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Members: Arcata Cloverdale Cotati Eureka Fort Bragg Fortuna Healdsburg Lakeport
Robuert Park St. Helena Sebastopol Sonoma Ukiah Willits Windsor

AGENDA
REMIF ANNUAL MEMBERSHIP MEETING

Thursday, January 24, 2019 – 8:30 a.m. to 5:00 p.m.

Holiday Inn Windsor – Phone: 707-838-8800
8755 Old Redwood Hwy, Windsor, CA 95492

CALL TO ORDER
ROLL CALL

PUBLIC COMMENT

TIME RESERVED FOR THE PUBLIC TO OFFER COMMENTS REGARDING CONSENT CALENDAR OR BOARD BUSINESS NOT LISTED ON THE AGENDA. THE PUBLIC COMMENT PERIOD IS LIMITED TO FIVE MINUTES PER SPEAKER UNLESS ADDITIONAL TIME HAS BEEN ALLOWED BY THE CHAIRPERSON. STATE LAW PROHIBITS ACTION BY THE BOARD ON NON-AGENDA ITEMS.

COMMUNICATIONS - None

PRESENTATIONS –

1. REMIF Annual Report and the New “Teal” Binder
2. Finance Department Annual Update
3. Workers Compensation Stewardship Report
4. Safety Program
5. General Liability Stewardship Report
6. Lessons We Can Learn from City Litigation (Liability)
7. What does the Liability Memorandum of Coverage (MOC) cover and what does it not cover?
8. Round Table Discussion – Risk Management Issues

CONSENT CALENDAR (I) Information Item (A) Action Item - None

ACTION (A) AND INFORMATION (I) CALENDAR - None

PUBLIC COMMENT

TIME RESERVED FOR THE PUBLIC TO OFFER COMMENTS REGARDING CLOSED SESSION ITEMS. THE PUBLIC COMMENT PERIOD IS LIMITED TO FIVE MINUTES PER SPEAKER UNLESS ADDITIONAL TIME HAS BEEN ALLOWED BY THE CHAIRPERSON. STATE LAW PROHIBITS ACTION BY THE BOARD ON NON-AGENDA ITEMS.

ADJOURN INTO CLOSED SESSION – No Closed Session Items
REPORT OUT OF CLOSED SESSION - None

ADJOURNMENT OF MEETING

I, Anna Santos, Administrative Assistant for REMIF, certify that this agenda has been posted at the REMIF office at 414 W. Napa Street, Sonoma, CA 95476, according to the California Government Code.

/s/ Anna Santos

Anna Santos, Administrative Assistant

Per Government Code section 54954.2, persons requesting disability-related modifications or accommodations, including auxiliary aids or services in order to participate in the meeting, are requested to contact REMIF at (707) 938-2388 ext 100, 24 hours in advance of this meeting.



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ITEM 1.0

AGENDA ITEM SUMMARY

TITLE: ANNUAL REPORT AND THE NEW “TEAL” BINDER

PRESENTED BY: AMY NORTHAM, GENERAL MANAGER

ISSUE/BACKGROUND

The General Manager, Amy Northam, will present REMIF’s annual report and the new “teal” binder (which includes coverages and deductibles, bylaws, policies, special event coverage and pooled services).

FISCAL IMPACT

None

RECOMMENDED ACTION

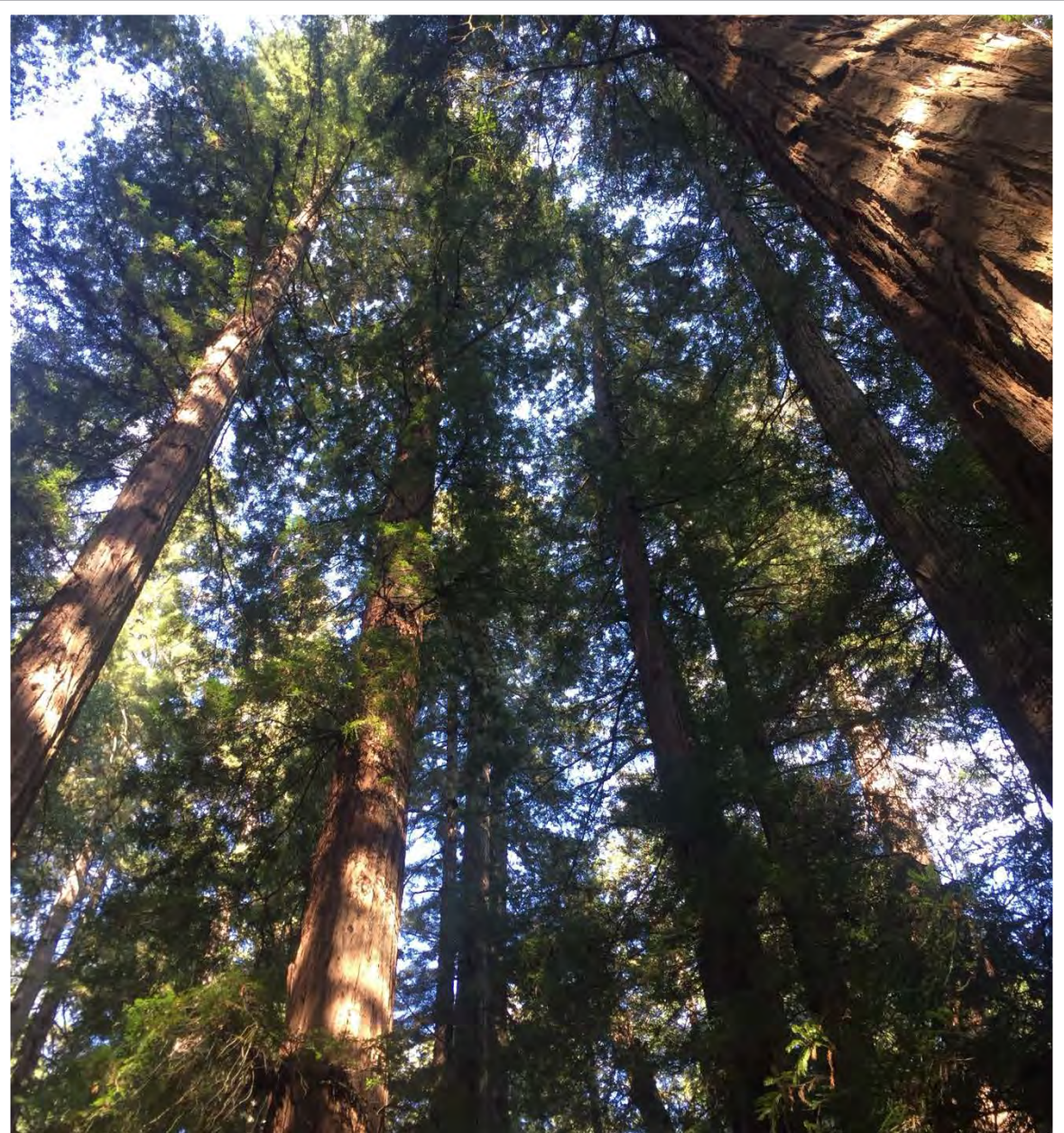
None

ATTACHMENTS

1.1 REMIF Annual Report

Redwood
Empire
Municipal
Insurance
Fund

Annual
Report
2018



The Annual Report (and Today's Training)

Annual Report will outline:

- I. What's a JPA? What's REMIF? Who are our members? What coverages do we offer?
- II. A look back at 2018 and a look forward to 2019
- III. A look at the data (payroll, assets, contributions to losses)
- IV. Today's training – the stewardship reports and a rebuilding of programs

Let's start with a background . . .

What's a JPA?

What's REMIF?

Who are our members?

What's the coverages offered?

The History of JPAs and the Creation of REMIF

- In the early 1970s, public agencies were faced with rising insurance costs and few coverage options.
- In the mid-1970s, the California Legislature amended the Government Code to allow for at any two or more public agencies to join together to exercise power common to all of them.
- In 1976, Frank James, the founder of REMIF and a true visionary, used this new code section to allow member cities to pool their money, rather than having commercial insurance. He established one of the first self-insurance pools in California, REMIF.

March, 1986 - TIME Magazine documents the insurance crisis in America

In California, many local governmental entities found that coverage was either priced out of their reach or completely unavailable. Insurance companies refused to write coverage for most public agencies and canceled those they had.

California enacted legislation to permit public entities to pool for insurance and risk management.



REMIF's Mission

- Redwood Empire Municipal Insurance Fund (REMIF) is a self-insured joint powers authority (a JPA) established in 1976 to handle the insurance claims, benefit programs, and risk management needs of fifteen (15) member cities.
- The cities are located in the five Northwest counties. REMIF's office is located in Sonoma, California.
- REMIF is self insured (not insurance)

What's a JPA?

- In REMIF's case, the 15 member cities share financial resources (also called "pooling") to provide coverage for liability, property, workers' compensation and benefits.
- Ownership. The members are the owners of the pool. It is member governed.
- It's member focused risk management.
- This is pooled city resources. This is not insurance.

How do pools offer coverage?

- Pools exemplify *local* control because pools are crafted to meet the specific needs of their public entity members.
- REMIF has multiple lines of coverage: liability, property, workers' compensation, health benefits and others.
- Unlike the commercial insurance industry, which uses profits to measure success, pools provide services, coverage, and risk management tools with the singular goal of serving their membership.
- REMIF is directed by our Board, comprised of a representative from each one of the member cities.
- Pools are member-owned, member-governed, member-driven and member-directed.

The Originating Members

In 1976, REMIF was created with seven members and pooled for workers' compensation coverage only:

- City of Cloverdale
- City of Cotati
- City of Healdsburg
- City of Rohnert Park
- City of Sebastopol
- City of Sonoma
- City of Ukiah

Our Members

REMIF has expanded to 15 members:

City of Arcata

City of Cloverdale

City of Cotati

City of Eureka

City of Fort Bragg

City of Fortuna

City of Healdsburg

City of Lakeport

City of Rohnert Park

City of Sebastopol

City of Sonoma

City of St. Helena

City of Ukiah

City of Willits

Town of Windsor

Programs

- Coverage for the REMIF members currently includes the following programs:

Workers' compensation

General liability (includes auto liability and employment practices liability)

Property (includes flood, cyber, boiler and machinery)

Auto Physical Damage (APD)

DIC (earthquake)

Fidelity/crime

Pollution

Drone (scheduled)

Benefits (includes dental, vision, EAP, life, and medical)

Pooled Layers of Coverage

Some lines of coverage provided to the REMIF members are pooled coverage and are multi-layered:

- First, the member has a deductible level
- Then, REMIF is self insured to a certain level (more commonly referred to as a self insured retention level or SIR). The amount of this level depends on the type of coverage.
- Lastly, we partner with CJPRMA and commercial insurance to provide the final layer (called excess coverage)

Workers' Compensation

Statutory Limits

**Excess coverage layer
through Safety National
(Statutory limits, in excess of \$1 million)**

**REMIF layer
REMIF self-insured retention - \$1 million
(between REMIF member deductible and \$1
million)**

**REMIF member layer
(REMIF member deductibles \$5,000 to
\$10,000)**

General Liability

GENERAL LIABILITY

**Coverage also includes auto liability and
employment practices liability
\$40 million coverage, with sub limits**

**Excess coverage layer
through CJPRMA
(\$40 million, with sublimits, in excess of
\$500k)**

**REMIF layer
REMIF self-insured retention - \$500k
(between REMIF member deductible and
\$500k)**

**REMIF member LAYER
(REMIF member deductibles \$5,000 to
\$25,000)**

Property

PROPERTY COVERAGE

Coverage also includes boiler and machinery, cyber, pollution, flood and business interruption
\$400 million coverage, with sub limits

**Excess coverage layer
through CJPRMA
(\$400 million per occurrence, all CJPRMA)**

Sub limits include, but are not limited to:
\$100 million boiler and machinery.
\$2 million cyber,
\$2 million pollution,
\$100 million flood (per occurrence, all CJPMRA),
\$25 million flood zones A&V,
\$500k Business interruption

**REMIF layer
(between REMIF member deductible and
\$100k)**

**REMIF member layer
REMIF member deductibles
(\$5,000 to \$10,000)**

Auto Physical Damage

AUTO PROPERTY DAMAGE

Replacement value

**Excess coverage layer through CJPRMA
(scheduled replacement value over \$25k)**

**REMIF layer
(valued vehicles under \$25k)**

**REMIF deductible with CJPRMA
(\$10,000)**

**REMIF member layer
REMIF member deductibles
(\$5,000 to \$10,000)**

Commercial Lines of Coverage

- Some lines of coverage provided to the REMIF members are through commercial insurance:

DIC

Fidelity/Crime

Pollution

A look back to 2018 . . .

Changes in calendar year 2018

- There were substantive changes in 2018:
 - Shift from in house administration of workers' compensation to a third party administrator (Athens Administrators)
 - Discontinue services as a TPA for two non-REMIF cities
 - Entered into a multi year contract with third party administrator of the liability claims (George Hills)
 - Entered into an agreement for financial services (Bickmore)
 - Review and analysis of contribution worksheets to ensure proper funding
 - Assessments to address deficit
 - Align DIC renewals to match property renewals

A look forward to 2019 . . .

- A year of transition
- A year of rebuilding

What's in store for calendar year 2019?

Part 1 - a continued transition

- Continue transition from substantive shifts in programs (TPAs, finance)
- Continued use of enhanced finance software to present quarterly reports to the Board of Directors, to include financial statements and budget to actuals
- Quarterly file reviews in workers' compensation case; annual review of future medical cases
- Semi-annual review of liability cases

What's in store for calendar year 2019?

Part 2 – rebuilding

- Continued establishment of policies and procedures (internally and with the Board) on REMIF programs
- New tenants for REMIF building
- Update of REMIF website
- Update of REMIF teal binder
- Work with the three committees (workers' compensation, finance and health care committee)
- Review plan documents for health care

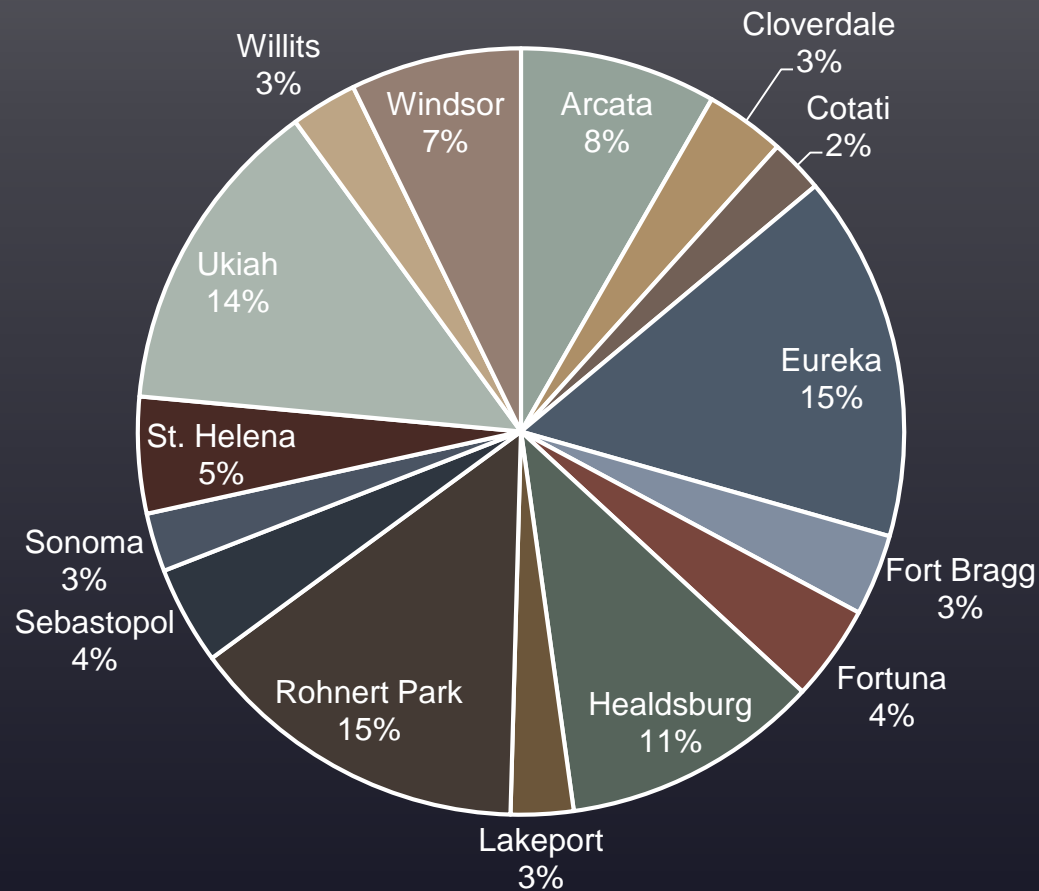
Let's shift now and look at some data . . .

