



Our File: _____

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):

Rancho Murieta Community Services District

Street Address of Main Headquarters:

15160 Jackson Road

Mailing Address (if different from above):

PO Box 1050

Federal Tax ID No.:

68-0000805

City:

Rancho Murieta

State:

CA

Zip + 4:

95683

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Scott Schimke

Title: Risk Manager

Company Name: Golden State Risk Management Authority

Mailing Address: P O Box 706

City: Willows

State: CA

Zip + 4: 95988

Type of Public Entity (check one):

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

Other (describe): Special 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, 2010

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: 5806-056

Name of Current Certificate Holder: Special Districts Risk Management Authority (SDRMA)

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, 2010 JPA Certificate No.: 5804

Name and Title of JPA Executive Officer:

Scott Schimke

Name of Joint Powers Authority Agency:

Golden State Risk Management Authority

Mailing Address of JPA:

P O Box 706

City: Willows State: CA Zip + 4: 95988

Telephone Number: (530) 934-5633

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, WCCP

Name of Administrative Agency:

Golden State Risk Management Authority

Mailing Address:

P O Box 706

City: Willows State: CA Zip + 4: 95988

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: 36

Number of Public Safety Officers (law enforcement, police or fire): _____

If a school district, number of certificated employees: _____

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:

Jack Gregory Remson, Security Chief

Company or Agency Name:

Rancho Murieta Community Services District

Mailing Address:

PO Box 1050

City:

Rancho Murieta

State:

CA

Zip + 4:

95983

Telephone Number: (916) 354-3700

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: _____

RESOLUTION NO.: 2010-06 DATED: June 16, 2010

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 Directors
(enter title)

of the Rancho Murieta Community Services District,
(enter name of public agency, district)

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

held on the 16th day of June, ~~19~~2010, the following resolution
was adopted:

RESOLVED, that the President of the Board
(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**

Rancho Murieta Community Services District
(enter name of district)

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

I, Roberta Belton, the undersigned President of the Board
(enter name) (enter title)

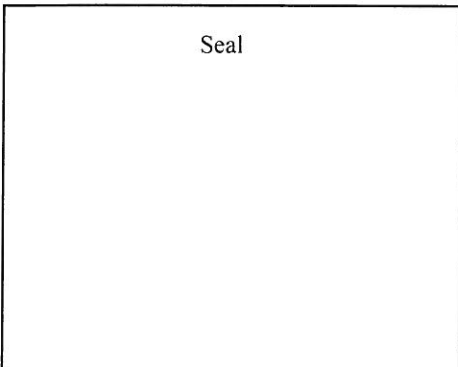
of the Board of the said Rancho Murieta Community Services District,
(enter name of agency)

a Special District, hereby certify that I am the President of the Board
(enter type of agency) (enter title)

of said Special District, 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



Special District,
(enter type of agency)

THIS 16th DAY OF June, ~~19~~2010.

Roberta J. Belton
(Signature)

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:

CSAC-Excess Insurance Authority

Name of Carrier or Excess Pool: _____

Policy Number: EIA-PE 10 EWC - 02

Effective Date of Coverage: July 1, 2010

Retention Limits: \$200,000

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:

Roberta J. Belton

Typed Name:

Roberta Belton

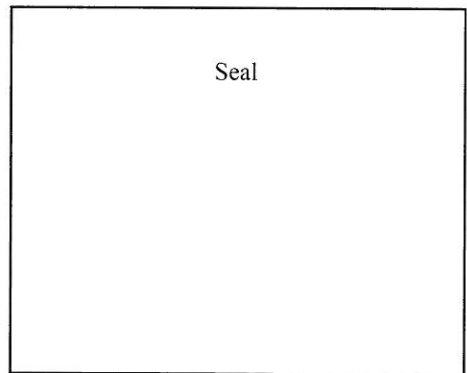
Title:

President of the Board

Agency Name:

Rancho Murieta Community Services District

Date: *6/16/2010*



(Emboss seal above or Notarize signature)