



LOCAL AND REGIONAL GOVERNMENT SERVICES AUTHORITIES

Providing Solutions to California Public Agencies

P.O. Box 1350 · Carmel Valley, CA 93924 · 650.587.7300

LGS BOARD AGENDA

Agenda materials may be viewed on the Agency's web site LGS.ca.gov or by contacting the Executive Director prior to the meeting at the contact information below.

REGULAR MEETING
August 16, 2012
2:55 p.m.

Falkirk Cultural Center
First Floor
1408 Mission Avenue
San Rafael, CA 94901

1. CALL TO ORDER

2. CHANGES TO THE ORDER OF AGENDA

3. APPROVAL OF CONSENT AGENDA

Consent agenda items are considered to be routine and will be enacted by one motion. There will be no separate discussion on these items unless members of the Board, staff or public request specific items to be removed for separate action.

A. Approval of **May 17, 2012** Minutes

Action

4. TREASURER'S REPORT - None

5. OLD BUSINESS - None

6. NEW BUSINESS

A. Confirm MSA Board Acting on Behalf of LGS Approving Resolution LGS2012-01

Action

7. PUBLIC COMMENT

Each speaker is limited to two minutes. If you are addressing the Board on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2). However, the Board's general policy is to refer items to staff for attention, or have a matter placed on a future Board agenda for a more comprehensive action or report.

8. NEXT MEETING: **November 15, 2012, 3:00 p.m., at the Yountville Community Boardroom**

9. ADJOURN

Americans with Disabilities Act

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Richard Averett at (831) 308.1508. Notification in advance of the meeting will enable Agency to make reasonable arrangements to ensure accessibility.

7. PUBLIC COMMENT - None

8. NEXT MEETING: The next meeting will be held on August 16th at 2:00 p.m. in San Rafael at a location to be determined

9. ADJOURN – The meeting adjourned at 3:40 p.m.



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TO: BOARD OF DIRECTORS **BOD Meeting: 8-16-12**
FROM: RICHARD H. AVERETT, Executive Director **Item: 6A**
**SUBJECT: CONFIRM MSA BOARD ACTION ON BEHALF OF LGS IN APPROVING
RESOLUTION LGS2012-01**

RECOMMENDATION

Recommend confirming the MSA Board's approval on behalf of LGS, of Resolution LGS2012-01.

BACKGROUND

Local Government Services Authority (LGS) and Regional Government Services Authority (RGS) gave notice to withdraw from the California Joint Powers Insurance Authority (CJPIA) insurance pool, effective July 1, 2012. Municipal Services Authority (MSA), an insurance JPA, was formed January 12, 2012 with LGS and RGS as member agencies, to provide insurance services to its members.

MSA, LGS and RGS were required to apply to the California Department of Industrial Relations to self-insure, just as LGS and RGS were required to apply to self-insure when they joined the CJPIA pool in 2008. In order to make application prior to the July 1 operational date for MSA, the MSA Board met June 22, 2012. Acting on behalf of all three agencies, the MSA Board approved resolutions for LGS and RGS with the understanding that these resolutions would be presented to the LGS and RGS Boards at their next regular meetings.

All three certificates of consent to self-insure have been received from the Department of Industrial Relations.

FISCAL IMPACT

There is no fiscal impact of approving the resolution to self-insure.



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):

Local Government Services Authority

Street Address of Main Headquarters:

158 Chaparral Road Carmel Valley, CA 93924

Mailing Address (if different from above):

PO Box 1350

Federal Tax ID No.:

91-2144569

City, State, Zip Code

Carmel Valley, CA 93924

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Steve Bour

Title: Senior Account Manager

Company Name: Keenan

Mailing Address: 1740 Technology Drive Suite 300

City: San Jose

State: CA

Zip + 4: 95110

Telephone Number: 408 441-0876

Email: sbour@keenan.com

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 due to Merger or Unification Reapplication due to Name Change

Other (describe) Joining a new JPA for insurance purchase

Date Self Insurance Program will begin: 7/1/12

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: 5009-108
 Name of Current Certificate Holder: California Joint Powers Insurance Authority
- 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: 7/1/12 JPA Certificate No.: Pending-Application Filed

Name and Title of JPA Executive Officer:
Richard Averett, Executive Director/Chief Financial Officer

Name of Joint Powers Authority Agency:
Municipal Services Authority

Mailing Address of JPA:
PO Box 1350

City: _____ State: _____ Zip + 4: _____
Carmel Valley, CA 93924

Telephone Number: 831.308.1508

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.: 062
- Public entity will self administer Insurance carrier will self administer

Name of Individual Claims Administrator:
Liz Richards

Name of Administrative Agency:
Keenan

Mailing Address:
1740 Technology Drive Suite 300

City: _____ State: _____ Zip + 4: _____
San Jose, CA 95110

Telephone Number: 408 441-0876 FAX Number: 408 436-9308

Number of claims reporting locations to be used to handle the agency's claims: 1

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

AGENCY EMPLOYMENT

Current Number of Agency Employees: 40

Number of Public Safety Officers (law enforcement, police or fire): 0

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:

Jennifer Bower

Company or Agency Name:

Regional Government Services Authority

Mailing Address:

PO Box 1350

City:

State:

Zip + 4:

Carmel Valley, CA 93924

Telephone Number: 650 587-7316

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: Star Insurance Company

Policy Number: Pending

Effective Date of Coverage: 7/1/12

Retention Limits: 1,000,000

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:
6/22/2012

Typed Name:

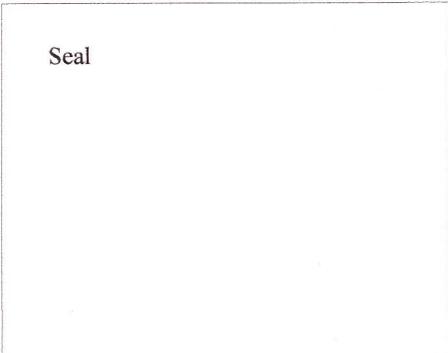
Richard H. Averett

Title:

Executive Director

Agency Name:

Local Government Services Authority



(Emboss seal above or Notarize signature)

RESOLUTION NO.: LGS2012-01 DATED: 06-22-2012

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 Local Government Services Authority
(enter name of public agency, district)

a Joint Powers Authority organized and existing under the laws of
(enter type of agency)
the State of California, held on the 22nd day of June, 2012, the

following resolution was adopted:

RESOLVED, that the Board of Directors
(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

Local Government Services Authority
(enter name of district)

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

I, Richard H. Averett, the undersigned Executive Director
(enter name) (enter title)

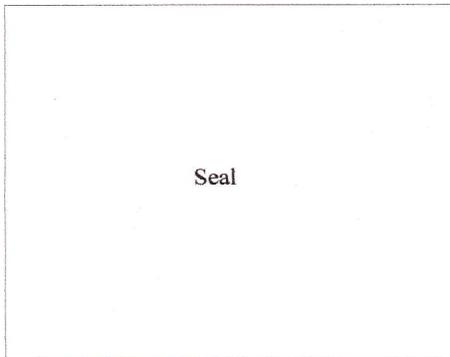
of the Board of the said Local Government Services Authority
(enter name of agency)

a Joint Powers Authority, hereby certify that I am the Executive Director
(enter type of agency) (enter title)

of said Joint Powers Authority, that the foregoing is a full, true and correct copy of the resolution duly
(enter type of agency)

passed by the Board at the meeting of said Board held on the day and at the place herein 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



Joint Powers Authority
(enter type of agency)

THIS 22nd DAY OF June, 2012

(Signature)