

RESOLUTION NO.: 18-05 DATED: 06/26/2018

**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 Name of the Board)

of the TRI-COUNTY WATER AUTHORITY
(Enter Name of Public Agency, District, Etc.)

a JOINT POWERS AGENCY organized and existing under the
(Enter Type of Agency, i.e., County, City, School District, etc.)

laws of the State of California, held on the 26TH day of JUNE, 2018,

the following resolution was adopted:

RESOLVED, that the above named public agency is 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 and representatives of Agency are authorized to execute any and all documents required for such application.

IN WITNESS WHEREOF: I HAVE SIGNED AND AFFIXED THE AGENCY SEAL.

x *Deanna Jackson*
SIGNED: Board Secretary or Chair

DATE: 6-26-18

Deanna Jackson
Printed Name

Executive Director
Title

Tri-County Water Authority
Agency Name

Affix Seal Here



State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS

**APPLICATION FOR CERTIFICATE OF CONSENT
TO SELF-INSURE AS A PUBLIC AGENCY EMPLOYER SELF-INSURER**
All questions must be answered. If not applicable, enter "N/A".

To the Director of the Department of Industrial Relations: The public agency employer identified below submits the following information to obtain a Certificate of Consent to Self-Insure the payment of workers' compensation under California Labor Code Section 3700.

LEGAL NAME OF APPLICANT (Show exactly as on Charter or other official documents):

TRI-COUNTY WATER AUTHORITY

Address: 944 WHITLEY AVENUE, STE. E

City: CORCORAN State: CA Zip + 4: 93212

Federal Tax ID # of Group: 47-4936877

CONTACT - Who Should Correspondence Regarding This Applicant Be Addressed To:

Name: DEANNA JACKSON Title: EXECUTIVE DIRECTOR

Company Name: TRI-COUNTY WATER AUTHORITY

Address: 944 WHITLEY AVENUE, STE. E

City: CORCORAN State: CA Zip + 4: 93212

Phone: (559) 762-7240 E-Mail: DJACKSON@ANGIOLAWD.ORG

TYPE OF PUBLIC ENTITY (Check one):

City and/or County School District Police and/or Fire District Hospital District

Joint Powers Authority Other (describe): _____

TYPE OF APPLICATION (Check one):

New Application Reapplication (Merger/Unification) Reapplication (Name Change)

Other (describe): _____

Date Self-Insurance Program will begin: _____

CURRENT WORKERS' COMPENSATION PROGRAM

Currently Insured with State Fund Policy # _____ Expiration Date: _____

Currently Self Insured, Certificate # _____

Other (describe): _____

CLAIMS ADMINISTRATION

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

JPA will administer

Third Party Administrator, TPA Certificate # _____

Public entity will self-administer

Insurance Carrier will administer

Name of Third Party Administrator:

Name: MELODY TUCKER Title: WORKERS' COMP. CLAIMS MGR.

Company Name: ASSOCIATION OF CALIFORNIA WATER AGENCIES JOINT POWERS INSURANCE AUTHORITY

Address: 2100 PROFESSIONAL DR.

City: ROSEVILLE State: CA Zip + 4: 95661

Phone: (916) 786-5742 E-Mail: MTUCKER@ACWAJPIA.COM

of claims reporting locations to be used to handle Agency's claims: 1

Does applicant currently have a California Certificate of Consent to Self-Insure? Yes No

If yes, what is the current Certificate Number: _____

Total Number of Affiliate's California employees to be covered by Group: 1

AGENCY EMPLOYER

Current # of Agency Employees: 1 # of Public Safety Employees (police/fire): 0

If school District, # of certificated employees: _____

Will all Agency employees be covered by this self-insurance plan? Yes No

If 'No', explain who is not covered and how workers' compensation coverage will be provided to the excluded employees:

JOINT POWERS AUTHORITY

Will applicant be a member of a JPA for workers' compensation ?

Yes No (If 'yes', complete the following)

Effective date of JPA Membership: 07/01/2018 JPA Certificate # 5807

Name of JPA: ASSOCIATION OF CALIFORNIA WATER AGENCIES JOINT POWERS INSURANCE AUTHORITY

AGENCY SAFETY PROGRAM

Does the Agency have a written Injury and Illness Prevention Program (IIPP)? Yes No

Individual responsible for Agency workplace safety and IIPP program:

Name: DEANNA JACKSON Title: EXECUTIVE DIRECTOR

Company Name: TRI-COUNTY WATER AUTHORITY

Address: 944 WHITLEY AVENUE, STE. E

City: CORCORAN State: CA Zip + 4: 93212

Phone: (559) 762-7240 E-Mail: DJACKSON@ANGIOLAWD.ORG

SUPPLEMENTAL COVERAGE

1.) Will your program be supplemented by any insurance or pooled coverage under a **STANDARD** workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

2.) Will your program be supplemented by any insurance or pooled coverage under a **SPECIFIC EXCESS** workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: SAFETY NATIONAL CASUALTY CORP.

Policy #: SP 4056741 Effective Date of Coverage: 07/01/2017

Retention Limits: \$2,000,000

3.) Will your program be supplemented by any insurance or pooled coverage under an **AGGREGATE EXCESS** (stop loss) specific excess workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

Retention Limits: _____

RESOLUTION FROM GOVERNING BOARD

Attach a properly executed Governing Board Resolution. See attached sample resolution on 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.

x Deanna Jackson
SIGNED: Authorized Official / Representative

DATE: 06/26/2018

Deanna Jackson

Printed Name

Executive Director

Title

TRI-COUNTY WATER AUTHORITY

Agency Name