TO: Valley Clean Energy Alliance Board of Directors
FROM: Mitch Sears, Interim General Manager
SUBJECT: YCPARMIA Membership
DATE: September 13, 2018

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
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 RESOLVED, 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:

____________________________________
Lucas Frerichs, VCEA Board Chair

______________________________
Alisa M. Lembke, VCEA Board Secretary

Attachment: Application for Certificate of Consent to Self-Insure
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): ____________________________________________

CLAMS 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@lwclaims.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/Cerrier: CSAC-EIA
Policy #: __________ 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/Cerrier: ______________________________________________________
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/Cerrier: ______________________________________________________
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
SIGNED: Authorized Official / Representative

DATE: __________________________

Printed Name

Title

Agency Name