Starting with Payroll

Payroll is critical to how we fund at both REMIF and CJPRMA. It is the basis that we use to fund liability (general and auto) as well as workers' compensation

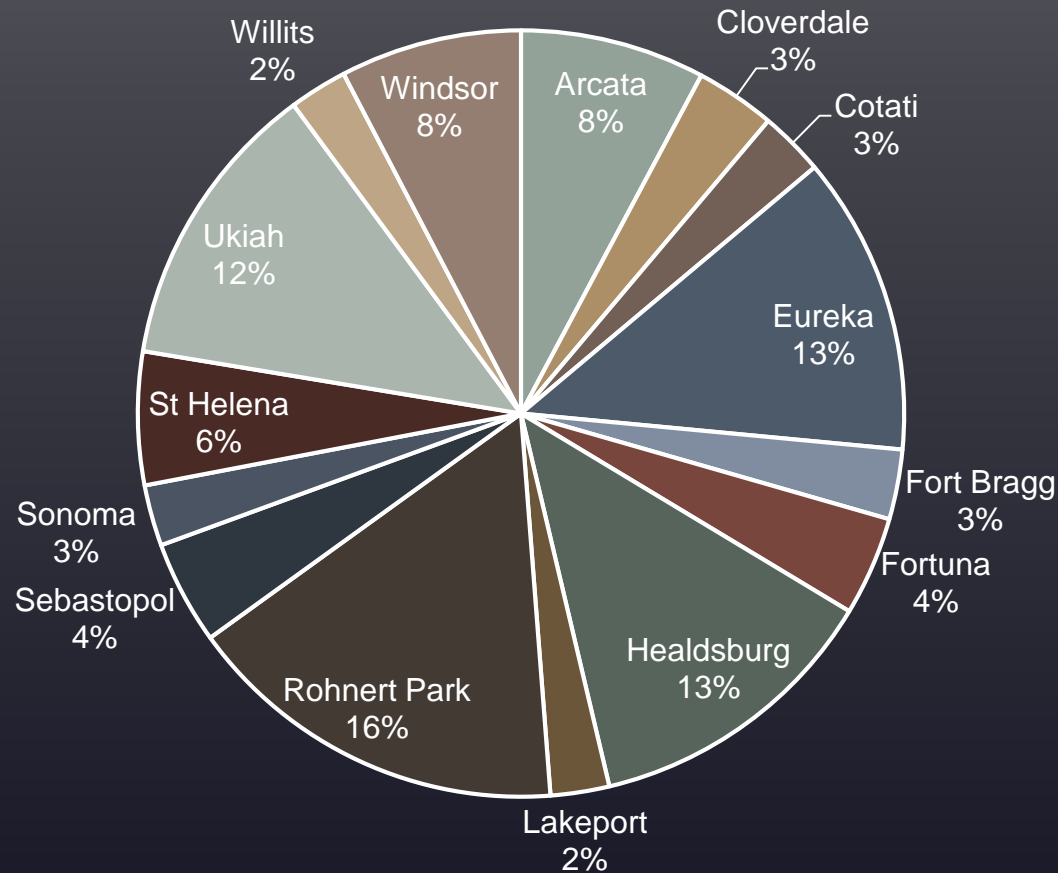
Payroll by Member (average 2013-2017)

Total average for all cities: \$100,910,351



Payroll by Member (FYE 18)

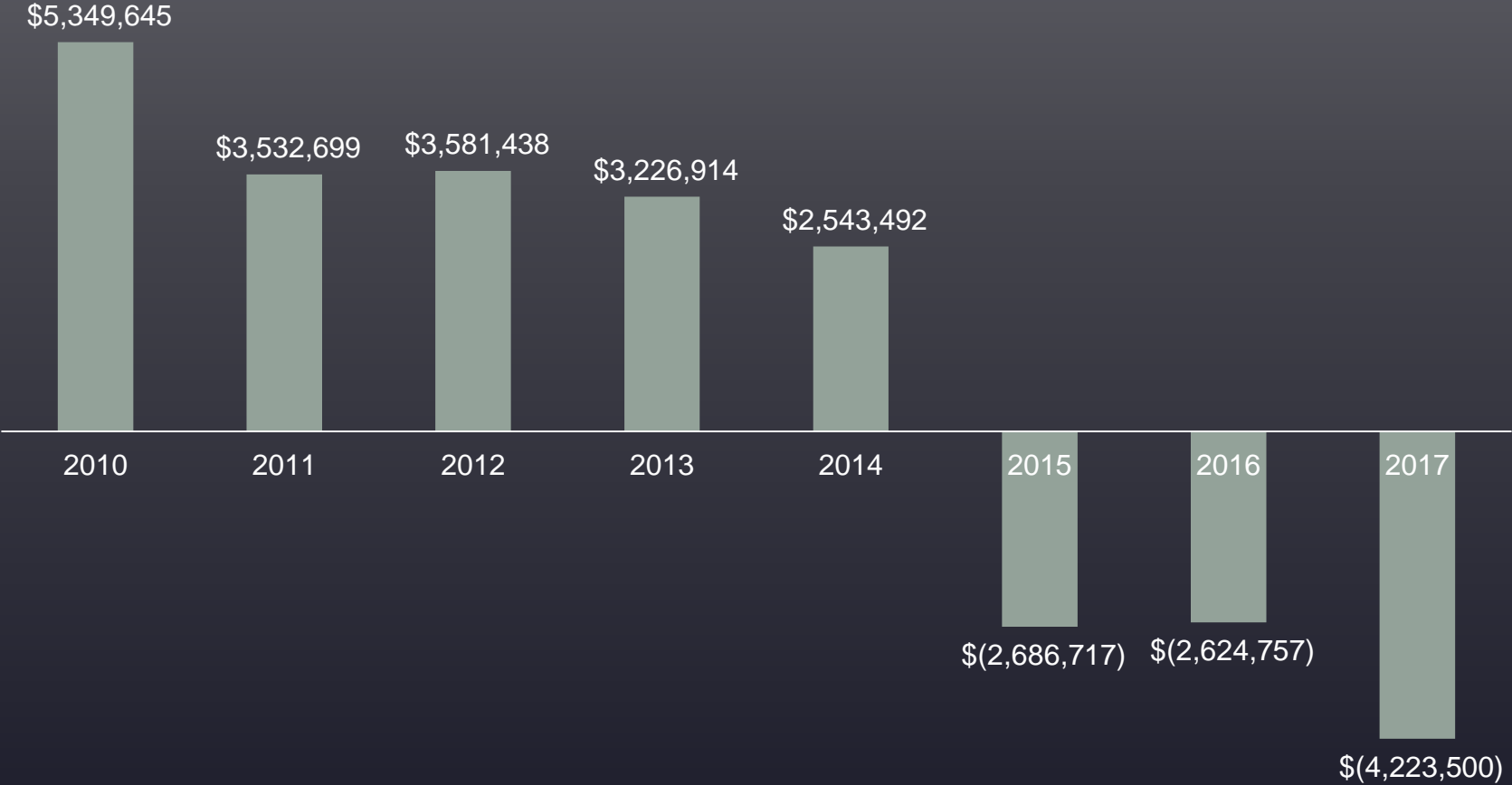
Total payroll for all cities: \$112,649,114



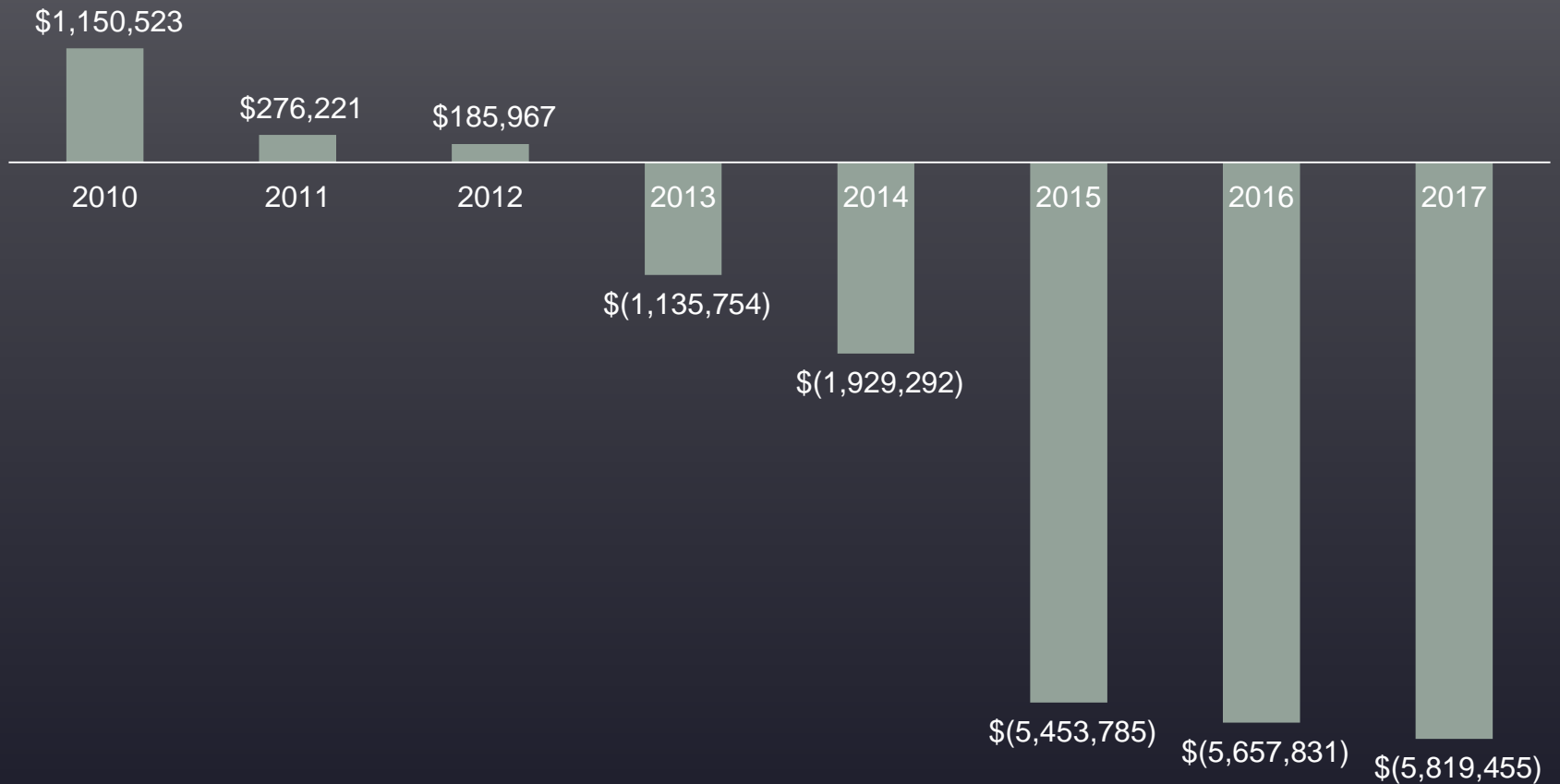
Assets (2010-present)

Let's take a look at the historical assets for all pooled programs and then for the individual pooled programs

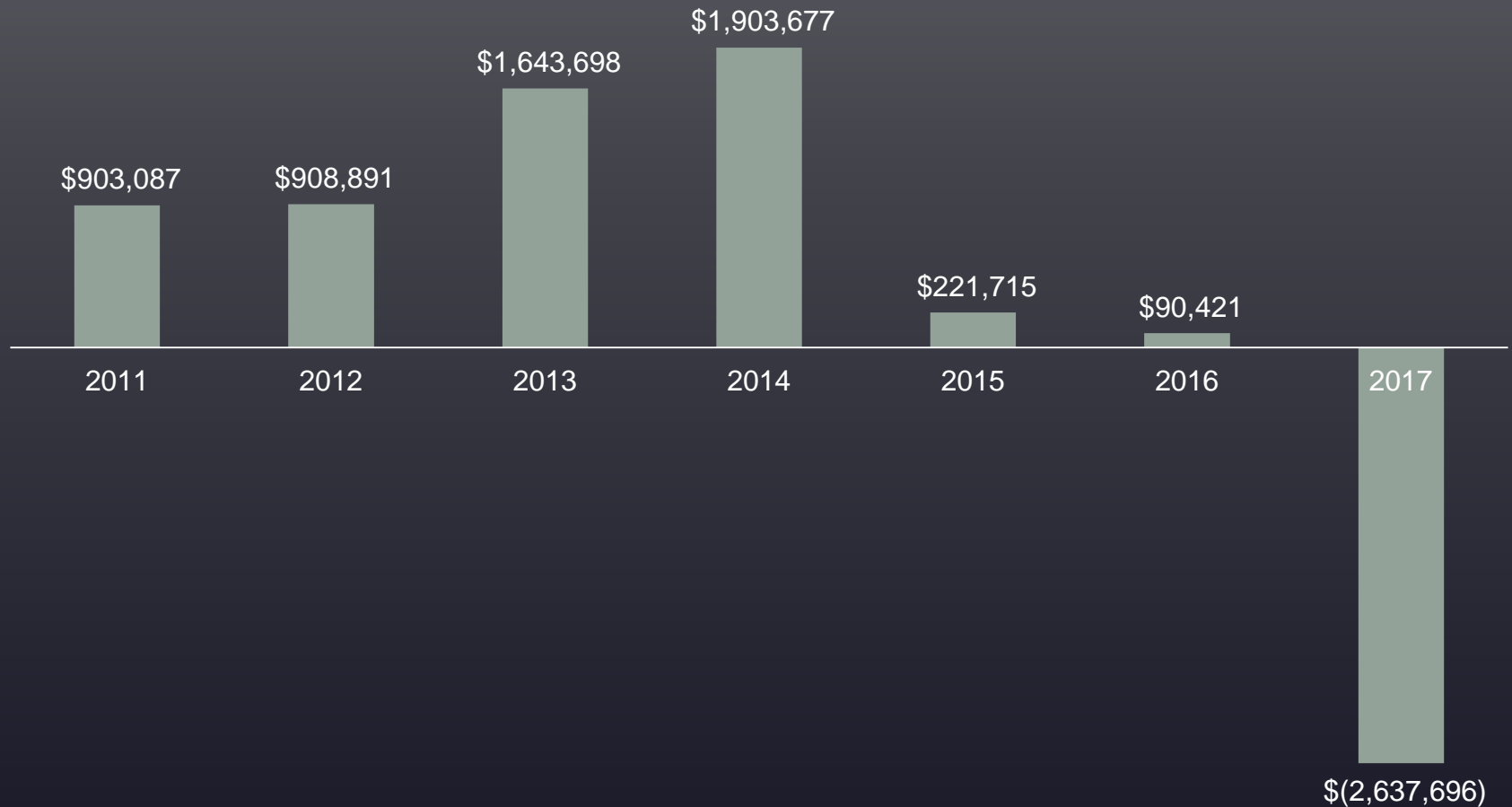
Net Assets for All Programs (2010-2017)



