

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

356



SUBMITTAL DATE:
December 3, 2007

FROM: Executive Office on Behalf of the Perris Valley Cemetery District
SUBJECT: Workers' Compensation Coverage

RECOMMENDED MOTION: That the Board of Supervisors approve the attached Public Agency Certificate of Consent to Self Insure, approve the Resolution regarding the same, and authorize the Chairman to sign on behalf of the Board acting as the Trustees of the Perris Valley Cemetery District.

BACKGROUND: The Perris Valley Cemetery District has purchased liability and workers' compensation insurance coverage through Golden State Risk Management Authority since January 31, 2005. However, due to several staffing changes, the attached policy has been in place since 2005 but has yet to come to the Board for review and approval. The current year cost of \$15,870 is already in the FY 07/08 budget. County Counsel has approved the resolution and agreement.

FORM APPROVED COUNTY COUNSEL
BY: M. V. Victor
MARSHAL VICTOR
DATE: 12/10/07

Elizabeth J. Olson
Elizabeth J. Olson, Sr. Management Analyst

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 15,870	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	FY 07/08

SOURCE OF FUNDS: Perris Valley Cemetery District	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE APPROVE

BY: Kathryn Field
Kathryn Field

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:
Per Exec. Ofc.:

14.1



Our File: 2007-001

APPLICATION FOR A PUBLIC ENTITY CERTIFICATE OF CONSENT TO SELF INSURE

NOTE: All questions must be answered. If not applicable, enter "N/A".
Workers' compensation insurance must be maintained until certificate is effective.

APPLICANT INFORMATION

Legal Name of Applicant (show exactly as on Charter or other official documents):

Perris Valley Cemetery District

Street Address of Main Headquarters:

915 N. Perris Blvd.

Mailing Address (if different from above):

Federal Tax ID No.:

23-0081084

City:

State:

Zip + 4:

Perris

CA

92571

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Scott Schinke

Title: Risk Manager

Company Name: Golden State Risk Management Authority

Mailing Address: P.O. Box 706

City: Willows

State: CA

Zip + 4: 95988-0706

Type of Public Entity (check one):

City and/or County School District Police and/or Fire District Hospital District Joint Powers Authority

Other (describe): Public Cemetery District

Type of Application (check one):

New Application Reapplication due to Merger or Unification Reapplication due to Name Change Only

Other (specify): _____

Date Self Insurance Program will begin: July 1, 2005

CURRENT PROGRAM FOR WORKERS' COMPENSATION LIABILITIES

 Currently Insured with State Compensation Insurance Fund, Policy Number: _____

Policy Expiration Date: _____ Yearly Premium: \$ _____

Current Yearly Incurred (paid & unpaid) Losses: \$ _____ (FY or CY)

 Currently Self Insured, Certificate Number: _____

Name of Current Certificate Holder: _____

 Other (describe): _____

JOINT POWERS AUTHORITY

Will the applicant be a member of a workers' compensation Joint Powers Authority for the purpose of pooling workers' compensation liabilities?

 Yes No If yes, then complete the following:

 Effective date of JPA Membership: July 1, 2005 JPA Certificate No.: 5804

Name and Title of JPA Executive Officer:

Scott Schinke, ARM - Risk Manager

Name of Joint Powers Authority Agency:

Golden State Risk Management Authority

Mailing Address of JPA:

P.O. Box 706

City:	State:	Zip + 4:
<u>Willows</u>	<u>CA</u>	<u>95988-0706</u>

Telephone Number: () _____

PROPOSED CLAIMS ADMINISTRATOR

Who will be administering your agency's workers' compensation claims? (check one)

 JPA will administer, JPA Certificate No.: 5804
 Third party agency will administer, TPA Certificate No.: _____

 Public entity will self administer Insurance carrier will administer

Name of Individual Claims Administrator:

Gale Hamon

Name of Administrative Agency:

Golden State Risk Management Authority

Mailing Address:

PO Box 706

City:	State:	Zip + 4:
<u>Willows</u>	<u>CA</u>	<u>95988-0706</u>

 Telephone Number: (530) 934-5633 FAX Number: (530) 934-8133

Number of claims reporting locations to be used to handle the agency's claims: One

Will all agency claims be handled by the administrator listed on previous page? Yes No

AGENCY EMPLOYMENT

Current Number of Agency Employees: 3 (three)

Number of Public Safety Officers (law enforcement, police or fire): N/A

If a school district, number of certificated employees: N/A

Will all agency employees be included in this self insurance program? Yes No

If no, explain who is not included and how workers' compensation coverage is to be provided to the excluded agency employees:

INJURY AND ILLNESS PREVENTION PROGRAM

Does the agency have a written Injury and Illness Prevention Program? Yes No

Individual responsible for agency Injury and Illness Prevention Program:

Name and Title:

Priscilla Dunham, Supervisor

Company or Agency Name:

Perris Valley Cemetery District

Mailing Address:

915 N. Perris Blvd.

City:

Perris

State:

CA

Zip + 4:

92571

Telephone Number: (951) 657-2352

SUPPLEMENTAL COVERAGE

Will your self insurance program be supplemented by any insurance or pooled coverage under a standard workers' compensation insurance policy? Yes No

If yes, then complete the following:

Name of Carrier or Excess Pool: _____

Policy Number: _____

Effective Date of Coverage: _____

Will your self insurance program be supplemented by any insurance or pooled coverage under a specific excess workers' compensation insurance policy? Yes No

If yes, then complete the following:

