

RESOLUTION NO.: 32/2017 DATED: 06/20/2017

**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 Corte Madera Town Council
(Enter Name of the Board)

of the Town of Corte Madera
(Enter Name of Public Agency, District, Etc.)

a Town 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 20th day of June, 2017,

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 *Diane Furst*
SIGNED: Board Secretary/or Chair

DATE: 06/20/2017

Diane Furst

Printed Name

Mayor

Title

Town of Corte Madera

Agency Name




Affix Seal Here

**CORTE MADERA TOWN COUNCIL
STAFF REPORT**

REPORT DATE: June 12, 2017
MEETING DATE: June 20, 2017

TO: HONORABLE MAYOR AND MEMBERS OF THE TOWN COUNCIL

FROM: TODD CUSIMANO, TOWN MANAGER 

SUBJECT: RESOLUTION NO. 32/2017 - AUTHORIZING THE TOWN OF CORTE MADERA TO SUBMIT AN APPLICATION TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA FOR A CERTIFICATE OF CONSENT TO SELF-INSURE WORKERS' COMPENSATION LIABILITIES

PURPOSE:

Town Council adopt resolution authorizing the Town of Corte Madera to submit an application to the Director of Industrial Relations, State of California for a certificate to self-insure workers' compensation liabilities.

TOWN MANAGER'S RECOMMENDATION:

Staff recommends the Town Council adopt a resolution authorizing the Town of Corte Madera to submit an application to the Director of Industrial Relations. This is a necessary step as we transition the Town into the Bay Cities Joint Powers Insurance Authority (BCJPIA), effective July 1, 2017.

ENVIRONMENTAL IMPACT:

Not applicable

FISCAL IMPACT:

None.

BACKGROUND:

At its Town Council meeting on April 18, 2017, the Corte Madera Town Council unanimously approved Resolution No. 23/2017, authorizing the participation in BCJPIA. On June 1, 2017, the BCJPIA Board of Directors approved the Town of Corte Madera's membership into the risk pool.

As a matter of procedure it is necessary for the Town to submit a new application to self-insure and apply under BCJPIA's Master Certificate. Attachment 1 is the application to self-insure and Resolution No. 32/2017 for Council approval. The application must be submitted by July 1, 2017 for the Town to join BCJPIA.

ATTACHMENT:

1. Bay Cities Joint Powers Insurance Authority Annual Report – June 30, 2016



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):

Town of Corte Madera

Address: 300 Tamalpais Drive

City: Corte Madera State: CA Zip + 4: 94925 -

Federal Tax ID # of Group: 94-6001432

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

Name: Todd Cusimano Title: Town Manager

Company Name: Town of Corte Madera

Address: 300 Tamalpais Drive

City: Corte Madera State: CA Zip + 4: 94925 -

Phone: (415) 927-5061 E-Mail: tcusimano@tcmmail.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): Town

TYPE OF APPLICATION (Check one):

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

Other (describe):

Date Self-Insurance Program will begin: 07/01/2017

CURRENT WORKERS' COMPENSATION PROGRAM

- Currently Insured with State Fund Policy # _____ Expiration Date: _____
- Currently Self Insured, Certificate # 7296-01-48
- Other (describe): _____

CLAIMS ADMINISTRATION

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

- JPA will administer
- Third Party Administrator, TPA Certificate # 269-02
- Public entity will self-administer Insurance Carrier will administer

Name of Third Party Administrator:

Name: Cheryl Westernen Title: President

Company Name: Innovative Claims Solutions, Inc.

Address: PO Box 5128

City: San Ramon State: CA Zip + 4: 94583 - 5138

Phone: (925) 327-8050 E-Mail: cwesternen@ics-claims.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: 7296-01-48

Total Number of Affiliate's California employees to be covered by Group: 47

AGENCY EMPLOYER

Current # of Agency Employees: 47 # of Public Safety Employees (police//fire): 18

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: 07/01/2017 JPA Certificate # 5022

Name of JPA: Bay Cities 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: Todd Cusimano Title: Town Manager

Company Name: Town of Corte Madera

Address: 300 Tamalpais Drive

City: Corte Madera State: CA Zip + 4: 94925

Phone: (415) 927-5061 E-Mail: tcusimano@tcmmail.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: Local Agency Workers' Compensation Excess Joint Powers Authority

Policy #: LAWCX 1718 Effective Date of Coverage: 07/01/2017

Retention Limits: \$1,000,000

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 

DATE: 06/21/2017

SIGNED: Authorized Official / Representative

Todd Cusimano

Printed Name

Town Manager

Title

Town of Corte Madera

Agency Name