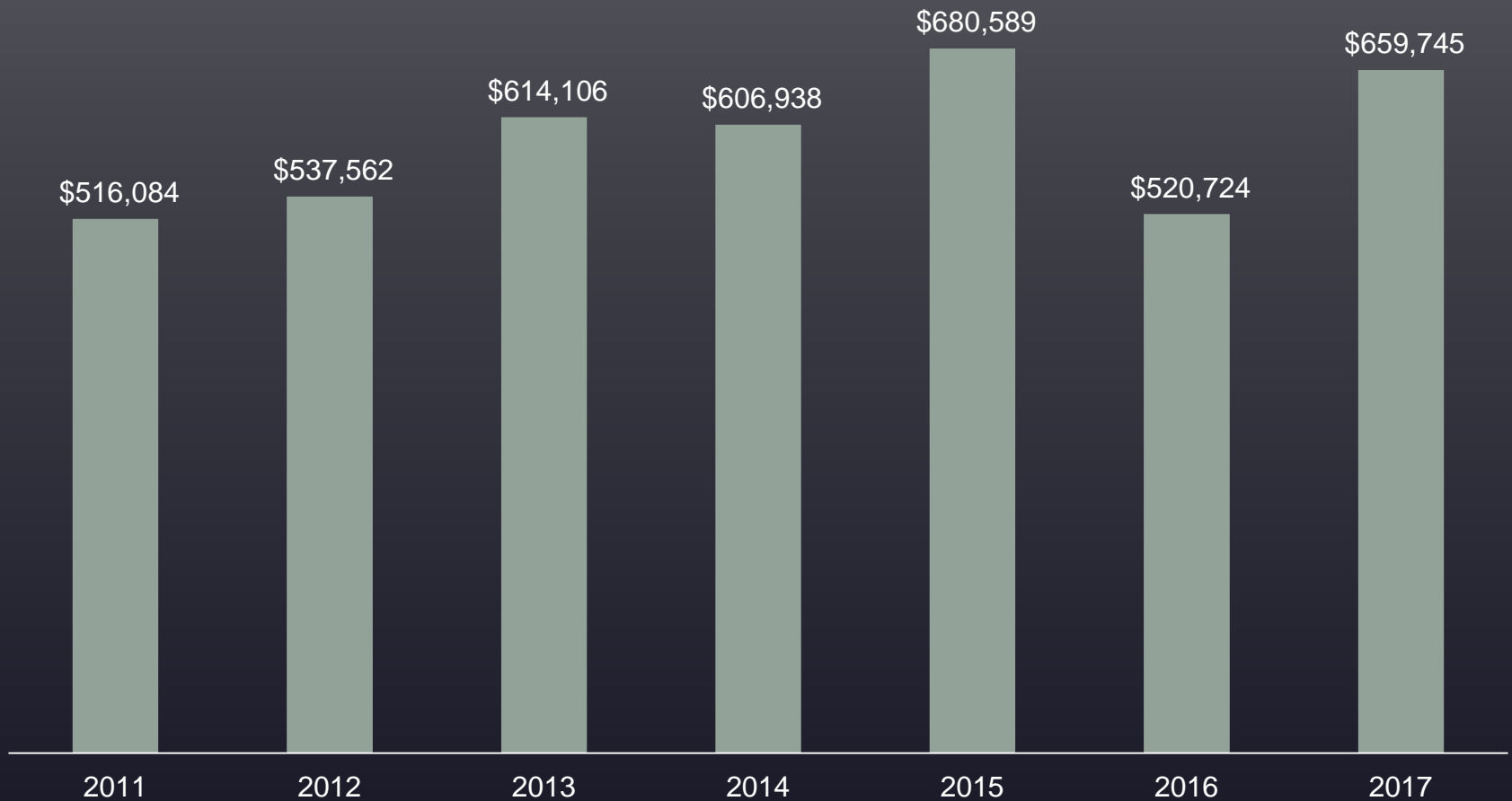
Net Assets for Workers' Comp Program (2010-2017)



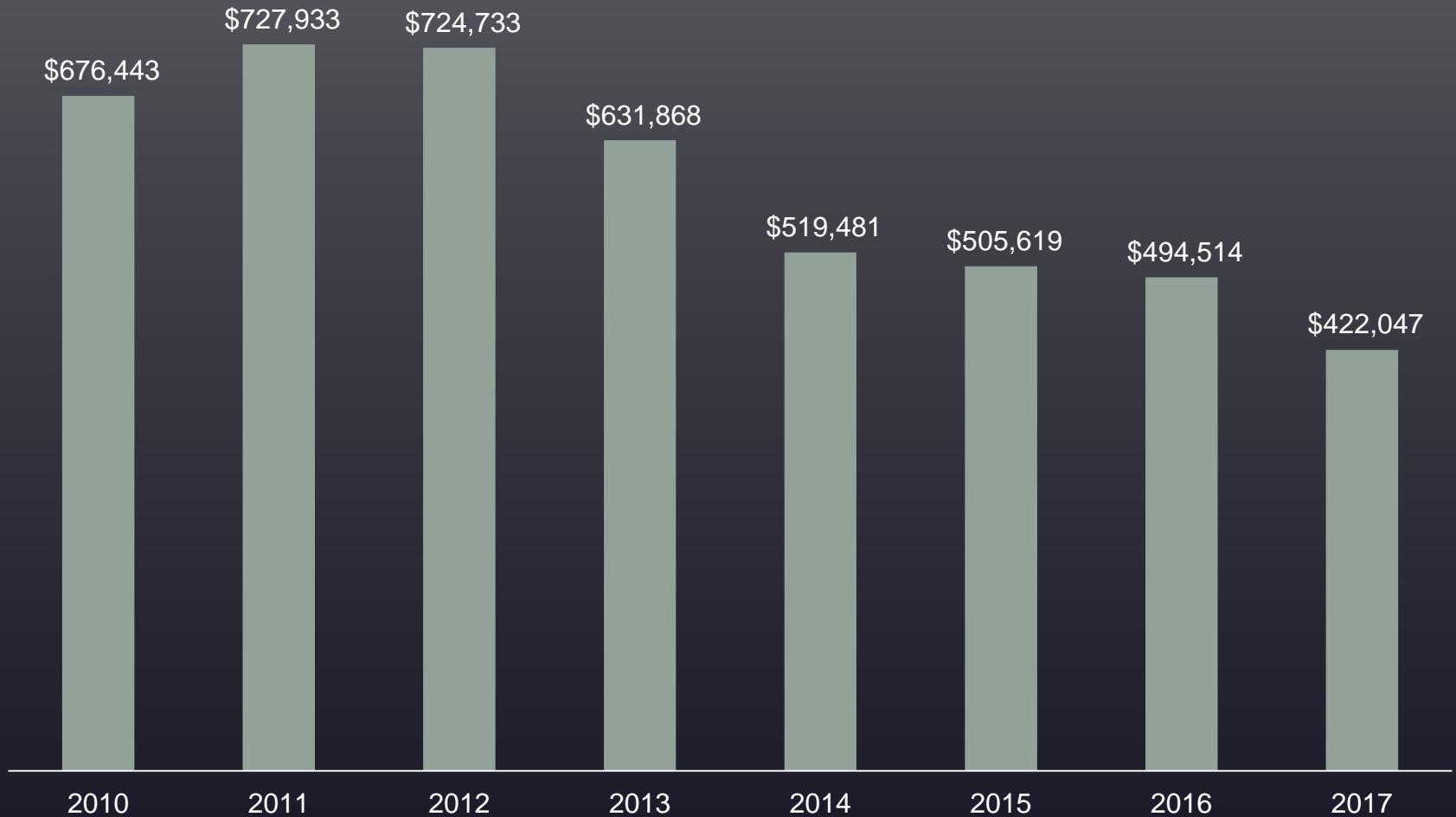
Net Assets for Liability Program (2010-2017)



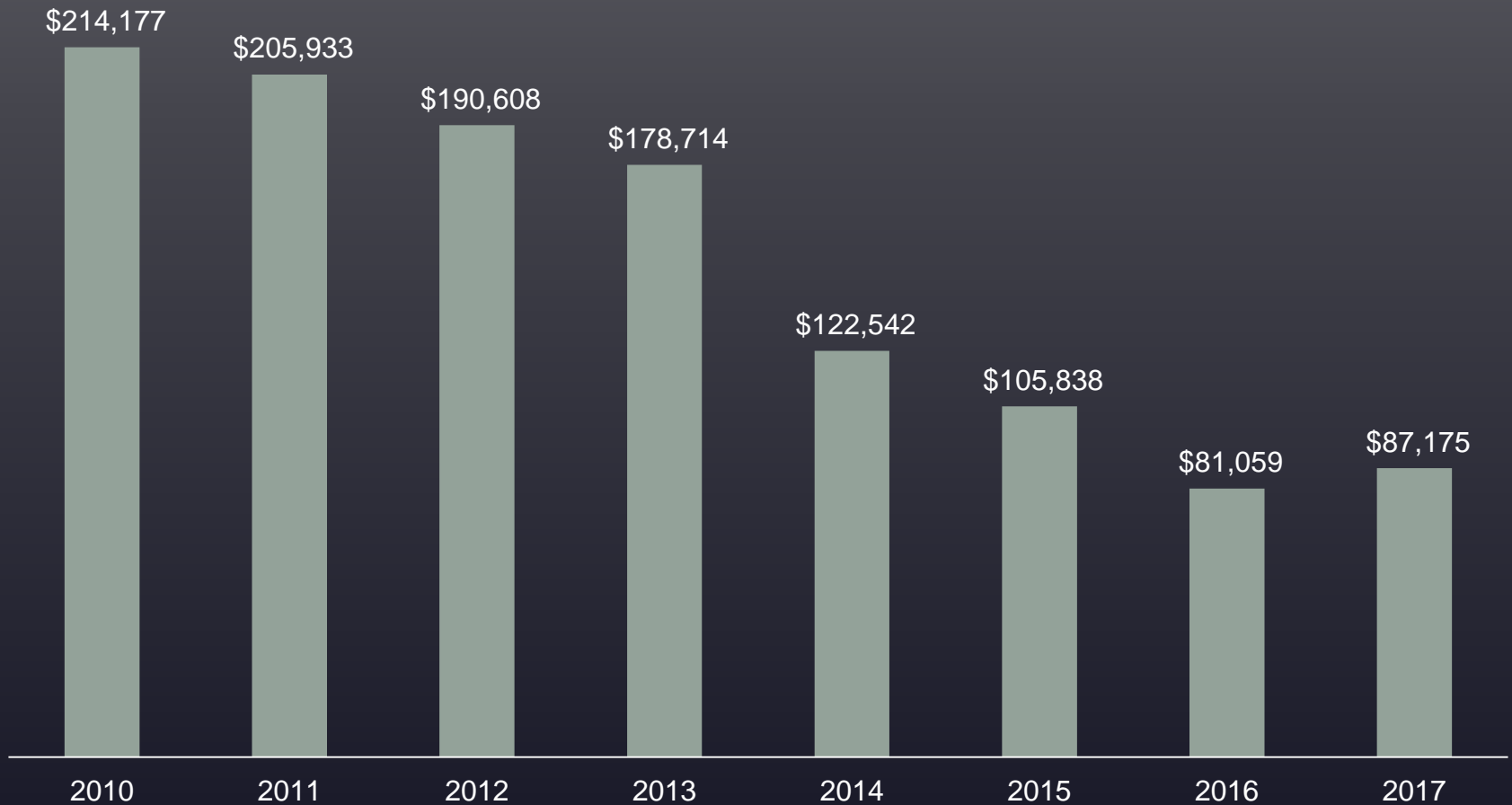
Net Assets for Property Program (2010-2017)



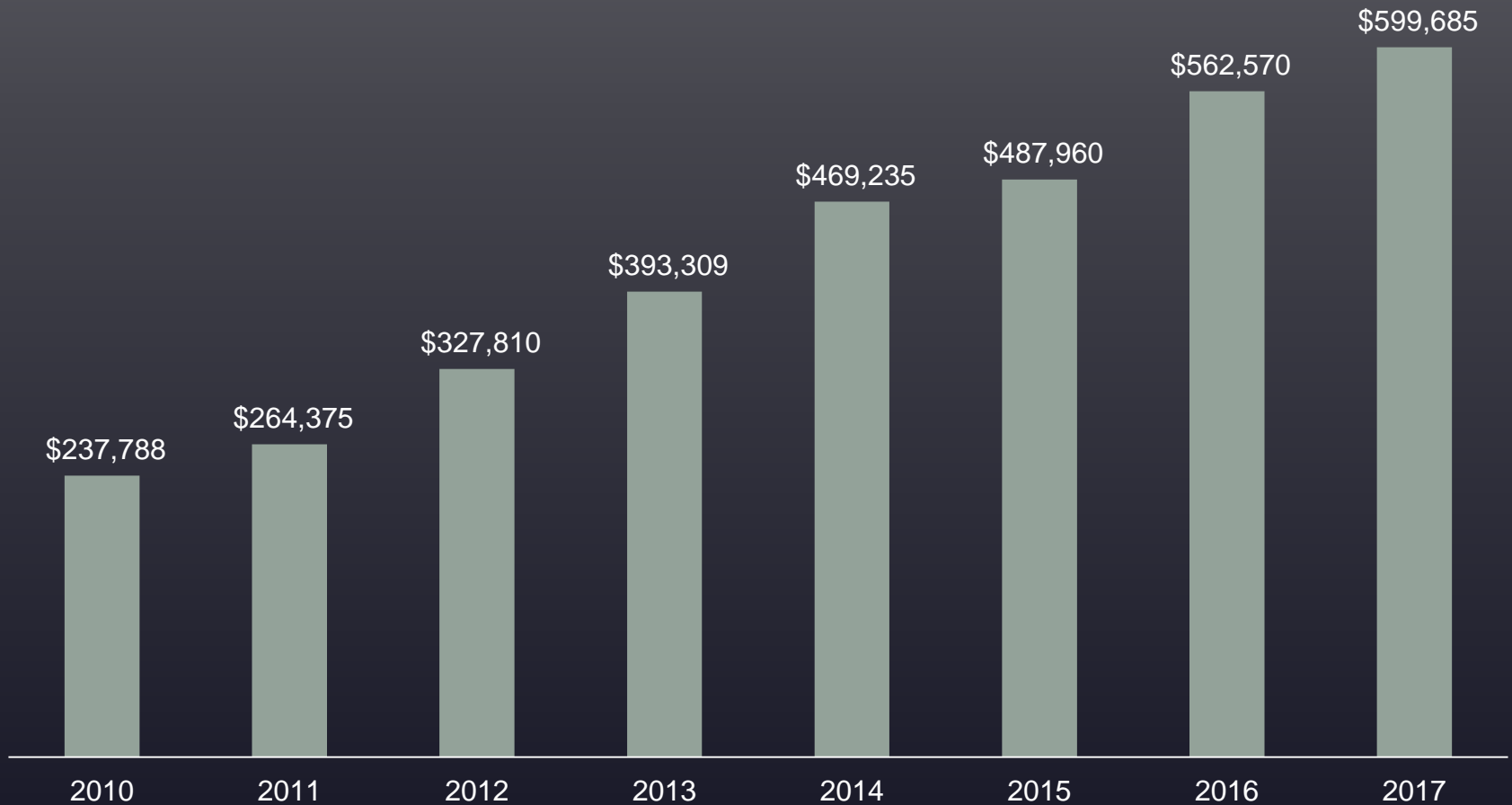
Net Asset for Dental Program (2010-2017)



Net Assets for Vision Program (2010-2017)



Net Assets for APD (2010-2017)



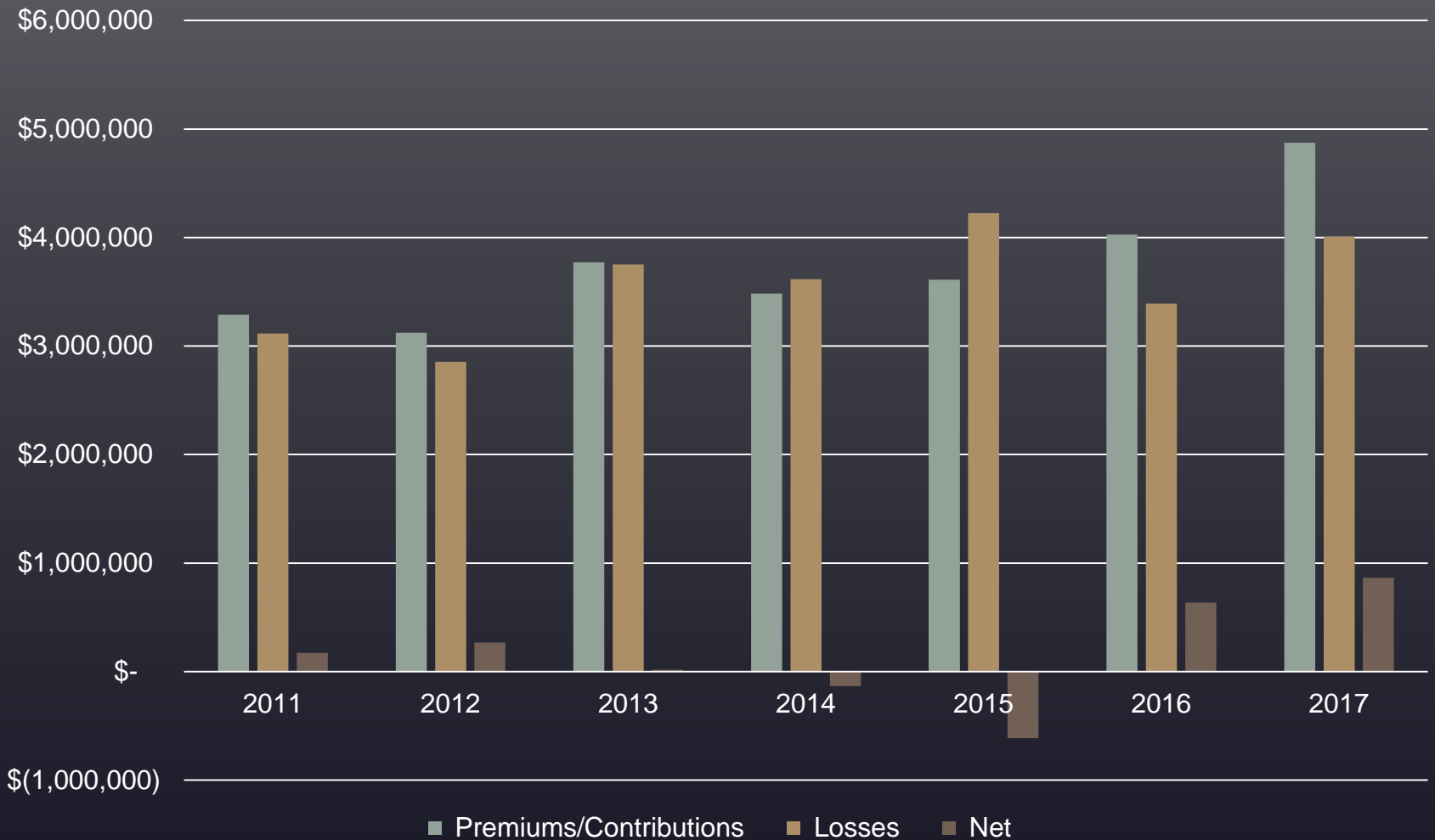
Net Assets for Medical Program (2010-2017)



