

State of California
Department of Industrial Relations
Self Insurance Plans
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone (916) 483-3392
FAX (916) 483-1535



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):

Monterey Peninsula Water Management District

Street Address of Main Headquarters:

5 Harris Court Bldg G.

Mailing Address (if different from above):

Federal Tax ID No.:

P.O. Box 85

City:

State:

Zip + 4:

Monterey

California

93942-0085

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Cynthia Schmidlin

Title: Human Resources Analyst

Company Name: Monterey Peninsula Water Management District

Mailing Address: P.O. Box 85

City: Monterey

State: CA

Zip + 4: 93942-0085

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 of the State of California

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: July 1, 2003

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: _____

 Other (describe): Insured with Rural Special Districts Insurance Program which ends 06/30/2003.

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:

James W. Towns, Administrator

Name of Joint Powers Authority Agency:

Special District Risk Management Authority (SDRMA)

Mailing Address of JPA:

1481 River Park Drive, Suite 110

City:	State:	Zip + 4:
<u>Sacramento,</u>	<u>CA</u>	<u>95815-4501</u>

 Telephone Number: (916) 641-2773

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.: 132
 Public entity will self administer Insurance carrier will administer

Name of Individual Claims Administrator:

Gregory B. Bragg & Associates Jen Hamlin

Name of Administrative Agency:

Gregory B. Bragg & Associates

Mailing Address:

One Sierra Gate Plaza, Suite 345B

City:	State:	Zip + 4:
<u>Roseville</u>	<u>CA</u>	<u>95678</u>

 Telephone Number: (916) 960-0900 FAX Number: (916) 783-0334

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: 30

Number of Public Safety Officers (law enforcement, police or fire): 0

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:

Rick Dickhaut, Administrative Services Manager/Chief Financial Officer

Company or Agency Name:

Monterey Peninsula Water Management District

Mailing Address:

P.O. Box 85

City:

Monterey

State:

California

Zip + 4:

93942-0085

Telephone Number: (831) 658-5614

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: Continental Casualty Company

Policy Number: W-128585572A

Effective Date of Coverage: July 1, 2002-June 30, 2003

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: LAWCX

Policy Number: Memorandum LAW 022-2001

Effective Date of Coverage: July 1, 2002 - June 30, 2003

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: Continental Casualty Company

Policy Number: W-128585572A

Effective Date of Coverage: July 1, 2002 - June 30, 2003

Retention Limits: 25 Million

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:

Date:

Typed Name:

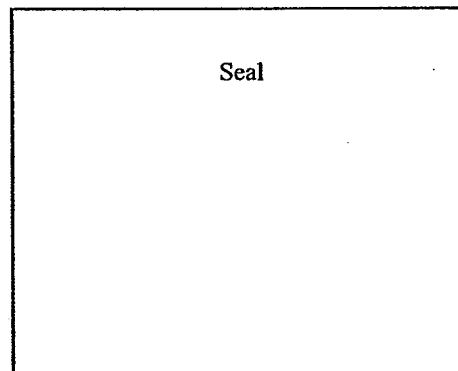
Fran Farina

Title:

Acting General Manager

Agency Name:

Monterey Peninsula Water Management District



(Emboss seal above or Notarize signature)