Name of Carrier or Excess Pool: CSAC Excess Insurance Authority

Policy Number: EIA-PE 06 EWC-02

Effective Date of Coverage: July 1, 2005

Retention Limits: \$250,000

Will your self insurance program be supplemented by any insurance or pooled coverage under an aggregate excess (stop loss) workers' compensation insurance policy? Yes No

If yes, then complete the following:

Name of Carrier or Excess Pool: _____

Policy Number: _____

Effective Date of Coverage: _____

Retention Limits: _____

RESOLUTION OF GOVERNING BOARD

See Attached Resolution—Page 5

CERTIFICATION

The undersigned on behalf of the applicant hereby applies for a Certificate of Consent to Self Insure the payment of workers' compensation liabilities pursuant to Labor Code Section 3700. The above information is submitted for the purpose of procuring said Certificate from the Director of Industrial Relations, State of California. If the Certificate is issued, the applicant agrees to comply with applicable California statutes and regulations pertaining to the payment of compensation that may become due to the applicant's employees covered by the Certificate.

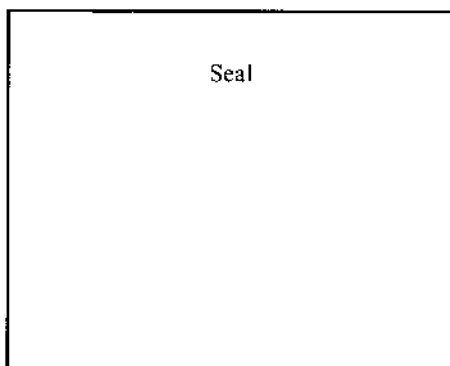
Signature of Authorized Official:

Date:

Typed Name:

Title:

Agency Name:



(Emboss seal above or Notarize signature)

RESOLUTION NO.: 2007-001 DATED: December 18, 2007

**A RESOLUTION AUTHORIZING APPLICATION
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA
FOR A CERTIFICATE OF CONSENT TO SELF INSURE
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the Board of Supervisors
(enter title)

of the Riverside County on behalf of the Perris Valley Cemetery District,
(enter name of public agency, district)

a Public Cemetery District organized and existing under the laws of the State of California,
(enter type of agency)

held on the _____ day of _____, 19²⁰⁰⁷____, the following resolution
was adopted:

RESOLVED, that the Riverside County Board of Supervisors
(enter position titles)

**be and they are hereby severally authorized and empowered to make application to the Director of Industrial
Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities
on behalf of the**

Perris Valley Cemetery District
(enter name of district)

and to execute any and all documents required for such application.

I, _____, the undersigned Chair
(enter name) (enter title)

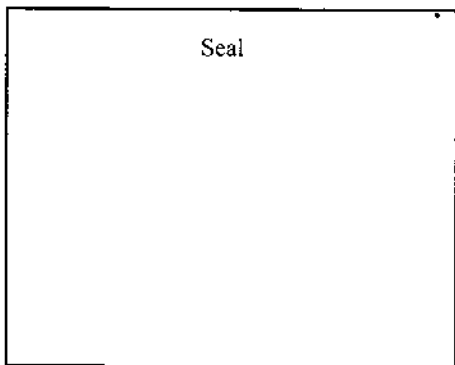
of the Board of the said County of Riverside, on behalf of the Perris Valley Cemetery District,
(enter name of agency)

a Public Cemetery District, hereby certify that I am the Chair
(enter type of agency) (enter title)

of said Board of Supervisors, that the foregoing is a full, true and correct copy of the
(enter type of agency)

resolution duly passed by the Board at the meeting of said Board held on the day and at the place therein specified
and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.

IN WITNESS WHEREOF: I HAVE SIGNED MY NAME AND AFFIXED THE SEAL OF THIS



Board of Supervisors,
(enter type of agency)

THIS _____ DAY OF _____, 19____.

(Signature)

FORM APPROVED COUNTY COUNSEL
BY: Marshall Victor 12/10/07
MARSHAL VICTOR DATE

1. AGREEMENT FOR ADMISSION OF NEW MEMBER
TO THE GOLDEN STATE RISK MANAGEMENT AUTHORITY

- Encl: (1) Golden State Risk Management Authority Joint Exercise of Powers Agreement;
(2) Golden State Risk Management Authority Bylaws.

RECITALS

1. Perris Valley Cemetery District, a public agency within Riverside County, has applied for membership in the Golden State Risk Management Authority.
2. Said membership is contingent upon the acceptance of, and agreement to abide by, the Golden State Risk Management Authority Joint Exercise of Powers Agreement (Encl. (1)), and the Golden State Risk Management Authority By-Laws (Encl. (2)).

AGREEMENT

Therefore, the Perris Valley Cemetery District, a public agency, has applied for membership in the Golden State Risk Management Authority. It hereby accepts and agrees to all provisions of the Joint Exercise of Powers Agreement (Encl. (1)) and the ByLaws of the Golden State Risk Management Authority (Encl. (2)), and agrees to abide by and comply with all the provisions contained therein.

Upon entering this Agreement, the Perris Valley Cemetery District, is accepted as a new member. Membership is effective as of the date of the prior conditional approval by the Board of Directors of the Golden State Risk Management Authority.

Dated: _____

Chairperson,

Dated: _____

President, Golden State Risk
Management Authority

Approved as to form:

Leonard G. Krup, Counsel

Reviewed and Approved:

Scott Schimke, Risk Manager
Golden State Risk Management
Authority