Contributions to losses

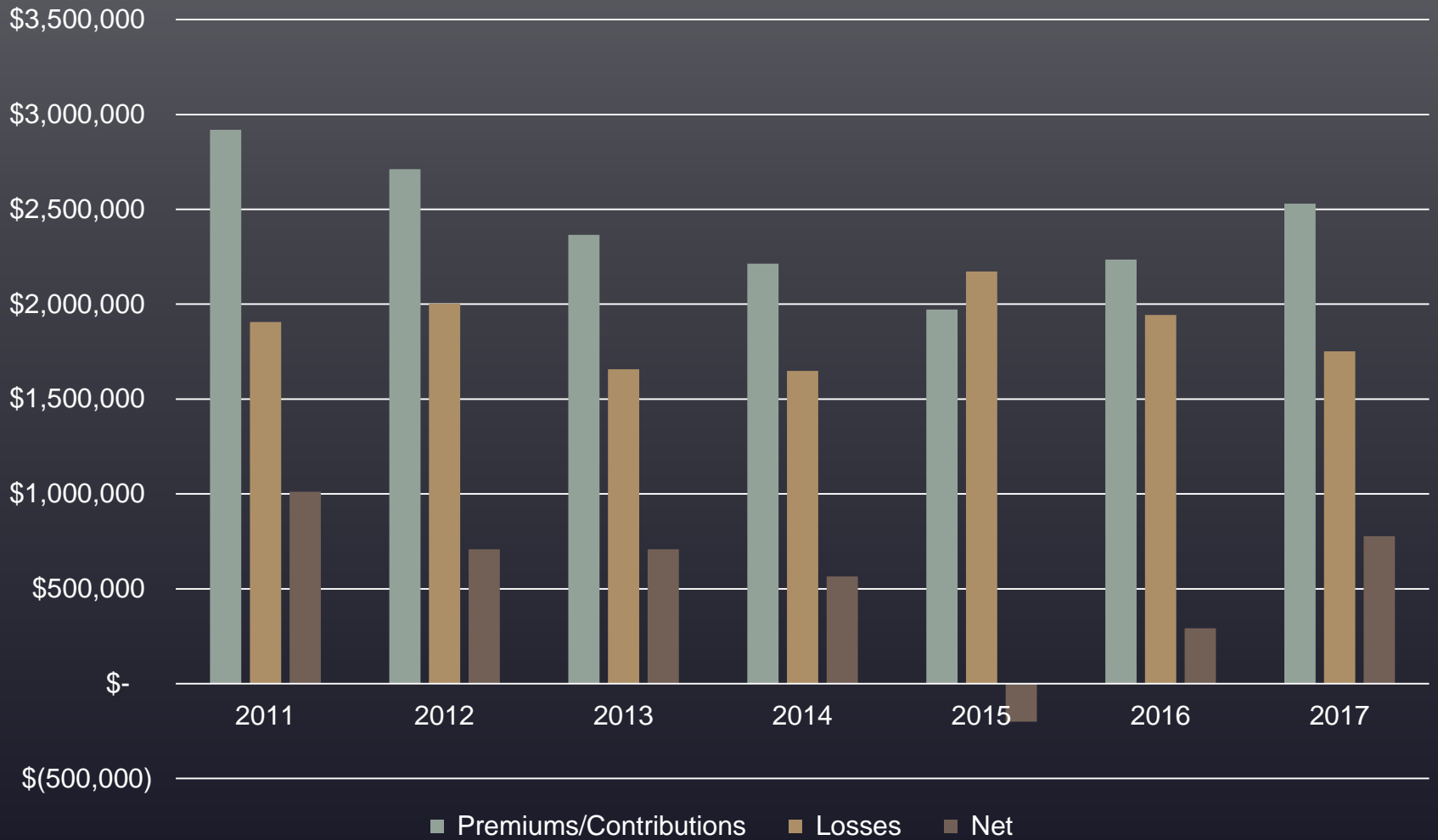
Let's take a look at the contributions (or premiums) at compared to the losses. This does not account for any administrative costs, excess costs, etc.

Workers' Compensation (Premiums/Contributions to Losses)



Liability

(Premiums/Contributions to Losses)



Today's training – a year of transition and rebuilding

Today you'll hear from:

The finance team (Ritesh Sharma, Min Su, Heather McGroarty, Carmela Beckman-Spector)

The workers' compensation team (Jeanette Mason, Kevin Cichurski, Lakisha Jones)

The safety manager (Mark Hemmendinger)

The liability team (Chris Shaffer and Cameron Dewey)

Attorney Adrienne Moran on “lessons learned”

General Counsel on what our MOC covers (and what it doesn't)

YOU! What issues do you want to roundtable?

Questions?



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ITEM 2.0

AGENDA ITEM SUMMARY

TITLE: FINANCE DEPARTMENT ANNUAL UPDATE

**PRESENTED BY: RITESH SHARMA, FINANCE DIRECTOR AND
MIN SU, ACCOUNTING MANAGER**

ISSUE/BACKGROUND

The Finance Director, Ritesh Sharma, and Accounting Manager, Min Su, will update the Board of Directors on the Finance Department and will provide the Board of Directors with a live demonstration of the new software recently implemented in the Finance Department (which has system capabilities of financial reports and budget to actuals).

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENTS

None (will be a live demonstration of software)



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ITEM 3.0

AGENDA ITEM SUMMARY

TITLE: WORKERS' COMPENSATION STEWARDSHIP REPORT

**PRESENTED BY: JEANETTE MASON AND KEVIN CICHURSKI,
ATHENS ADMINISTRATORS**

ISSUE/BACKGROUND

Athens Administrators, our third-party administrator administering the workers' compensation claims for REMIF, will present a stewardship report on the workers' compensation program.

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENTS

3.1 Workers' Compensation Report as of 12/31/18



REMIF Self-Insured Workers' Compensation Program as of 12/31/2018

Presented to REMIF January 24, 2019



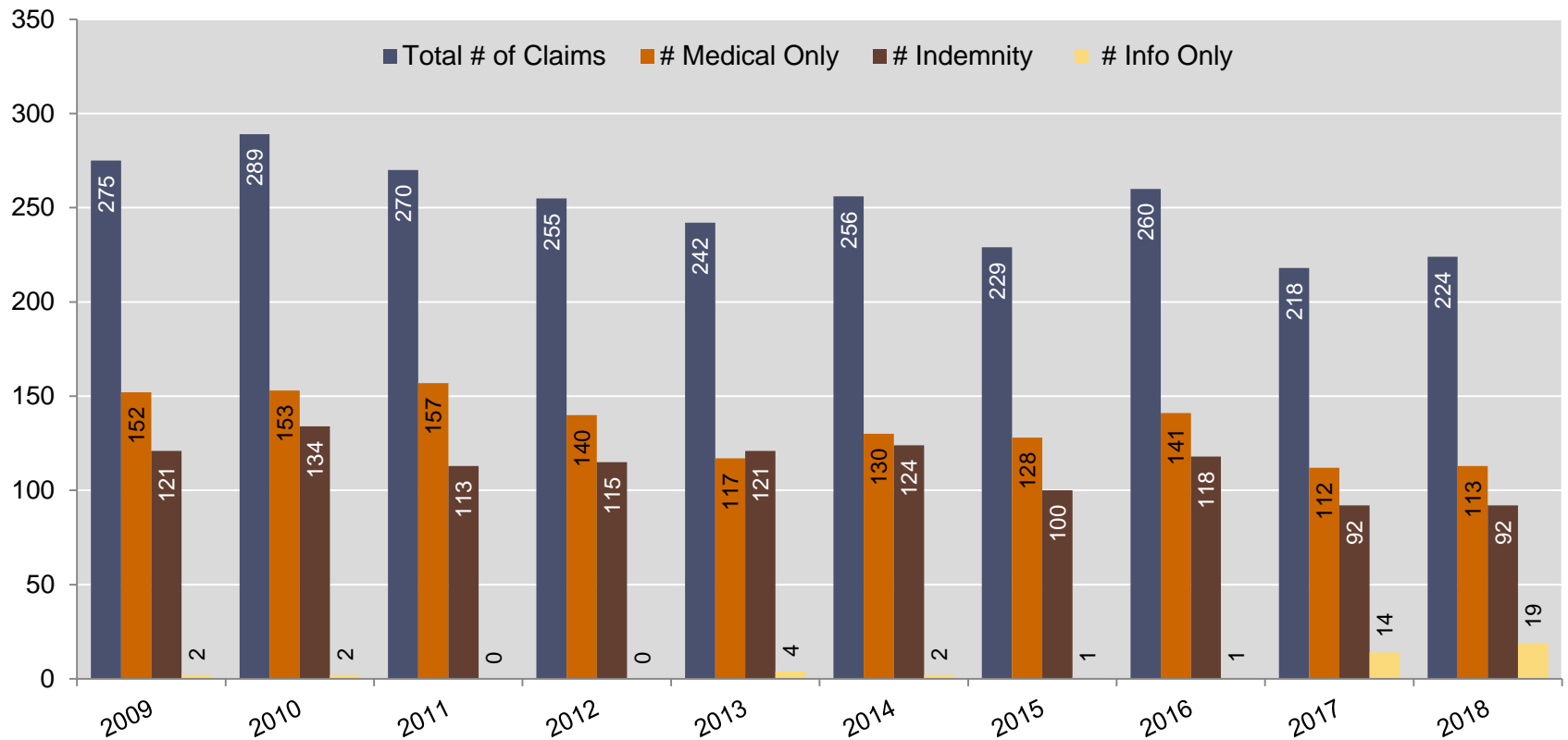
REMIF
Redwood Empire Municipal Insurance Fund
A California Public Entity



Redwood Empire Municipal Insurance Fund

Claims by Calendar Year

As of 12/31/18



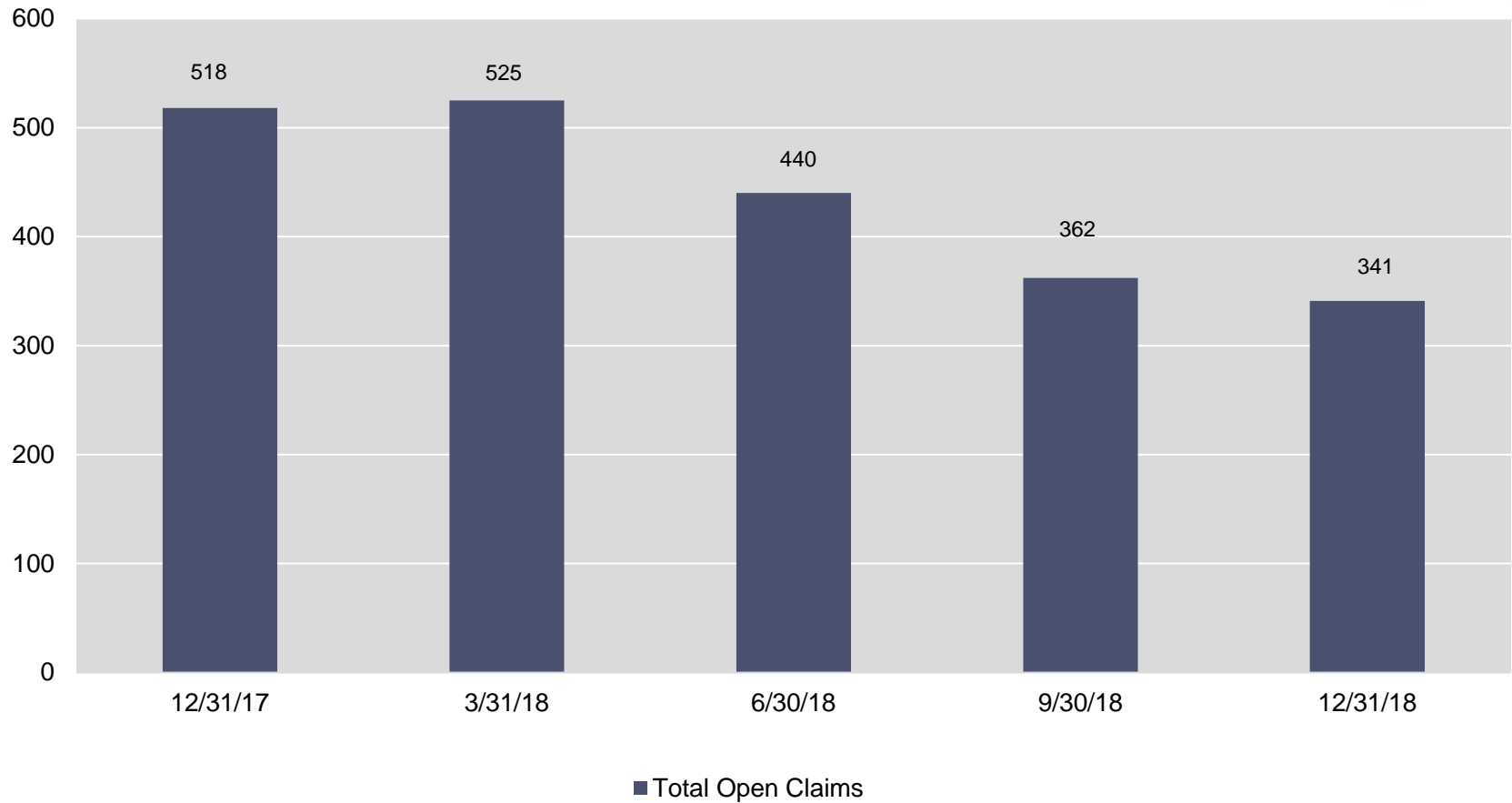
Medical only counts include First Aid claims



Redwood Empire Municipal Insurance Fund

Open Claim Inventory

2017 vs 2018 (Calendar Year)

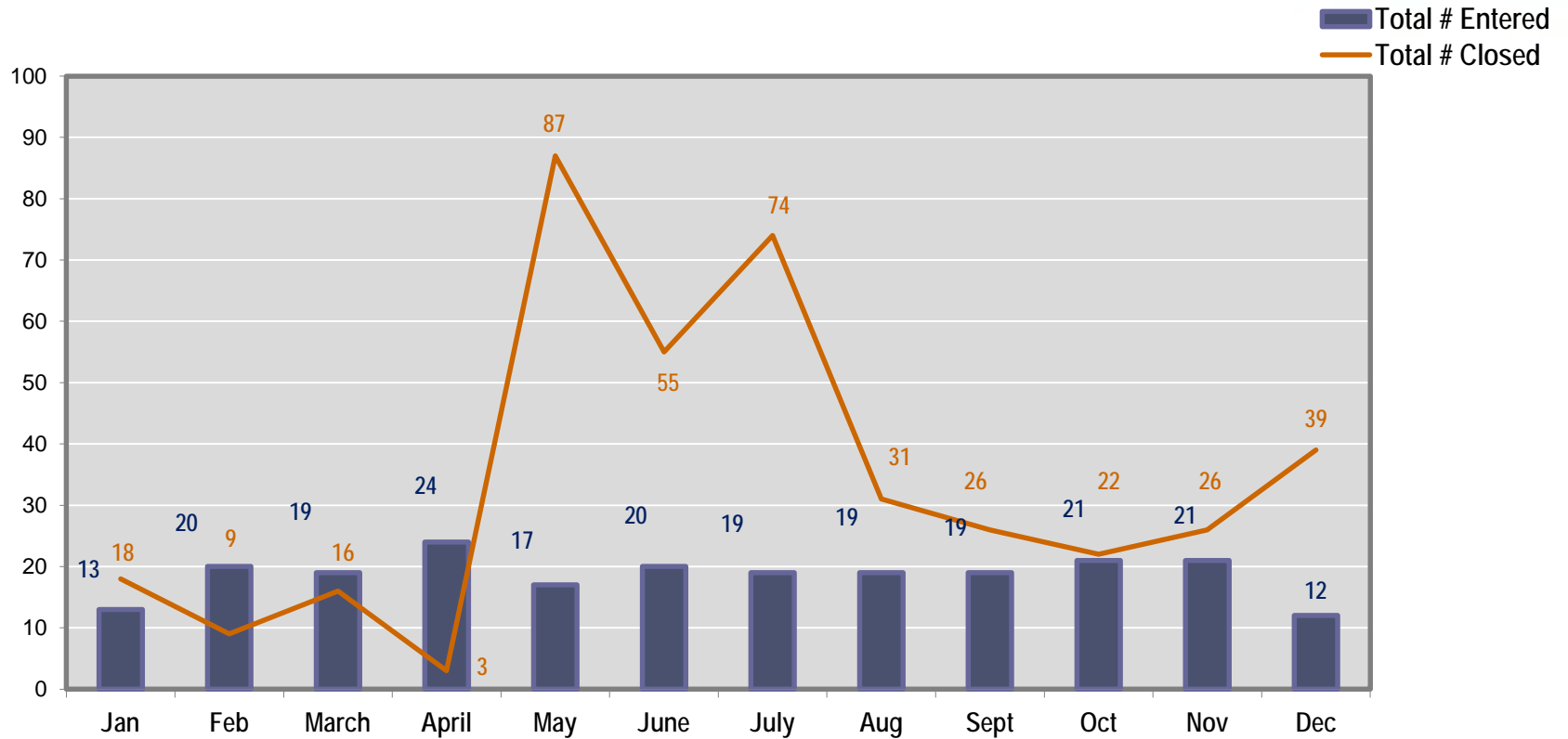


2017 vs 2018
•Total Active Indemnity inventory decreased by 34% or 177 claims.

