000 SIR. Thank you!					

F. SUPPORTING DOCUMENTS	
Please attach the following documents with the submission of this application:	
<ol style="list-style-type: none"> 1. EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year; 2. Payroll information for the previous 7 completed calendar years; 3. Completed Resolution authorizing participation in ERMA; 4. Completed Intent to Participate; and 5. Most Recent Financial Audit 	

B3, At this time our ERP system does not provide such a report. The City is in the process of implementing Tyler therefore at a later date we will be able to run such a report. We know for FY 2023/2024 and FY 2024/2025 the vacancy rate was 9.1

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 than 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 El Segundo

Agency or Entity Name

Rebecca Redyk

Applicant's Name (please print)



Applicant's Signature

4-30-26

Date

Director of HR and Risk Management

Applicant's Title

MEMBERSHIP MATTERS

SUBJECT: Review of Prospective Member Application, Town of Portola Valley (PLAN JPA)

RECOMMENDATION: *Staff recommends the Executive Committee conditionally approve the Town of Portola Valley (PLAN JPA) at an SIR of \$50,000, effective July 1, 2026, with the condition its personnel policies and procedures be reviewed by legal counsel with expertise in public sector employment law within 24 months of joining ERMA.*

BACKGROUND AND STATUS:

The Town of Portola Valley, an underlying member of the Pooled Liability Assurance Network Joint Powers Authority (PLAN JPA), provided an application and supporting documentation for participation in ERMA effective July 1, 2026, at a self-insured retention (SIR) of \$50,000. The application materials have been reviewed by staff and are summarized as follows:

- The Town reports payroll of approximately \$2,091,142 for the 2025 calendar year and has 13 full-time and 2 part-time employees.
- The Town has its written personnel policies and procedures. However, they have not been reviewed and updated within the past five years.
- The Town has no current reportable losses.
- The Town is compliant with AB 1825 and SB 1343 training requirements.

REFERENCE MATERIALS ATTACHED:

- Town of Portola Valley Premium Indication
- Town of Portola Valley Application for Participation

Name of Entity	Town of Portola Valley
2024/25 Actual Calendar Year Payroll*	\$2,091,142
Coverage Period**	July 1, 2026 to June 30, 2027

CALCULATION

Self-Insured Retention Option		\$50,000	\$75,000	\$100,000	\$150,000
Funding Rate		0.569	0.518	0.475	0.410
Funding for Losses		\$11,899	\$10,828	\$9,935	\$8,567
Loss Prevention & Training	0.0108	226	226	226	226
Administration	0.0623	1,303	1,303	1,303	1,303
Deposit Contribution		\$13,428	\$12,357	\$11,465	\$10,096
JPA Participation Credit	2.34%	(314)	(289)	(269)	(236)
Net Contribution		\$13,113	\$12,068	\$11,196	\$9,860
Individual Experience Mod Factor ⁽¹⁾		1.000	1.000	1.000	1.000
Individual Off-Balance Factor ⁽²⁾		1.132	1.132	1.132	1.132
Contribution Adj. for Off-Bal. Factor		\$14,843	\$13,659	\$12,673	\$11,160
Excess Insurance \$3M x \$1M ⁽³⁾	0.0575	\$1,202	\$1,202	\$1,202	\$1,202
ERMA CONTRIBUTION ⁽⁴⁾		\$16,046	\$14,862	\$13,875	\$12,363

Notes:

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

(2) 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

(3) PLAN JPA required members to purchase Excess Insurance of \$3M x \$1M

(4) Contribution calculated using rates per the 2025/26 Final Budget.

* ERMA used 2024/25 payroll as reported by PLAN JPA. The fiscal date range of the data is 10/1/2024-9/30/2025.

** The annual contribution shown will be prorated for a partial year based on the date of inception.



Employment Risk Management Authority (ERMA) Intent to Participate Form

Entity or JPA Name: Town of Portola Valley

Contact Person: Anthony "Tony" McFarlane

Mailing Address: 765 Portola Road
Portola Valley, CA 94028

Telephone: (650) 851-1700 FAX: (650) 844-8034 E-mail: amcfarlane@portolavalley.net

Please check the appropriate box(s):

Having received an indication for membership participation in the ERMA program, we agree to participate effective July 1, 2026, 2025/26, at the following retention level:

\$50K \$75K \$100K \$250K \$350K \$500K

We are presently unable to commit to program participation, but would appreciate receiving additional information concerning ERMA. Please provide us with: _____

Signed by:

Darcy Smith

BA8F8028E014403...

Signature of a 'Representative' authorized to bind the Entity or JPA

Please submit this form along with your application packet.

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

If completed electronically, this application will automatically adjust to accommodate any additional answers. If not completed electronically, then additional sheets may be needed.

2025/2026 Program Year

ENTITY NAME: Town of Portola Valley

Date: April 20, 2026

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"/> Pregnancy Leave	<input checked="" type="checkbox"/> Hiring & Termination
	<input type="checkbox"/> Family Medical Leave	<input checked="" type="checkbox"/> Suspension
	<input checked="" type="checkbox"/> Drug & Alcohol-Free Workplace & Testing	<input checked="" type="checkbox"/> Unpaid Leave
	<input checked="" type="checkbox"/> Internet, Computer, Media, and Electronic Equipment/Resources Use	<input checked="" type="checkbox"/> Discipline
	<input type="checkbox"/> Written Job Description for all Positions	<input checked="" type="checkbox"/> Grievance Procedures
	<input checked="" type="checkbox"/> Annual Written Performance Evaluations for all Employees	<input checked="" type="checkbox"/> Attendance
	<input checked="" type="checkbox"/> Employee Hotline/Complaint Procedure	<input checked="" type="checkbox"/> Harassment, Discrimination, & Retaliation
5.	Do the policies/rules include all protected categories under the Fair Employment and Housing Act (FEHA), C.A. Gov't. Code section 12940)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Entity have legal counsel regularly review the manual/rules?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Have the above-referenced policies been updated within the past five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If no, when was the manual or rules last reviewed?	
8.	Were the above-referenced policies formally approved and adopted by the council and/or governing board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Entity have legal counsel to provide advice regarding disciplinary matters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the entity have an orientation program for all employees that addresses workplace conduct, EPL policies and practices, and grievance procedures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

The last revision of the Town's Personnel Policies in its entirety occurred in March of 2017, although there have been sections of the manual that have been added or updated since 2017. The Town is in the process of working with Labor counsel to review its Personnel Policies and seek counsel's guidance on updates as needed.

