

**Resolution 2003-06**  
**Resolution Authorizing Participation In The**  
**Fire Districts Association of California – Fire Association Self Insurance System**  
**Workers' Compensation Program**

Whereas, The Indian Valley Community Services District along with other districts in the State of California have evaluated the feasibility of self-insuring their Workers' Compensation exposure; and

Whereas, These districts have determined that there is a need for a self-insured system of Workers' Compensation and desire to combine their efforts to establish, operate and maintain FDAC-FASIS, Workers' Compensation Program; and

Whereas, Title 1, Division 7, Chapter 5, Article 1 (Section 6500 et seq.) of the Government Code of the State of California authorizes joint exercise of two or more public agencies of any common power to them; and

Now, therefore, be it resolved that:

1. The Board of Directors of the Indian Valley Community Services District hereby elects to participate in the FDAC-FASIS Workers' Compensation Program, and instructs its duly authorized agent Joe Wilson General Manager to execute on behalf of the Indian Valley Community Services District, any and all necessary document to effect such participation.
2. The Program Director of the FDAC-FASIS be given the compilation, reporting, and signatory authority for filing the Self-Insurer's Annual Report on behalf of the Indian Valley Community Services District with the Director of Industrial Relations.

This Resolution Executed this 14th Day of May 2003, by the following vote of the governing body:

		AYE	NAY	Absent
Board Member	<u>Don Williamson</u>	✓	_____	_____
Board Member	<u>Tim Hampton</u>	✓	_____	_____
Board Member	<u>Jim Peter</u>	✓	_____	_____
Board Member	<u>Nancy Lund</u>	✓	_____	_____
Board Member	<u>Tim Kearns</u>	✓	_____	_____

Signature, Clerk of the Board Sharaf Robinson

Date 5-14-03

SIGNATURE PAGE  
TO  
JOINT POWERS AGREEMENT  
FIRE DISTRICTS ASSOCIATION OF CALIFORNIA  
FIRE ASSOCIATION SELF INSURANCE SYSTEM  
(FDAC/CASIS)

Dated: 5/14/03

Indian Valley Community Services District  
(Districts Name)

Accepted by: 

Print Name: Joe Wilson

Title: General Manager



Our File: 2003-06

## 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):

Indian Valley Community Services District

Street Address of Main Headquarters:

202 Ann St

Mailing Address (if different from above):

P.O. Box 899

Federal Tax ID No.:

94 2690091

City:

Greenville

State:

CA

Zip + 4:

95947

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Joe Wilson

Title: General Manager

Company Name: Indian Valley Community Services District

Mailing Address: P.O.Box 899

City: Greenville

State: CA

Zip + 4: 95947

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 Only

Other (specify): \_\_\_\_\_

Date Self Insurance Program will begin: June 1st 2003

**CURRENT PROGRAM FOR WORKERS' COMPENSATION LIABILITIES**

Currently Insured with State Compensation Insurance Fund, Policy Number: 398572, 187421

Policy Expiration Date: 1/04 Yearly Premium: \$ 21,729

Current Yearly Incurred (paid & unpaid) Losses: \$ \_\_\_\_\_ (FY or CY)

Currently Self Insured, Certificate Number: \_\_\_\_\_

Name of Current Certificate Holder: \_\_\_\_\_

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: \_\_\_\_\_ JPA Certificate No.: \_\_\_\_\_

Name and Title of JPA Executive Officer:

Kevin Bibler, Program Director

Name of Joint Powers Authority Agency:

Fire Districts Association of California Fire Association Self Insurance System

Mailing Address of JPA:

1020 19th Street

City: Sacramento State: CA Zip + 4: 95814

Telephone Number: (916) 491-1435 Fax: 916-491-1436

**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.: 048

Public entity will self administer  Insurance carrier will administer

Name of Individual Claims Administrator:

Linda Slaughter

Name of Administrative Agency:

Athens Administrators

Mailing Address:

P.O. Box 696

City: Concord State: CA Zip + 4: 94522-3002

Telephone Number: (925) 798-3334 Ext. 1402 FAX Number: (925) 671-9183

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

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

**AGENCY EMPLOYMENT**

Current Number of Agency Employees: \_\_\_\_\_

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

If a school district, number of certificated employees: \_\_\_\_\_

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:

Joe Wilson      General Manager

Company or Agency Name:

Indian Valley Community Services District

Mailing Address:

P.O. Box 899

City:

Greenville

State:

CA

Zip + 4:

95947

Telephone Number: ( 530 ) 284-7224

**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: General Reinsurance Corporation

Policy Number: GDX014403

Effective Date of Coverage: July 1, 2002

Retention Limits: \$750,000

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:

X *Don Williamson*

Typed Name:

Don Williamson

Title:

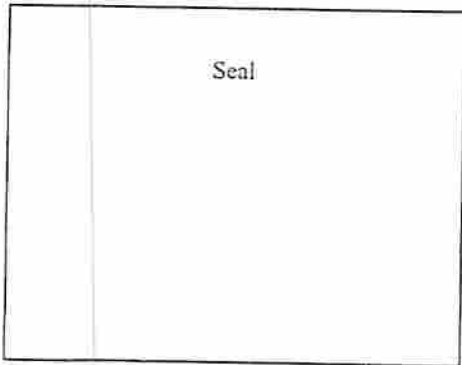
Chairman

Agency Name:

Indian Valley Community Services District

Date:

5/14/03



(Emboss seal above or Notarize signature)

RESOLUTION NO.: 2003-05 DATED: 5/14/03

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 Indian Valley Community Services District  
(enter name of public agency, district)

a Special District  
(enter type of agency) organized and existing under the laws of the State of California,

held on the 14th day of May, 1903, the following resolution was adopted:

RESOLVED, that the Directors of the Indian Valley Community Services District  
(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

Indian Valley Community Services District  
(enter name of district)

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

I, Sharol Robinson, the undersigned Secretary  
(enter name) (enter title)

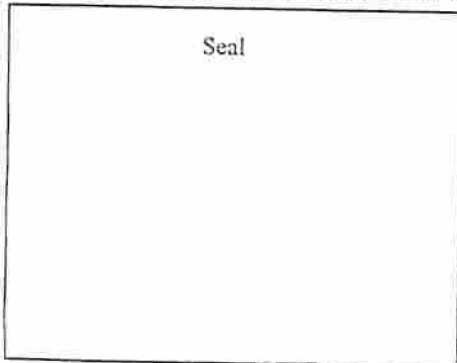
of the Board of the said Indian Valley Community Services District  
(enter name of agency)

a Community Services District, hereby certify that I am the Secretary of the Board  
(enter type of agency) (enter title)

of said Community Services District, that the foregoing is a full, true and correct copy of the  
(enter type of agency)

resolution duly passed by the Board at the meeting of said Board held on the day and at the place therein 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



Community Services District  
(enter type of agency)

THIS 14th DAY OF May, 1903.

Sharol Robinson  
(Signature)