Redwood Empire Municipal Insurance Fund

Claims Closed

As of each Month in 2018



Closing Ratios

Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
138%	45%	84%	13%	494%	275%	389%	163%	137%	105%	124%	325%

- Closings have averaged 181% for the calendar year of 2018

Redwood Empire Municipal Insurance Fund

Payout Comparison by Benefit Type

\$ Paid on All Years Claims

2017 vs 2018

Benefit Type	2018	2017	Dollar Variance	(%) Variance
Death	\$ 68,529	\$ 0	\$ 68,529	N/A
Investigation	\$ 28,992	\$ 34,144	\$ (5,152)	-15.1%
LC 4850	\$ 322,094	\$ 516,517	\$ (194,423)	-37.6%
Legal	\$ 234,016	\$ 269,260	\$ (35,244)	-13.1%
Medical	\$ 2,806,399	\$ 2,458,369	\$ 348,030	14.2%
Other Expense	\$ 590,401	\$ 189,596	\$ 400,805	211.4%
Other Indemnity	\$ 1,500	\$ 0	\$ 1,500	N/A
Permanent Disability	\$ 1,296,316	\$ 1,447,953	\$ (151,637)	-10.5%
SJDB	\$ 12,303	\$ 22,109	\$ (9,806)	-44.4%
Temporary Disability	\$ 1,033,885	\$ 721,294	\$ 312,591	43.3%
Total	\$ 6,394,435	\$ 5,659,242	\$ 735,193	13.0%

Year	Total Paid
2017	\$5,659,242
2018	\$6,394,435
Difference	\$735,193

Redwood Empire Municipal Insurance Fund

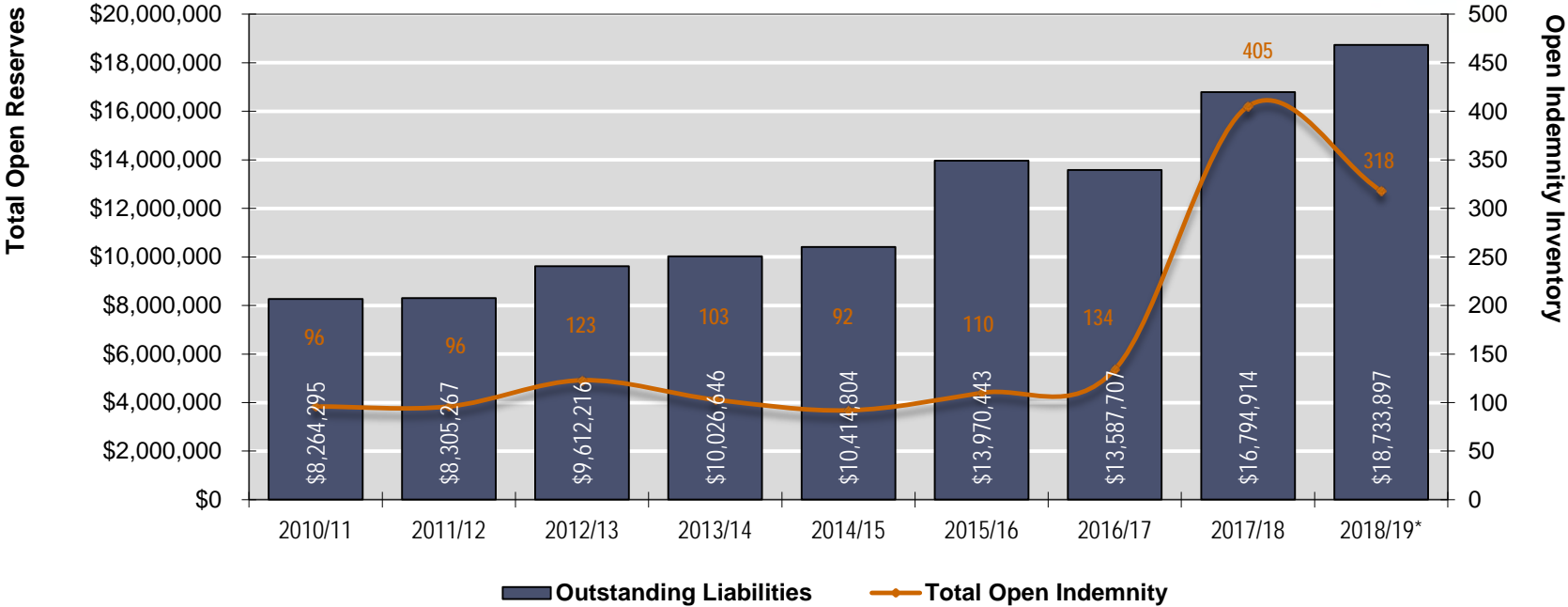
Medical Detail Payout Comparison All years Claims Paid in 2017 vs. Paid in 2018

Category	2018	2017	\$ Variance	(%) Variance
Anesthesiologist	\$9,825	\$0	\$9,825.00	N/A
Attending Physician	\$374,250	\$336,241	\$38,009.00	11.30%
Drugs	\$207,794	\$220,445	(\$12,651.00)	-5.70%
Durable Medical Equipment	\$103,360	\$147,861	(\$44,501.00)	-30.10%
Home Health Care	\$160,335	\$165,509	(\$5,174.00)	-3.10%
Hospital	\$566,780	\$381,737	\$185,043.00	48.50%
Hospital Outpatient	\$337,311	\$0	\$337,311.00	N/A
Medical Legal	\$104,222	\$112,937	(\$8,714.00)	-7.70%
Medical Supplies	\$3,493	\$0	\$3,493.00	N/A
Medical Travel	\$79,105	\$60,108	\$18,998.00	31.60%
Medicare Trust	\$0	\$0	\$0.00	N/A
Nurse Case Management	\$45,609	\$14,643	\$30,966.00	211.50%
Pain Management	\$0	\$0	\$0.00	N/A
Physical Therapy	\$167,906	\$170,097	(\$2,191.00)	-1.30%
Radiology	\$54,748	\$50,396	\$4,351.00	8.60%
Settlement	\$146,890	\$0	\$146,890.00	N/A
Surgeon	\$328,036	\$703,558	(\$375,521.00)	-53.40%
All Other Medical	\$116,735	\$94,839	\$21,897.00	23.10%
Total	\$2,806,399	\$2,458,369	\$348,030.00	14.20%

Redwood Empire Municipal Insurance Fund

Outstanding Liabilities (Reserves)

By Fiscal Year

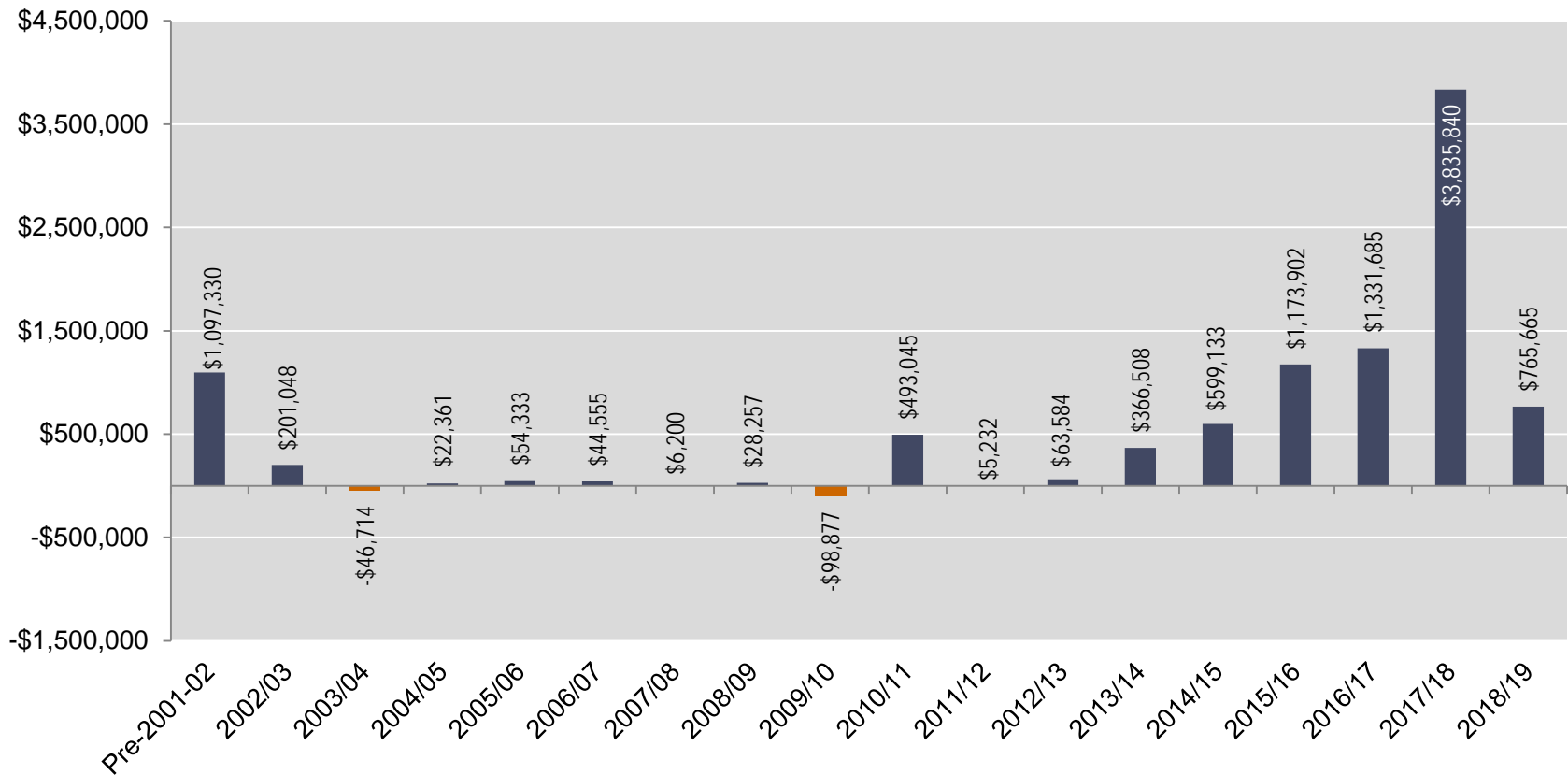


Reserve strengthening upon takeover of claims resulted in an increase in outstanding liabilities of 11.5%.

Redwood Empire Municipal Insurance Fund

Incurred Changes on All Years' Claims in 2018

Valued as of 12/31/18

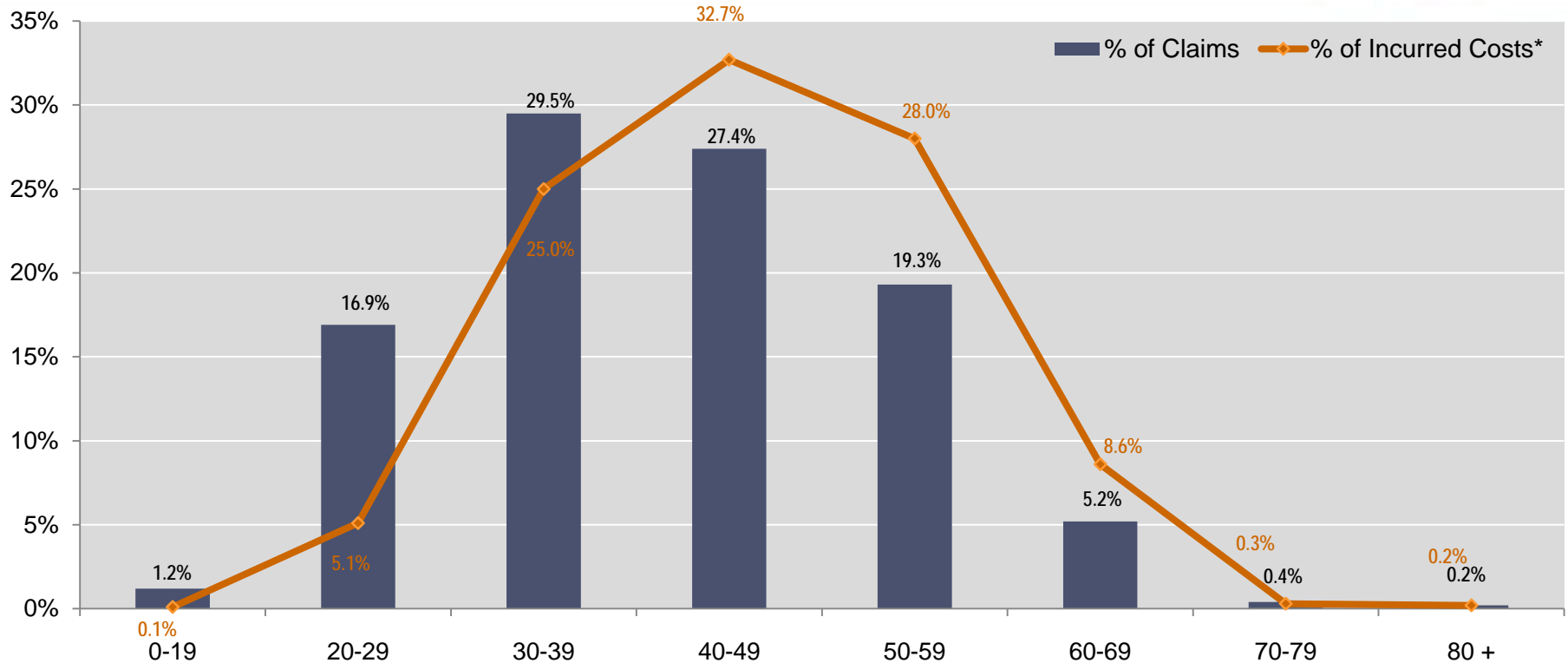


• Orange bars represent money reduced on those claims, usually due to resolving and closing claims for less than the expected value.

