

## VALLEY CLEAN ENERGY ALLIANCE

### Staff Report - Item 9

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**TO:** Valley Clean Energy Alliance Board of Directors

**FROM:** Mitch Sears, Interim General Manager

**SUBJECT:** YCPARMIA Membership

**DATE:** September 13, 2018

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#### **Recommendation**

Approve resolution authorizing VCEA and CEO/Risk Manager of Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) to make application to the Director of Industrial Relations for a Certificate of Consent to Self-Insure workers' compensation liabilities and authorize representatives to execute the necessary documents.

#### **Background**

On December 12, 2017 VCEA Board adopted Resolution #2017-008 approving associate membership in YCPARMIA, which provides VCEA workers compensation and liability insurance coverage.

YCPARMIA has requested that the attached Resolution be adopted by the VCEA Board. The resolution authorizes VCEA and YCPARMIA CEO/Risk Manager to submit an Application (see attached) for Certificate of Consent to Self-Insure as a Public Agency Employer to the State of California Department of Industrial Relations.

Staff is recommending the Board approve authorization of VCEA and YCPARMIA's CEO/Risk Manager to submit and execute the necessary paperwork and application to the Department of Industrial Relations.

#### **Attachment**

1. Resolution including Application

**VALLEY CLEAN ENERGY ALLIANCE**

**RESOLUTION NO. 2018 - \_\_\_\_**

**A RESOLUTION OF THE VALLEY CLEAN ENERGY ALLIANCE  
AUTHORIZING APPLICATION TO THE DIRECTOR OF INDUSTRIAL  
RELATIONS, STATE OF CALIFORNIA, FOR A CERTIFICATE OF CONSENT  
TO SELF-INSURE WORKERS' COMPENSATION LIABILITIES**

**WHEREAS**, the Valley Clean Energy Alliance (“VCEA”) is a joint powers agency established under the Joint Exercise of Powers Act of the State of California (Government Code Section 6500 et seq.) (“Act”), and pursuant to a Joint Exercise of Powers Agreement Relating to and Creating the Valley Clean Energy Alliance between the County of Yolo (“County”), the City of Davis (“Davis”), and the City of Woodland (“City”) (the “JPA Agreement”), to collectively study, promote, develop, conduct, operate, and manage energy programs; and

**WHEREAS**, VCEA on December 12, 2017 adopted Resolution #2017-008 approving associate membership in the Yolo County Public Agency Risk Management Insurance Authority (YCPARMIA) and adopting YCPARMIA’s Joint Powers Agreement effective January 1, 2018 and in each year following.

**NOW, THEREFORE, BE IT RESEOLVED**, that VCEA and the CEO/Risk Manager of YCPARMIA 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.

**ADOPTED**, this \_\_\_\_ day of \_\_\_\_\_ 2018, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

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Lucas Frerichs, VCEA Board Chair

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Alisa M. Lembke, VCEA Board Secretary

Attachment: Application for Certificate of Consent to Self-Insure



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):

**VALLEY CLEAN ENERGY ALLIANCE**

Address: 604 2nd Street

City: Davis State: CA Zip + 4: 95616 - \_\_\_\_\_

Federal Tax ID # of Group: 82-3782814

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

Name: Lisa Limcaco Title: Dir of Finance

Company Name: Valley Clean Energy Alliance

Address: 604 2nd Street

City: Davis State: CA Zip + 4: 95616 - \_\_\_\_\_

Phone: 530-446-2752 E-Mail: lisa.limcaco@valleycleanenergy.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: 07/01/2017

Not Applicable - first employee hired 4/25/2018

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 # 152
- Public entity will self-administer  Insurance Carrier will administer

Name of Third Party Administrator:

Name: Judy Adlam Title: President

Company Name: LWP Claims Solutions

Address: 2081 Arena Blvd. #200

City: Sacramento State: CA Zip + 4: 95834

Phone: (415) 384-0370 E-Mail: J\_adlam@lwpclaims.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: \_\_\_\_\_

AGENCY EMPLOYER

Current # of Agency Employees: 2 # of Public Safety Employees (police/fire): \_\_\_\_\_

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 # 5007

Name of JPA: Yolo County Public Agency Risk Management 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: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**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: CSAC-EIA

Policy #: EIA-PE 18 EWC-71   Effective Date of Coverage: 07/01/2018

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: \_\_\_\_\_

Policy #: \_\_\_\_\_   Effective Date of Coverage: \_\_\_\_\_

Retention Limits: \_\_\_\_\_

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: \_\_\_\_\_

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RESOLUTION FROM GOVERNING BOARD

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Attach a properly executed Governing Board Resolution. See attached sample resolution on page 5.

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CERTIFICATION

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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: \_\_\_\_\_  
SIGNED: Authorized Official / Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Name