B. Employee Information											
1.	Number of Full-Time Employees: <u>13</u>										
2.	Number of Part-time Employees: <u>2</u>										
3.	For each of the past five years, what has been your annual percentage turnover rate of employees? _____										
	<table border="1"> <tr> <td><u>2025</u></td> <td>23%</td> <td><u>2024</u></td> <td>29%</td> <td><u>2023</u></td> <td>53%</td> <td><u>2022</u></td> <td>0%</td> <td><u>2021</u></td> <td>0%</td> </tr> </table>	<u>2025</u>	23%	<u>2024</u>	29%	<u>2023</u>	53%	<u>2022</u>	0%	<u>2021</u>	0%
<u>2025</u>	23%	<u>2024</u>	29%	<u>2023</u>	53%	<u>2022</u>	0%	<u>2021</u>	0%		
4.	How many involuntary employment terminations have occurred in the past three years?										
	<table border="1"> <tr> <td><u>2025</u></td> <td>Terminations: 0</td> <td><u>2024</u></td> <td>Terminations: 4</td> <td><u>2023</u></td> <td>Terminations: 0</td> </tr> </table>	<u>2025</u>	Terminations: 0	<u>2024</u>	Terminations: 4	<u>2023</u>	Terminations: 0				
<u>2025</u>	Terminations: 0	<u>2024</u>	Terminations: 4	<u>2023</u>	Terminations: 0						
	<i>Involuntary employment termination with respect to this questionnaire means notification to an employee that such employee will no longer be employed, whether such notification is effective immediately or in the future. Involuntary employment termination shall also include actual or alleged constructive discharge.</i>										
5.	Percentage of Employees with salaries less than \$100,000 <u>8</u> %										
6.	Percentage of Employees with salaries greater than \$100,000 <u>% 92</u>										
Should = 100%											

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

	(d) Allegations of negligent or wrongful evaluation, wrongful demotion, wrongful discipline, failure to promote, failure to grant tenure, or wrongful deprivation of career opportunity;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(e) Allegations of misrepresentation or defamation made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(f) Allegations of infliction of emotional distress, mental injury, mental anguish, shock, sickness, disease or disability made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(g) Allegations of false imprisonment, detention, or malicious prosecution made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(h) Allegations of libel, slander, defamation of character, invasion of privacy made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(i) Other personal injury allegations made by an <i>Employee</i> which arise from an employment decision to hire, fire, promote, demote or discipline.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer is 'Yes' to any of the above, please attach a listing of the loss(es) showing a full description of each claim, including the date filed, the substance of the allegations, the disposition of the claim, and any monetary amounts paid in connection with the claim.		

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 the handling of this function:	
2.	Do you have an 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, SB 778 (Sexual Harassment Prevention), and SB 553 (Workplace Violence Prevention)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If 'No', please use this space or attach a separate sheet to explain. The most recent Sexual Harassment training occurred in January 2024, while we are outside the 2 year period, while we are actively working towards all training compliance for existing and new staff as there has been some turnover as indicated above in section B.	
6.	Briefly describe the procedure for maintaining AB 1825 and SB 1343 training records: Each employee is provided the opportunity to complete the required training, upon completion the employee is to provide their certificate of completion to the Assistant Town Manager to maintain in the respective employee file.	

	7.	Does your entity provide SB 1343 (Sexual Harassment Prevention) 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 checked="" type="checkbox"/>	\$50K	<input type="checkbox"/>	\$75K	<input type="checkbox"/>	\$100K	<input type="checkbox"/>	\$250K	<input type="checkbox"/>	\$350K	<input type="checkbox"/>	\$500K

F. SUPPORTING DOCUMENTS	
<p>Please attach the following documents with the submission of this application:</p> <ol style="list-style-type: none"> 1. EPL individual loss information (including Date of Loss and total incurred) for the previous 7 completed fiscal years, including the partial current fiscal year; 2. Payroll information for the previous 7 completed calendar years; 3. Completed Resolution authorizing participation in ERMA; 4. Completed Intent to Participate; and 5. 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 than 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 Portola Valley

Agency or Entity Name

Darcy Smith

Applicant's Name (please print)

Town Manager

Applicant's Title

Signed by:

BA8F8028E014403...

Applicant's Signature

5/15/2026

Date



Town of Portola Valley

765 Portola Road, Portola Valley, CA 94028 Tel: (650) 851-1700 Fax: (650) 851-4677

Town of Portola Valley

765 Portola Road
Portola Valley, CA 94028

Darcy Smith, Town Manager
dsmith@portolavalley.net

RE: EMPLOYMENT RISK MANAGEMENT AUTHORITY

To Whom It May Concern:

To the best of my knowledge, there are no known losses or any circumstances that may result in a loss under any of the captioned insurance policies since July 1, 2019 to present.

Best regards,

Town of Portola Valley

Darcy Smith

Printed Name of Representative

Signed by:


Signature of Representative

Town Manager

Title

5/15/2026

Date