Redwood Empire Municipal Insurance Fund

Frequency Analysis by Claimant Age

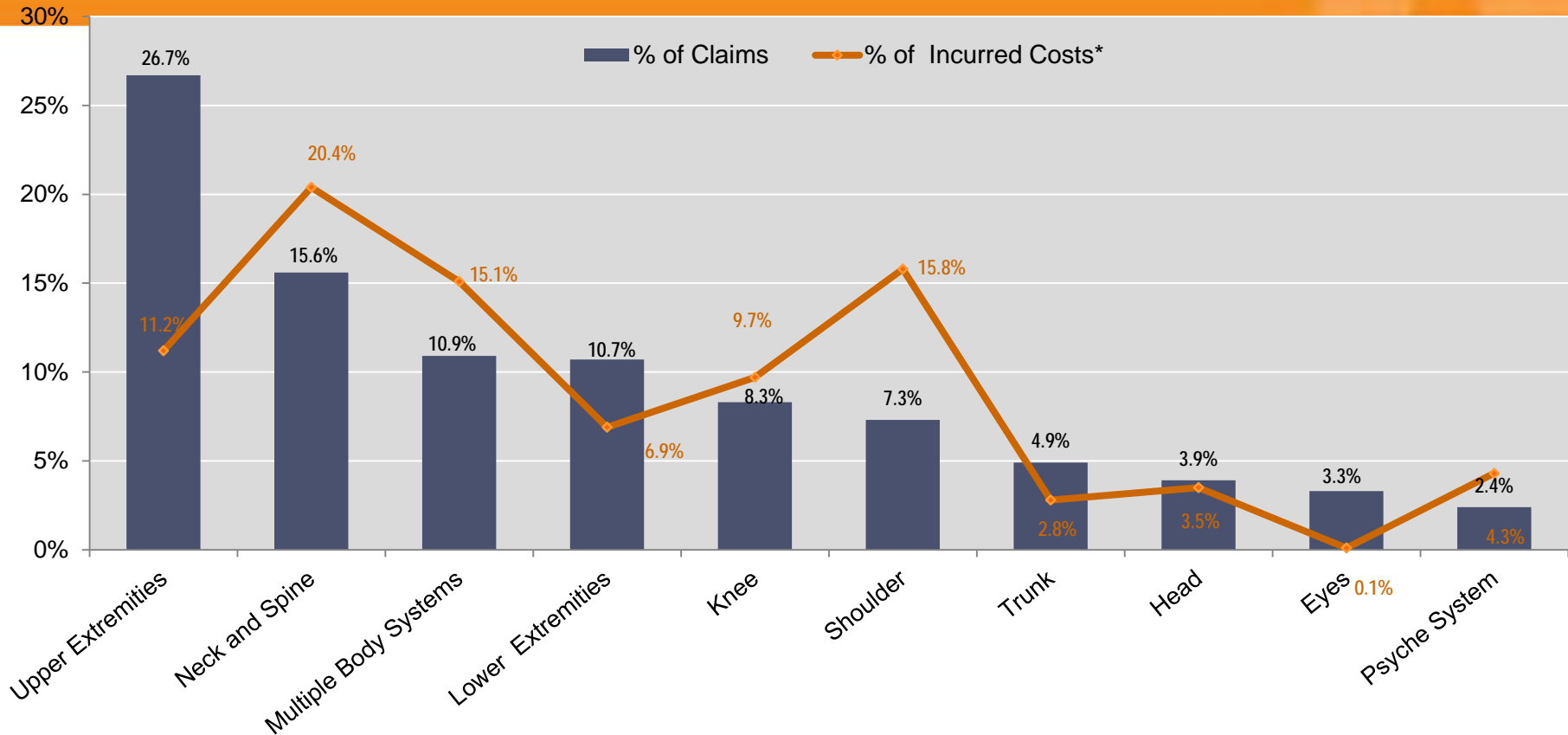
Claims Entered Between 1/1/18 and 12/31/18



- Employees between 40-49 accounted for 27.4% of the injuries and 32.7% of the costs
- Employees between 50-59 accounted for 19.3% of the injuries and 28% of the costs
- Employees between 30-39 accounted for 29.5% of the injuries and 25% of the costs

This slide captures the percentage of claims by the age-range of the injured worker, for claims entered for the last calendar year. It also captures the percentage of costs associated with injuries of employees in that age range, relative to the incurred cost of all claims entered in the last year.

Redwood Empire Municipal Insurance Fund Frequency Analysis by Body Part (Top 10) Claims Entered Between 1/1/18 and 12/31/18



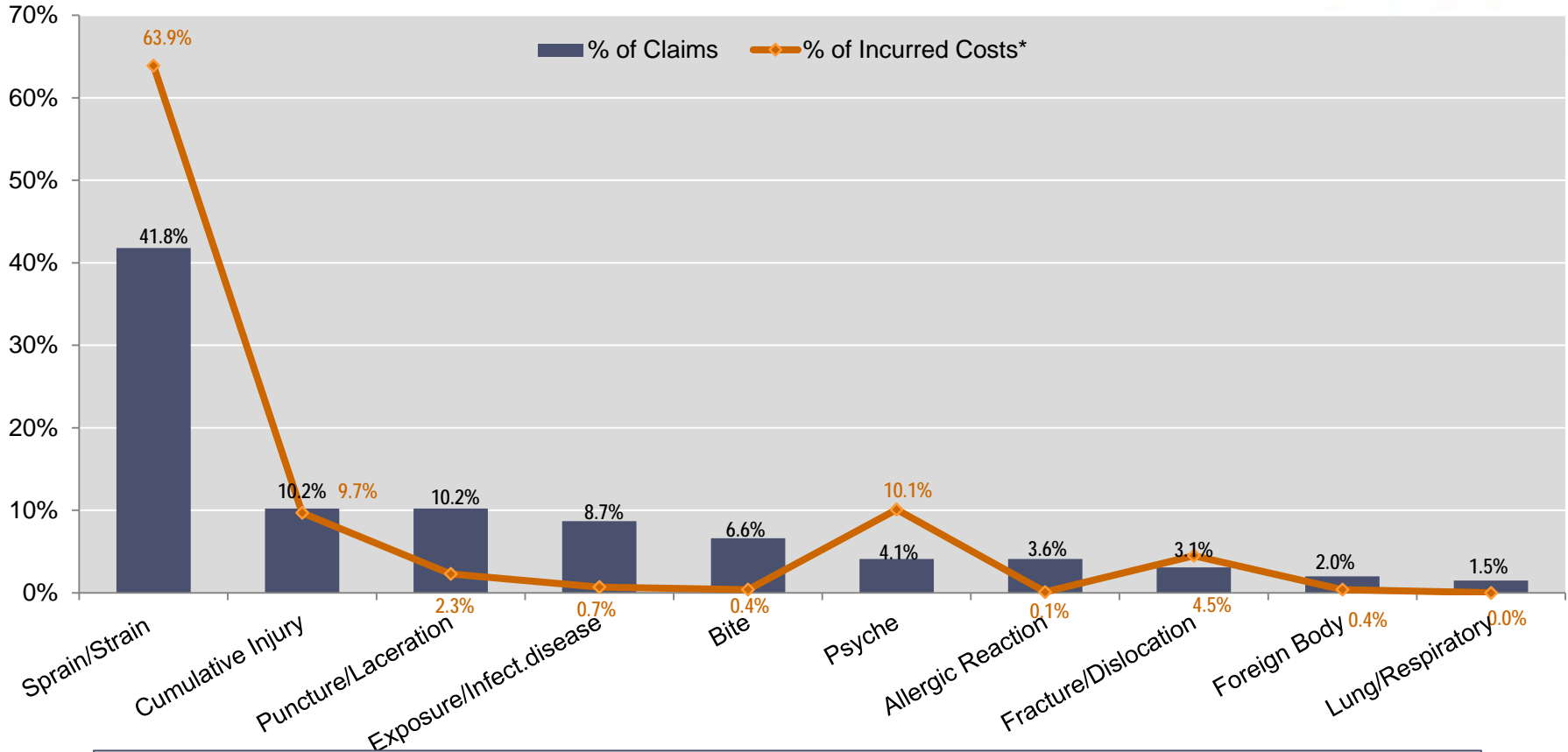
- Neck and Spine accounted for 15.6% of the claims and 20.4% of the costs
- Shoulder accounted for 7.3% of the claims and 15.8% of the costs
- Multiple Body Systems accounted for 10.9% of the claims and 15.1% of the costs

This slide captures the percentage of claims by body part injured, entered during the most recent fiscal year. It also captures the percentage of costs associated with those body parts, relative to the incurred cost of all claims entered.

*Total incurred costs include paid to date + outstanding reserves



Redwood Empire Municipal Insurance Fund Frequency Analysis by Nature of Injury (Top 10) Claims Entered Between 1/1/18 and 12/31/18



- Sprain/Strain injuries accounted for 41.8% of the claims and 63.9% of the costs
- Cumulative injuries accounted for 10.2% of the claims and 9.7% of the costs
- Psyche injuries accounted for 4.1% of the claims and 10.1% of the costs

Nature of injury describes the injury type in broad terms, such as sprain, fracture, laceration, etc. This slide captures the percentage of claims, by nature of injury entered during the calendar year. It also captures the percentage of costs associated with those injury types, relative to the incurred cost of the claims entered.

*Total incurred costs include paid to date + outstanding reserves

Redwood Empire Municipal Insurance Fund

Ten Year History – Indemnity Claim Litigation

As of 12/31/18

Year of Loss	# Indemnity	# Litigated	(%) Litigated	Average Total Incurred	
				Litigated	Non-Litigated
2009	121	13	10.7%	\$ 140,271	\$ 15,995
2010	134	25	18.7%	\$ 119,245	\$ 17,811
2011	113	14	12.4%	\$ 148,555	\$ 44,724
2012	115	24	20.9%	\$ 141,599	\$ 18,989
2013	121	23	19.0%	\$ 101,924	\$ 19,241
2014	124	27	21.8%	\$ 119,823	\$ 28,167
2015	100	21	21.0%	\$ 140,111	\$ 27,839
2016	118	20	16.9%	\$ 84,888	\$ 19,731
2017	92	14	15.2%	\$ 148,680	\$ 35,411
2018	92	14	15.2%	\$ 46,226	\$ 19,858

COST CONTAINMENT



COST CONTAINMENT Cont.

- Examiner integration: Utilize same system, view the data in real time, there are no delays.
- Expedited processing, same system, no middle man, more control. All the same team.
- Complete transparency.
- Higher level of support for the providers and examiners.
- Dedicated bill review inquiries person who takes all phone calls and responds to emails within 24 hrs.



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ITEM 4.0

AGENDA ITEM SUMMARY

TITLE: REMIF SAFETY PROGRAM

PRESENTED BY: MARK HEMMENDINGER, SAFETY CONSULTANT

ISSUE/BACKGROUND

Mark Hemmendinger with Acceptable Risk provides the following services for REMIF and the REMIF members:

- 1) Assessments of city occupational injury and illness exposures and recommendations mitigating exposures through changes to facilities, equipment, or practices.
- 2) Assistance to cities by the drafting and implementation of new or revised safety policy and procedure that address Cal/OSHA requirements and injury prevention.
- 3) Provide safety training for members as appropriate.
- 4) Coordinate outside safety training or consulting services as required.
- 5) Fulfill the role of REMIF safety manager for both REMIF and its members.
- 6) Respond to member requests for safety consulting, training, problem solving, emergency response, Cal/OSHA defense, accident prevention, or ergonomic interventions as needed.
- 7) Any other safety and health services and consulting as needed and consistent with experience and knowledge of Consultant.

Mark will present an update on the safety program.

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENT

4.1 Safety Program Report

2018 Safety Service Summary

City	Programs	Training	Issue Response	Ergonomics
Arcata	X	X		
Cotati	X	X		
Cloverdale	X		X	
Eureka	X	X	X	X
Ft Bragg	X		X	
Fortuna	X	X		X
Healdsburg				
Lakeport	X	X	X	
Rohnert Park			X	
St Helena	X		X	
Sebastopol				
Sonoma				
Ukiah				
Willits	X		X	
Windsor	X		X	

2018 Qualitative Summary

POLICY & PROCEDURE

- IIPP
- Confined Space
- PPE
- Hazard Communication
- Emergency Response
- Hearing Conservation
- Fall Protection
- Asbestos-Cement Pipe
- Excavation

TRAINING

- Asbestos Cement Pipe Cutting
- Qualified Electrician
- Confined Space
- Emergency Response Plans
- Fall Protection
- Ad hoc instruction during inspections

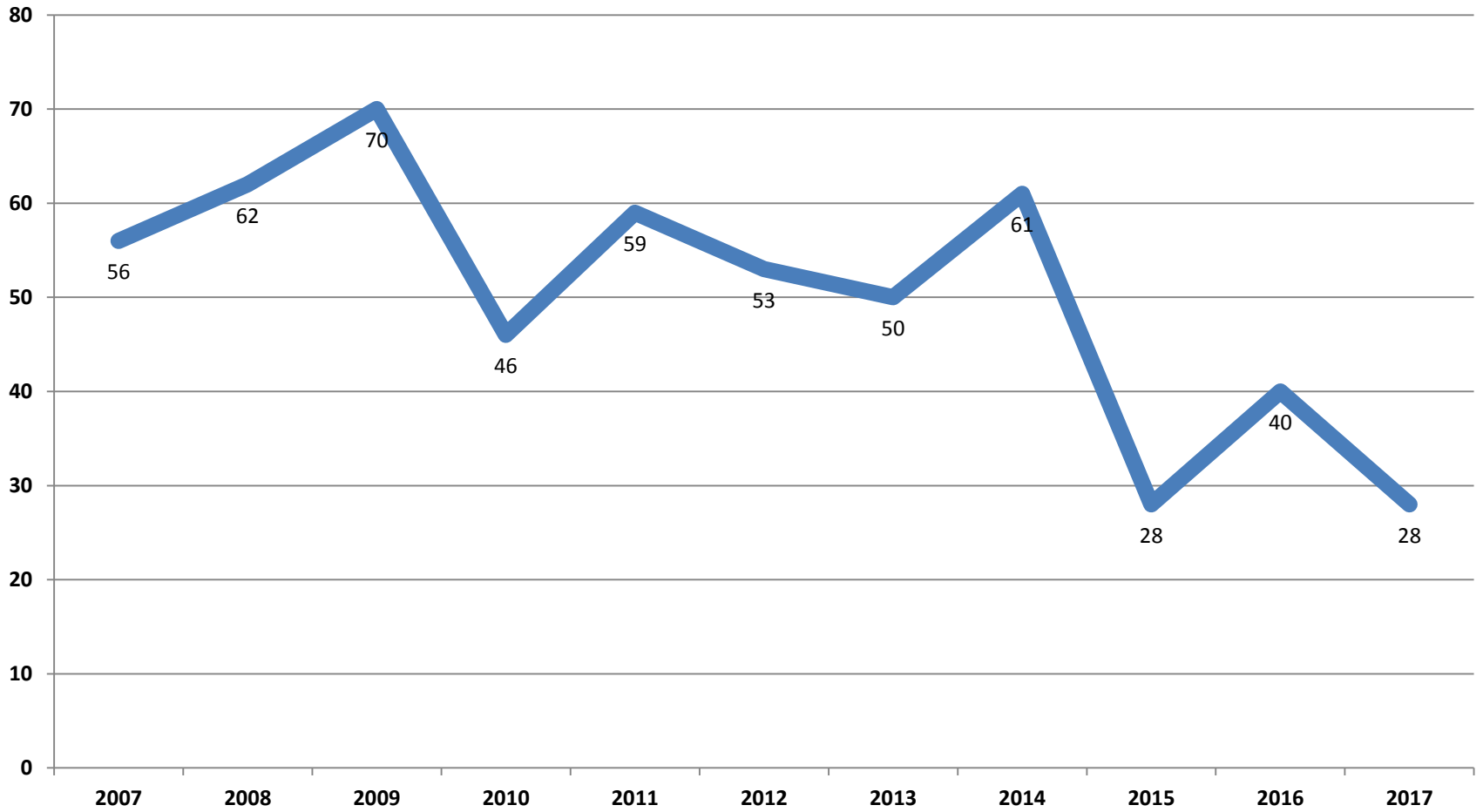
Issues

- Cal/OSHA Defense
- Tower Climbing
- Training Requirements
- Safety Data Sheets
- Hazard Communication

PW Frequency by Injury Type

Injury Type	Frequency	Average Cost
Sprain	289	\$18,743
Laceration	75	\$787
Eye Injury	27	\$547
Dermatitis	24	\$511
Contusion	24	\$8065
All Other	23	\$5210
Sting/Bite	21	\$516
Puncture	14	\$4597
Respiratory Disorder	14	\$265
Trauma	13	\$10,563
Fracture	12	\$18,756
Mental Stress	7	\$25,373
Hernia	5	\$10,304
Burns	4	\$949
Vision Loss	3	\$249

REMIF PW Claims Frequency By Year





414 W. Napa St. • P.O. Box 885 • Sonoma, CA 95476 • 707.938.2388 • Fax 707.938.0374
Members: Arcata Cloverdale Cotati Eureka Fort Bragg Fortuna Healdsburg Lakeport
Robnett Park St. Helena Sebastopol Sonoma Ukiah Willits Windsor

ITEM 5.0

AGENDA ITEM SUMMARY

TITLE: GENERAL LIABILITY STEWARDSHIP REPORT

PRESENTED BY: CHRIS SHAFFER AND CAMERON DEWEY, GEORGE HILLS

ISSUE/BACKGROUND

George Hills, our third-party administrator, administering the liability claims for REMIF, will present a stewardship report on the liability program, the claims handling manual and provide an overview of the claims handling process.

