

RESOLUTION NO.: 5-17 DATED: 06/29/2017

**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 Name of the Board)

of the Lake Shastina Community Services District  
(Enter Name of Public Agency, District, Etc.)

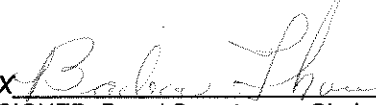
a Community Services District organized and existing under the  
(Enter Type of Agency, I.e., County, City, School District, etc.)

laws of the State of California, held on the 29th day of June, 2017,

the following resolution was adopted:

**RESOLVED, that the above named public agency 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.**

IN WITNESS WHEREOF: I HAVE SIGNED AND AFFIXED THE AGENCY SEAL.

x  DATE: 6-30-17  
SIGNED: Board Secretary or Chair

Barbara Thomsson  
Printed Name  
Chair of the Board  
Title  
Lake Shastina Community Services District  
Agency Name

Affix Seal Here



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):

Lake Shastina Community Services District

Address: 16320 Everhart Drive

City: Weed State: CA Zip + 4: 96094 -

Federal Tax ID # of Group: 94-2623194

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

Name: Scott Schimke Title: Executive Director

Company Name: Golden State Risk Management Authority

Address: PO Box 706

City: Willows State: CA Zip + 4: 95988 - 0706

Phone: (530) 934-5633 E-Mail: memberservices@gsrma.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): Community Services District

**TYPE OF APPLICATION (Check one):**

- New Application
- Reapplication (Merger/Unification)
- Reapplication (Name Change)
- Other (describe):

Date Self-Insurance Program will begin: 07/01/2017

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**CURRENT WORKERS' COMPENSATION PROGRAM**

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- Currently Insured with State Fund Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Currently Self Insured, Certificate # 5806-005
- Other (describe): \_\_\_\_\_

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**CLAIMS ADMINISTRATION**

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Who will be administering your agency's workers' compensation claims? (Check one)

- JPA will administer
- Third Party Administrator, TPA Certificate # \_\_\_\_\_
- Public entity will self-administer
- Insurance Carrier will administer

Name of Third Party Administrator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

# 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: 5806-005

Total Number of Affiliate's California employees to be covered by Group: 16

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**AGENCY EMPLOYER**

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Current # of Agency Employees: 16 # of Public Safety Employees (police//fire): 6

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:

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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 # 5804

Name of JPA: Golden State Risk Management 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: Karl Drexel Title: General Manager

Company Name: Lake Shastina Community Services District

Address: 16320 Everhart Drive

City: Weed State: CA Zip + 4: 96094

Phone: (530) 938-3281 E-Mail: generalmanager@lakeshastina.com

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: \_\_\_\_\_

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

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: CSAC-Excess Insurance Authority

Policy #: EIA-PE 17 WC-0063 Effective Date of Coverage: 07/01/2017

Retention Limits: \$300,000

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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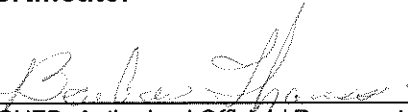
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CERTIFICATION

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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: 10-30-17  
SIGNED: Authorized Official / Representative

Barbara Thomsson

Printed Name

Chair of the Board

Title

Lake Shastina Community Services District

Agency Name



# LAKE SHASTINA COMMUNITY SERVICES DISTRICT

Special Meeting  
Thursday, June 29, 2017, 10:00 a.m.  
Administration Building  
16320 Everhart Drive • Weed, California 96094 • (530) 938-3281

## MINUTES

CALL TO ORDER: 10:02 a.m.

LSCSD Board Roll Call: Cupp  Layne  Thomsson  Two Vacant Seats

Also present: SAC Nelle and AA Charvez. There were approximately 9 people in the audience.

Dir. Thomsson chaired the meeting.

PLEDGE OF ALLEGIANCE: Rick Thompson led the Pledge of Allegiance.

PUBLIC COMMENTS: None

DISCUSSION / ACTION ITEM(S):

- A. Insurance proposal from Golden State Risk Management Authority for Property, Liability and Workers Comp – approval by resolution: GSRMA representative Walter Michael was present. The Board discussed.

**Motion by Dir. Thomsson second Dir. Cupp to contract with GSRMA for Property, Liability and Workers Compensation Insurance, per 3-year insurance proposal dated May 9, 2017, adopt Resolution 5-17 regarding application to self-insure Workers Compensation, and authorize Dir. Thomsson, as Acting Chair of the Board for this Special Meeting, to sign required documentation.**

**Ayes: Directors Cupp, Layne and Thomsson**

**Noes: None**

**Absent: None**

**Two Vacant Seats**


STAFF COMMENTS: None

BOARD MEMBER COMMENTS: None

ADJOURNMENT TO NEXT REGULAR MEETING: With no objections by the Board, Dir. Thomsson adjourned the meeting at 11:10 a.m.

The next LSCSD Regular Board Meeting is scheduled to be held on July 19, 2017, 1:00 p.m. at the Administration Building.

Approval Date: 7/19/17

  
\_\_\_\_\_  
Roxanna Layne, Director  
(Chairperson for July 19, 2017 Meeting)

ATTEST:  
  
\_\_\_\_\_  
Karl Drexel, Secretary