

RESOLUTION 1 - 00

A RESOLUTION AUTHORIZING APPLICATION TO THE DIRECTOR
OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA
FOR A CERTIFICATE OF CONSENT TO SELF INSURE
WORKER'S COMPENSATION LIABILITIES

At a meeting of the Board Directors of the Lake Shastina Community Services District, a special district organized and existing under the laws of the State of California, held on the 15th day of March, 2000, the following resolution was adopted:

RESOLVED, that the General Manager and President of the Board of Directors be and they 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 Lake Shastina Community Services District and to execute any and all documents required for such application.

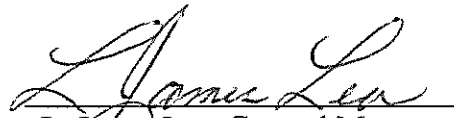
I, L. James Lea, the undersigned General Manager and Recording Secretary of the Board of the said Lake Shastina Community Services District, a special district, hereby certify that I am the General Manager and Recording Secretary of said special district, that the foregoing is a full, true and correct copy of the 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at the meeting of said Board held on the day and at the place therein specified and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.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 SPECIAL DISTRICT,

THIS 15th DAY OF March,

2000.


L. James Lea, General Manager
Recording Secretary



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):

Lake Shastina Community Services District
Street Address of Main Headquarters:

16320 Everhart Drive

Mailing Address (if different from above):

Federal Tax ID No.:

94-2623194

City:

Weed

State:

CA

Zip + 4:

96094-9400

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: L. James Lea

Title: General Manager

Company Name: _____

Mailing Address: _____

City: _____

State: _____

Zip + 4: _____

Type of Public Entity (check one):

City and/or County School District Police and/or Fire District Hospital District Joint Powers Authority

Other (describe): Special District

Type of Application (check one):

New Application Reapplication due to Merger or Unification Reapplication due to Name Change Only
Reapplication due to revocation of prior Certificate in light of
purchase of standard workers' compensation insurance policy for
 Other (specify): applicant by Special Districts Workers Compensation Authority

Date Self Insurance Program will begin: _____

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: _____

Name of Current Certificate Holder: _____
Fireman's Fund Insurance Company, Policy No. 7 20 KWC 80809426

Other (describe): Expiration June 30, 2000, as a member of Special Districts
Workers Compensation Authority

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.: 4-5806-04-108

Name and Title of JPA Executive Officer:

David W. McMurchie, Administrator

Name of Joint Powers Authority Agency:

Special Districts Workers Compensation Authority

Mailing Address of JPA:

1030 15th Street, Suite 300

City: _____ State: _____ Zip + 4: _____
Sacramento CA 95814-4009

Telephone Number: (916) 443-1030

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.: _____

Public entity will self administer Insurance carrier will administer

Name of Individual Claims Administrator:

Name of Administrative Agency:

Mailing Address:

City: _____ State: _____ Zip + 4: _____

Telephone Number: () _____ FAX Number: () _____

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

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

AGENCY EMPLOYMENT

Current Number of Agency Employees: 19

Number of Public Safety Officers (law enforcement, police or fire): 7

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:

L. James Lea, General Manager

Company or Agency Name:

Lake Shastina Community Services District

Mailing Address:

16320 Everhart Drive

City:

Weed

State:

CA

Zip + 4:

96094

Telephone Number: (530) 938-3281

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: _____

Policy Number: _____

Effective Date of Coverage: _____

Retention Limits: _____

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:

L. James Lea

Typed Name:

L. James Lea

Title:

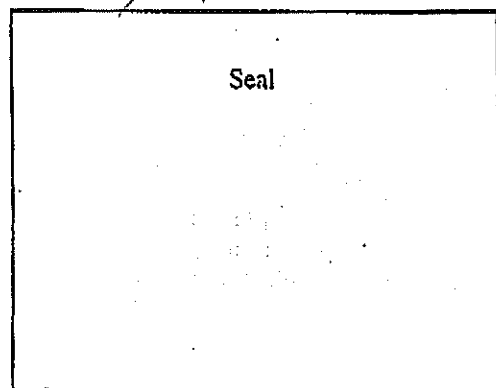
General Manager

Agency Name:

Lake Shastina Community Services District

Date:

3/16/00



(Emboss seal above or Notarize signature)

check all legal points including interest rates in Bylaws to insure that no laws are violated.

F. Approval; Resolution 1-00

a. A Resolution authorizing application to the Director of Public Works Relation State of California, for a Certificate of Consent to Self Insure Worker's Compensation Liabilities. Dir. Johns read aloud and commented that Worker's Compensation is getting high. In the event we do not accept Worker's Compensation, we can revert back to Self Insure.

MOTION: To approve Resolution 1-00.

BY: Dir. Kalagorgevich

SECOND: Dir. Johns

VOTE: Ayes – Dirs. Brezinsky, Dean, Everhart, Johns and Kalagorgevich.

Noes – None

Absent: None

G. Unified Checking Account - Authorization to Open / Designate an Agent.

a. Authorization to open a Unified Checking Account with Signatories from all entities: LSCSD, LSMWC and LSPOA.

MOTION: Move to Authorize the Opening of a Checking Account for a Unified Receipt of Bills.

BY: Dir. Johns

SECOND: Dir. Brezinsky

VOTE: Ayes – Dirs. Brezinsky, Dean, Everhart, Johns and Kalagorgevich.

Noes – None

Absent: None

Item 10. PUBLIC COMMENT:

Members of the community addressing these items included Walt Cheney, Jim Gregg, Shirley Hurd, Tony Lombard, Rich Monshower, Marge McDowell, Jake Reed and John Wandell. Directors commenting were Dir. Dean, Dir. Everhart and Dir. Brezinsky.

Chief Eric Hall added that the InterAgency Drill could be held at the Burns site April 8th and 9th. He asked that any burning be held off until that time.

Chief Hall also wanted to thank everyone for attending the Firefighter of the Year Banquet and was happy that Mr. Dave Fowler was recognized.

Item 11. NEXT REGULAR MEETING: April 19, 2000 at 2:30 p.m. Administration Building
The meeting adjourned at approximately 4:25 p.m. to Closed Session.

Item 12. CLOSED SESSION: The Board went into closed session at approximately 4:45 p.m. and returned at approximately 5:55 p.m.

A. Negotiations

B. Personnel Matters

a. Following an evaluation of General Manager Lea in Closed Session, the following action was taken.