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENTS

- 5.1 General Liability Stewardship Report January 2019
- 5.2 General Liability - REMIF Claims Manual



REMIF

Redwood Empire Municipal Insurance Fund
A California Public Entity

Stewardship Report January 2019



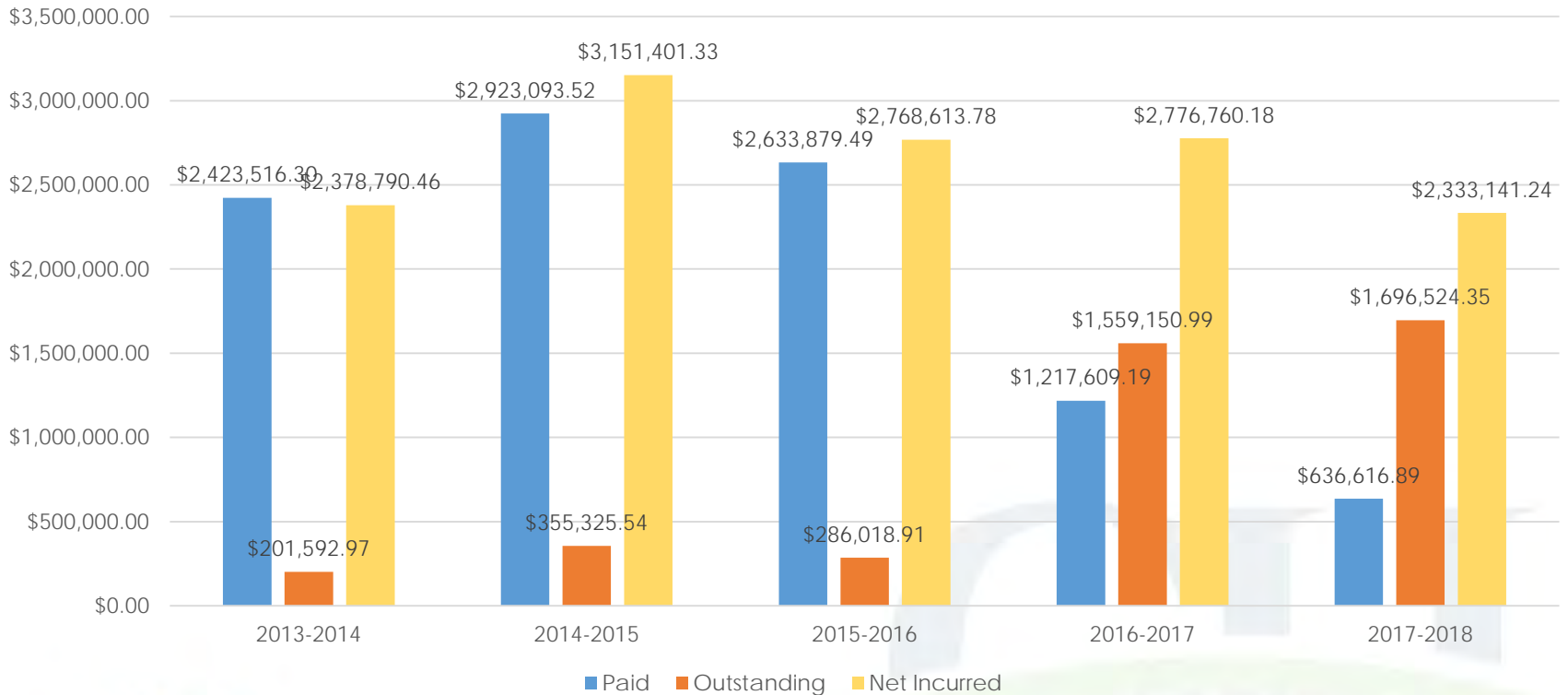
GH
GEORGE HILLS
Our minds over your matters.

The following report provides analysis of Fiscal Year claim data for REMIF as follows:

- Report is presented by Claimant
 - Analysis is based upon all claims, open & closed
 - Report will specify if data is based upon closed claims only
- Fiscal Years 2013/2014 to 2018/2019
 - Select analysis for all FY with data valued as of December 31, 2018

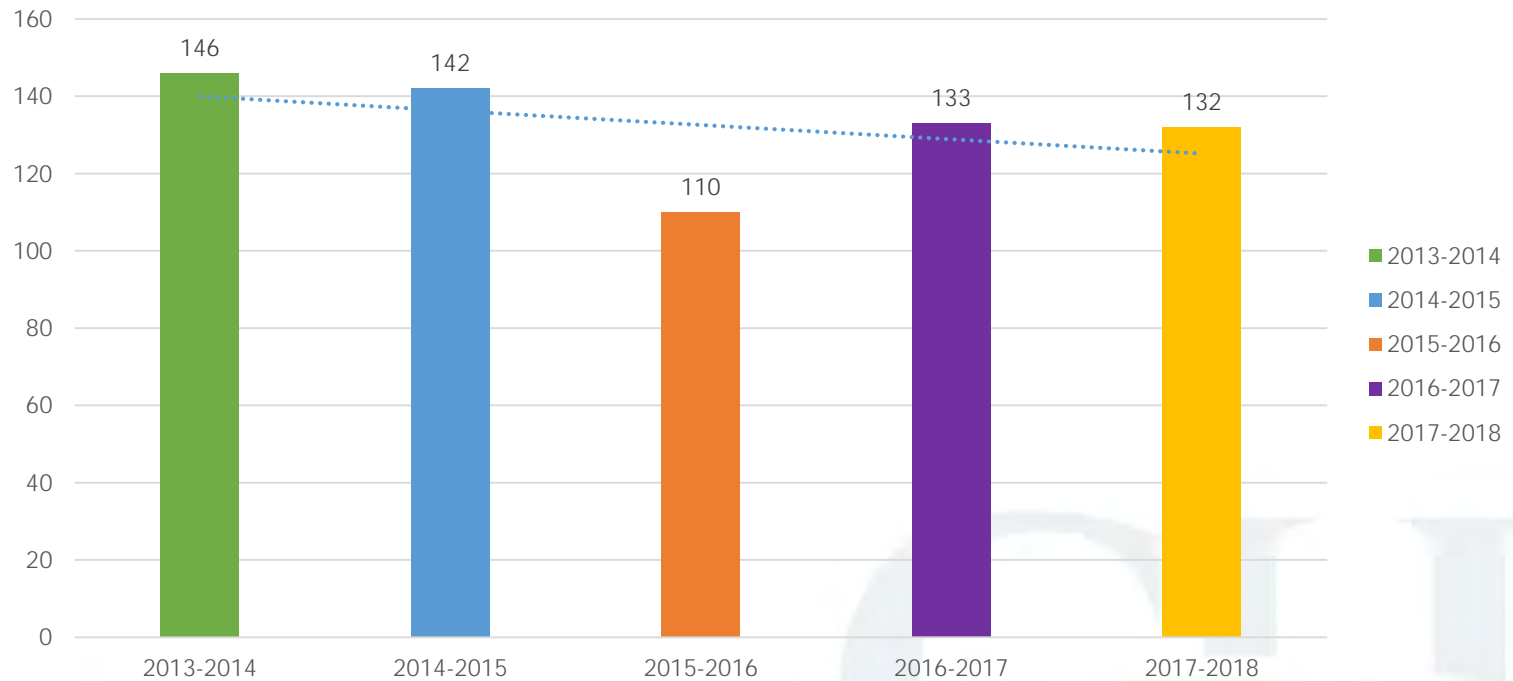
All Claims by Fiscal Year as of 12/31/18

Claim Financials by Fiscal Year as of 12/31/2018



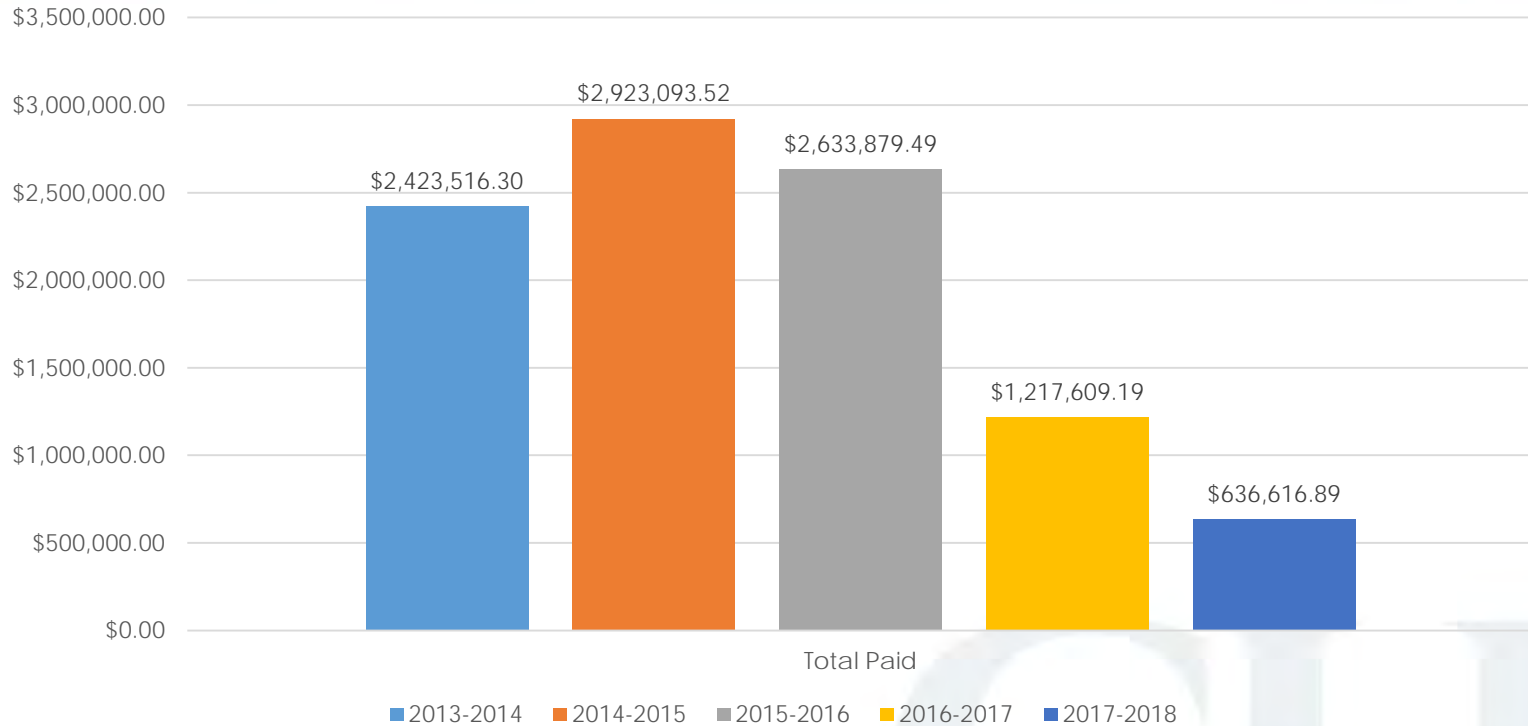
All Claims by Fiscal Year as of 12/31/18

Claims by Fiscal Year
(Frequency)



Total Paid

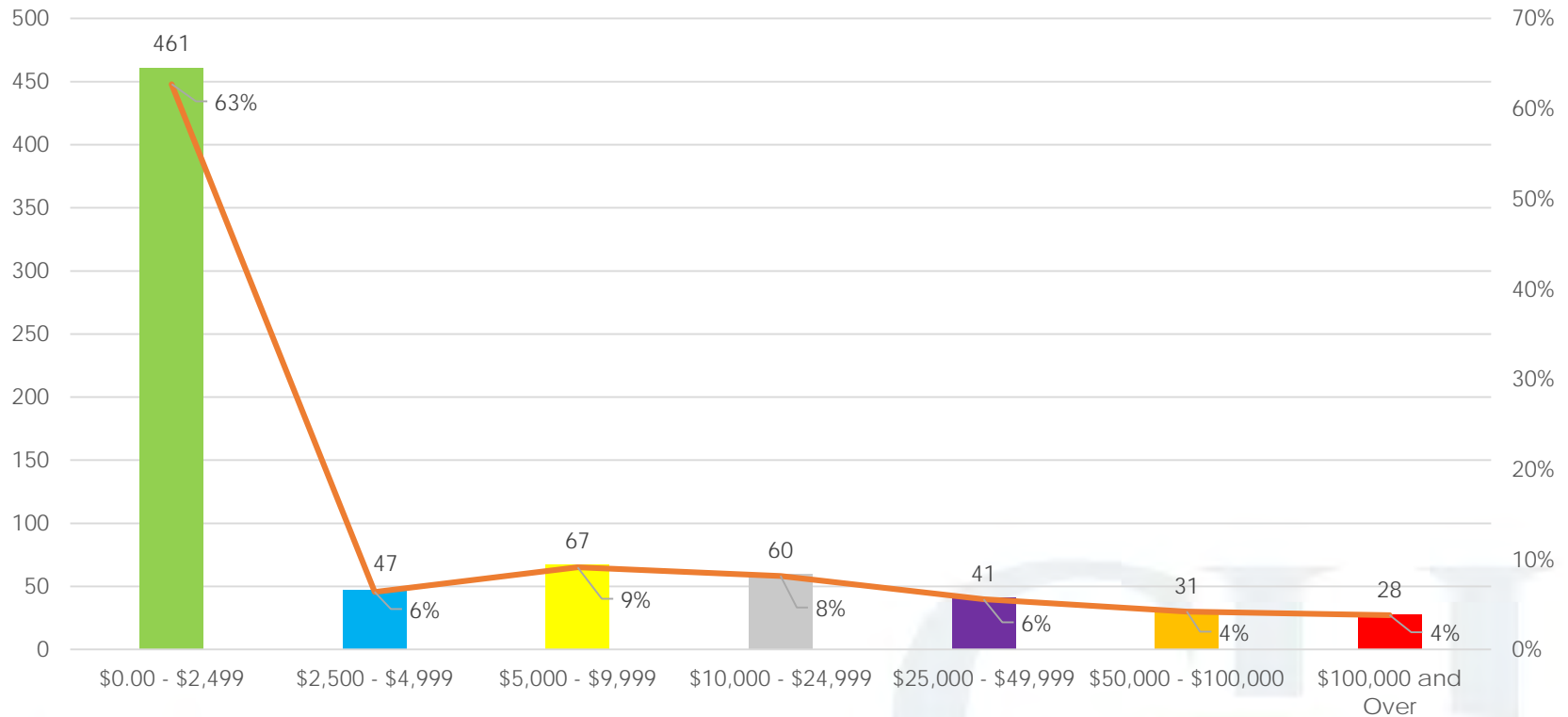
By Fiscal Year as of 12/31/18



Stratified Losses

All Fiscal Years combined as of 12/31/18
(Frequency)

