

RESOLUTION 90-4

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

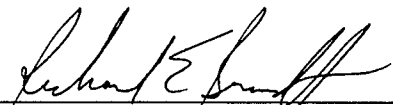
WHEREAS, the Board of Directors of the Rancho Murieta Community Services District desires to discontinue its workers' compensation insurance coverage through State Compensation Insurance Fund and to become self-insured for workers' compensation benefits through membership in Program CSDA, a Joint Powers Authority administered by the California Special Districts Association.

NOW, THEREFORE, BE IT RESOLVED as follows:

That Marion C. Cravens, as the General Manager, is hereby 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 Rancho Murieta Community Services District, and to execute any and all documents required for such application.


PASSED AND ADOPTED this 21st day of March, 1990, at Rancho Murieta, California, by the following vote:

AYES: Directors: Brandt, Devlin, Twitchell, Reese, Sullivan
NOES: None
ABSENT: None
ABSTAIN: None



President of the Board of Directors
Rancho Murieta Community Services
District

[Seal]
Attest:



Secretary of the Board of Directors
Rancho Murieta Community Services
District

I, LINDA D. EVERSOLE, District Secretary of the Board of Directors of the Rancho Murieta Community Services District, hereby certify that I am the District Secretary of the Rancho Murieta Community Services District, a community services district organized and existing under the laws of the State of California.

I hereby certify that at a meeting of the Board of Directors held on March 21, 1990, a Resolution was passed, Authorizing Application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self Insure Workers Compensation Liabilities, and that the attached Resolution 90-4 is a full, true, and correct copy of the resolution duly passed by the Board at the meeting held on the day and at the place therein specified and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.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 the Rancho Murieta Community Services District, this 21st day of March, 1990.


Linda D. Eversole

[Seal]

DEPARTMENT OF INDUSTRIAL RELATIONS
SELF-INSURANCE PLANS
2848 Arden Way, Suite 105
Sacramento, CA 95825

Our File: P- _____



APPLICATION FOR A PUBLIC ENTITY CERTIFICATE OF CONSENT TO SELF INSURE

NOTE: All questions must be answered. If not applicable, use symbol "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):

Rancho Murieta Community Services District

Street Address of Main Headquarters:

14670 Cantova Way

Federal Tax ID No:

Mailing Address (if different from above):

P. O. Box 1050

68-0000805

City,

State

Zip + 4

Rancho Murieta, CA 95683

Type of Public Entity (Check one):

- City and/or County
- School District
- Police and/or Fire District
- Hospital District
- Other: (Describe) Community Services District

Type Application (Check One):

- New Application
- Reapplication due to Merger or Unification
- Reapplication due to Name Change Only
- Other (Specify): _____

Current Program for Workers' Compensation Liabilities

Currently Insured with State Compensation Insurance Fund, Policy Number: 773246-88

Policy Expiration Date: 7-1-90 Yearly Premium: \$ 45,966.00
Current Yearly Incurred (Paid & Unpaid) Losses: \$ _____ (FY or CY)

Currently Self- Insured: Certificate Number : _____

Name of Current Certificate Holder: _____

Other (Describe): _____

Joint Powers Agreement

Will the applicant be a member of a workers' compensation Joint Powers Agreement?

Yes No If yes, then complete the following:

Effective date of JPA Membership:

7/1/90

JPA Certificate Number : 4-1622-00

Name and Title of JPA Executive Officer:

Donald W. McMurchie, Administrator

Name of Joint Powers Agreement Agency:

California Special Districts Association--Program CSDA

Mailing Address of JPA :

1030 15th Street, Suite 300

City Sacramento, CA 95814 State Zip + 4

Telephone Number:

(916) 443-1030

PROPOSED CLAIMS ADMINISTRATOR

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

- JPA will administer, (JPA Certificate No.: _____).
- Third party agency will administer, (TPA Certificate No.: 0062).
- Public entity will self administer.
- Insurance carrier will administer.

Name of Individual Claims Administrator:

Mr. Vic Singh

Name of Administrative Agency:

Keenan and Associates

Mailing Address:

2002 North Gateway Boulevard, #109

City: State: Zip + 4:

Fresno, CA 93727

Telephone No.:

(209) 251-4249

FAX Number:

(209) 251-9187

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 above? Yes No

AGENCY EMPLOYMENT

Current Number of Agency Employees: 26

Number of Public Safety Officers (law enforcement, police or fire): 0 (12 -- Security class 7721)

If a school district, number of certificated employees: _____

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

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

SAFETY AND ACCIDENT PREVENTION

Does the agency have a written Safety and Accident Prevention Program? Yes No

Name of Individual responsible for agency Safety and Accident Prevention Program:

Name and Title:

R. Lee Lawrence, Superintendent, Water & Wastewater
Company or Agency's Name:

Rancho Murieta Community Services District
Mailing Address:

P. O. Box 1050
City: _____ *State:* _____ *Zip + 4:* _____

Rancho Murieta CA 95683

Telephone No.:
(916) 354-2428

SUPPLEMENTAL INSURANCE

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

(If yes, then complete the following):

Name of Carrier: _____

Policy Number: _____ *Policy Issue Date:* _____

Will your self insurance program be supplemented by any insurance coverage under a specific excess workers' compensation insurance policy? Yes No
(If yes, then complete the following):

Name of Carrier: Employers Reinsurance Corporation

Policy Number: C-35162-Q Policy Issue Date: 7/1/89

Retention Limits: \$250,000

Will your self insurance program be supplemented by any insurance coverage under a aggregate excess (stop loss) workers' compensation insurance policy? Yes No
(If yes, then complete the following):

Name of Carrier: _____

Policy Number: _____ Policy Issue Date: _____

Retention Limits: _____

RESOLUTION OF GOVERNING BOARD

See Attached Resolution

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:

x Marion C Cravens

March 21, 1990

Typed Name:

Marion C. Cravens

Title:

General Manager

Agency Name:

Rancho Murieta Community Services District

(Emboss seal above)