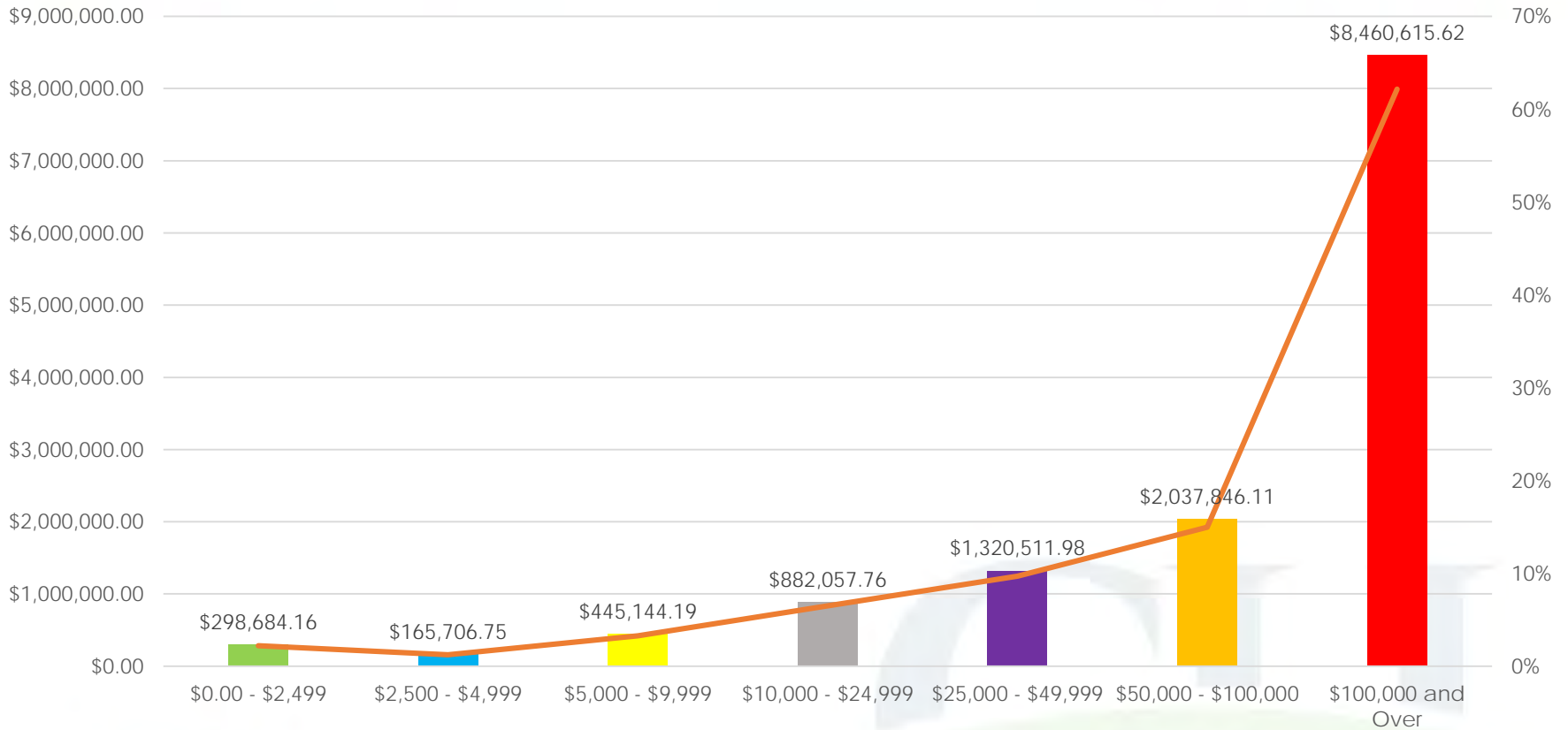
Financial Stratification - Frequency



Stratified Losses

All Fiscal Years combined as of 12/31/18
(Severity)

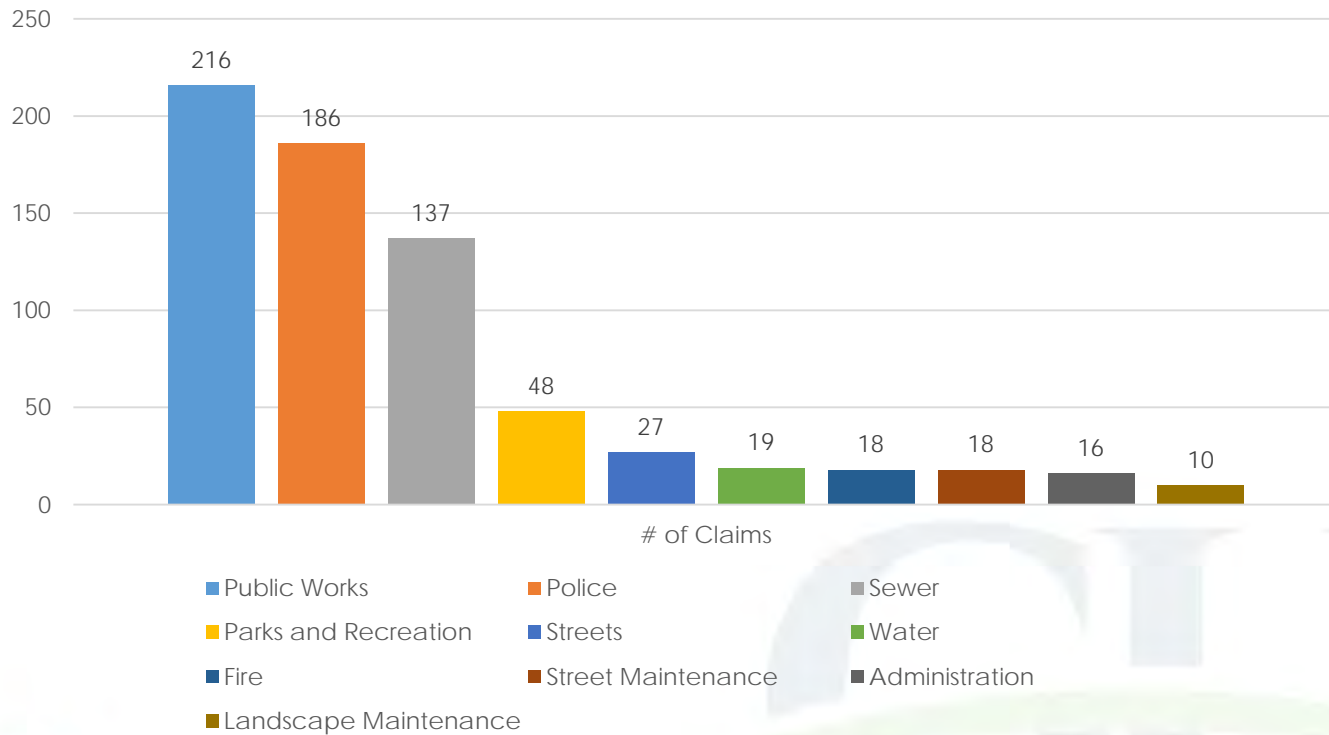
Financial Stratification - Severity



Frequency by Department

All Fiscal Years combined as of 12/31/18

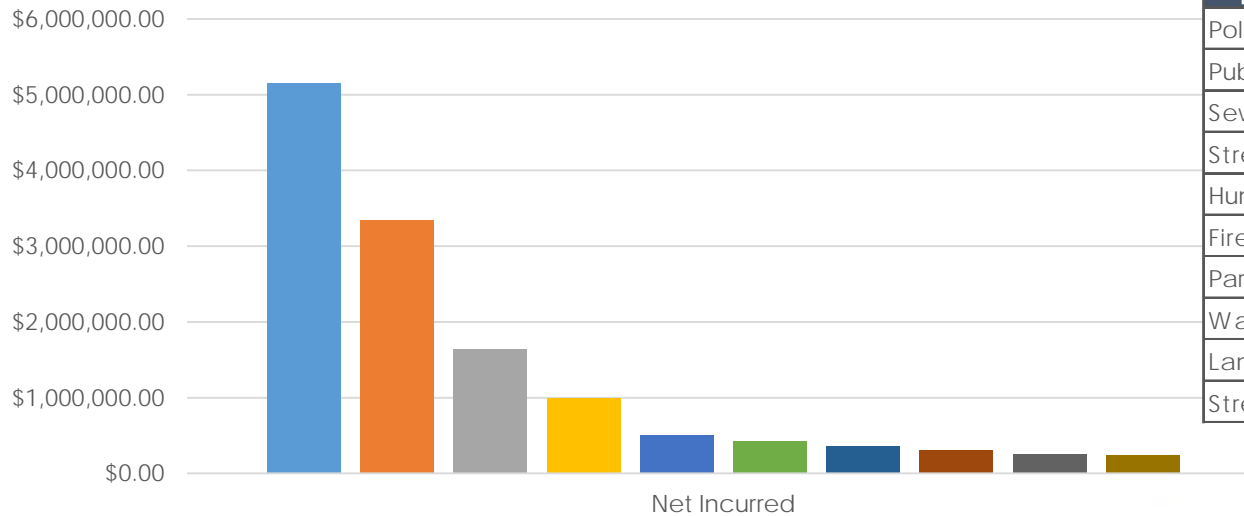
Top 10 Departments - Frequency



Severity by Department

All Fiscal Years combined as of 12/31/18

Top 10 Departments - Severity

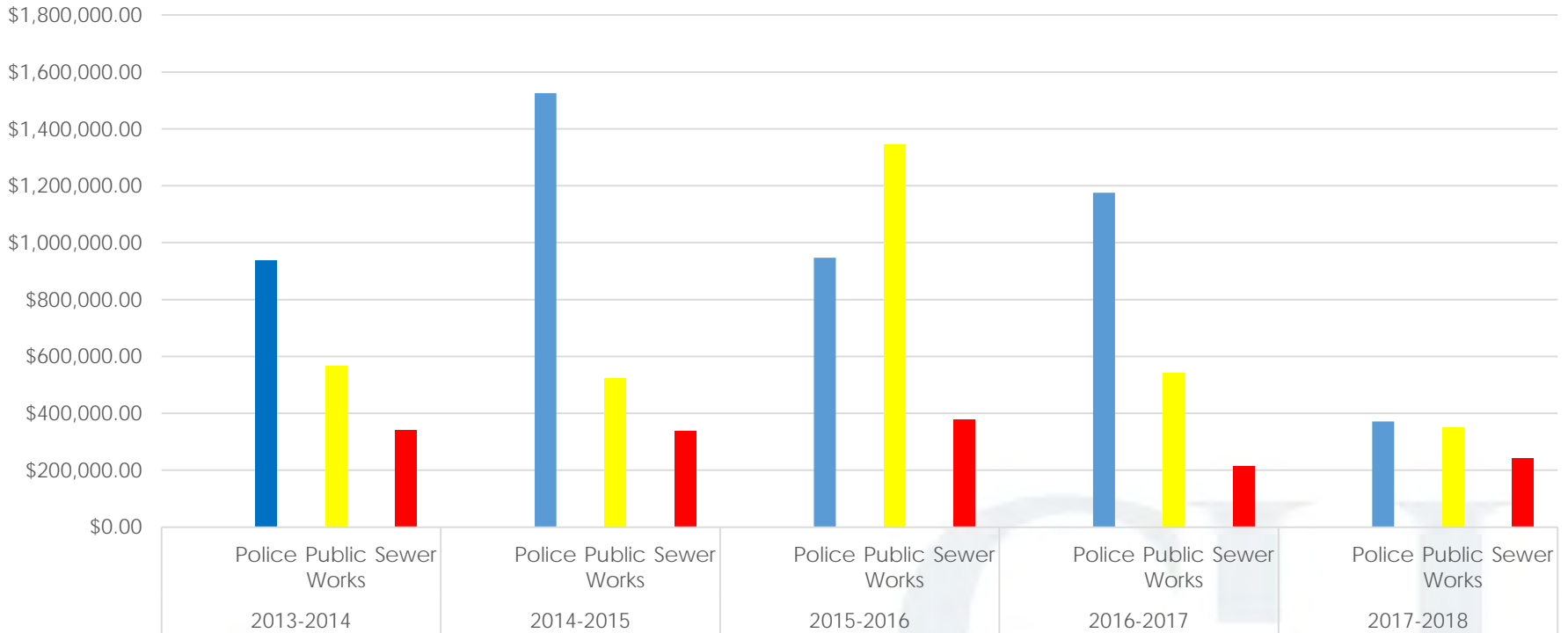


Department	Net Incurred
Police	\$5,156,653.16
Public Works	\$3,345,596.48
Sewer	\$1,641,182.31
Streets	\$995,431.47
Human Resources	\$508,170.70
Fire	\$433,795.73
Parks and Recreation	\$364,009.76
Water	\$301,898.22
Landscape Maintenance	\$253,560.00
Street Maintenance	\$236,362.09

- Police
- Public Works
- Sewer
- Streets
- Human Resources
- Fire
- Parks and Recreation
- Water
- Landscape Maintenance
- Street Maintenance

Severity by Department Top 3 Breakdown

Department by Fiscal Year



Litigated Claim Analysis by Fiscal Year

Fiscal Year	Litigation Status	Number of Claims	Incurred	% of Claims	% of Incurred	Avg. Incurred
2013-2014		146	\$2,625,109.27	22.0%	18.8%	\$17,980.20
No	Not Litigated	143	\$2,044,336.82	97.9%	77.9%	\$14,296.06
Yes	Litigated	3	\$580,772.45	2.1%	22.1%	\$193,590.82
2014-2015		142	\$3,278,419.06	21.4%	23.5%	\$23,087.46
No	Not Litigated	139	\$1,858,310.06	97.9%	56.7%	\$13,369.14
Yes	Litigated	3	\$1,420,109.00	2.2%	43.3%	\$473,369.67
2015-2016		110	\$2,919,898.40	16.6%	21.0%	\$26,544.53
No	Not Litigated	100	\$1,445,719.99	90.9%	49.5%	\$14,457.20
Yes	Litigated	10	\$1,474,178.41	9.1%	50.5%	\$147,417.84
2016-2017		133	\$2,776,760.18	20.1%	19.9%	\$20,877.90
No	Not Litigated	116	\$777,744.68	87.2%	28.0%	\$6,704.70
Yes	Litigated	17	\$1,999,015.50	15.0%	72.0%	\$117,589.15
2017-2018		132	\$2,333,141.24	19.9%	16.7%	\$17,675.31
No	Not Litigated	112	\$576,078.24	84.8%	24.7%	\$5,143.56
Yes	Litigated	20	\$1,757,063.00	15.2%	75.3%	\$87,853.15
Grand Total		663	\$13,933,328.15			\$21,015.58

Thanks!



Member Claims Manual

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INTRODUCTION

The REMIF member Claims Manual has been prepared to provide REMIF members with a step-by-step guide through the claims handling process. It outlines the roles and responsibilities of the member, the claims administrator (George Hills Company) and REMIF. It also explains the general legal requirements encountered in the claims handling process and the procedures to navigate those requirements.

The handbook sets forth in general terms:

1. member's on-scene response to incidents / occurrences
2. Procedures for reporting claims to REMIF
3. The Tort Claims Act and the associated procedures and forms
4. The interactive claim process between the member and George Hills
5. Handling of lawsuits and litigated claims
6. Claims reports.

REMIF is committed to timely and efficient claims handling practices that are balanced and fair to both its members and the claimants. To accomplish this goal, it is paramount that members and REMIF's Claims Administrator engage in a close-working and transparent relationship; one that requires open communication and cooperation.

This on-going relationship serves to protect both the individual members as well as the pool as a whole. By-products of this relationship are timely reporting and early loss intervention. This in turn, creates an environment that maximizes successful resolutions and minimizes the total cost of the claims program.

How to Use This Manual

- This claims manual contains *italicized* words that are defined in the glossary
- The Sample Forms section of the manual contains reference materials as well as templates for the various tort claim Notices. REMIF members can customize these templates to send the Notices on their official letterhead.



George Hills Claim Contacts:

Parmit Randhawa
Senior Adjuster
(510) 375-1141
Parmit.Randhawa@georgehills.com

Cameron Dewey
Claim Manager
(916) 758-8691
Cameron.Dewey@georgehills.com

Lisa Lillimoe
Claim Supervisor
(707) 419-7507
Lisa.Lillimoe@georgehills.com

Additional Resources

Chris Shaffer
VP Claims Division
(916) 859-4826
Chris.Shaffer@georgehills.com

Suzie Spencer
Client Service Manager
(916) 859-4800
Suzie.Spencer@georgehills.com

Robert Chalfant
Litigation Manager
(916) 859-4800
Robert.Chalfant@georgehills.com

George Hills
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670
(916) 859-4800 (855) 442-2357
<http://www.georgehills.com>

ON-SCENE RESPONSE TO AN ACCIDENT/OCCURRENCE

Immediate Emergency Response Required

Any Occurrences involving the types of injuries or damages listed below require immediate notification to George Hills Company. Contact the REMIF Claims Manager, Cameron Dewey. If in doubt, err on the side of caution and report. An immediate response is critical to preserve crucial evidence.

Fatalities
Serious Injuries
Amputation
Loss of any of the five senses or a major organ
Coma
Spinal Injuries
Disfigurement
Multiple Claimants with Serious Injuries
Pedestrian v bus
Head Trauma
Major Damage to High Value Commercial Vehicles

Cameron Dewey

916-758-8691

or

Cameron.Dewey@georgehills.com

REPORTING TO GEORGE HILLS COMPANY

NEW CLAIMS

New losses are reported in various ways to George Hills (phone calls, emails, faxes, etc.). All new reporting should be sent to the MyGHCNewClaims@georgehills.com distribution group email. Files will be set up and entered in SIMS within 24 hours of receipt of the loss. On the subject line we would like simply the words “new claim – Member Name”. This will put the claim into a queue for assignment to an adjuster. We understand you may have others listed on the original claim filing but would ask that once the MyGHCNewClaims@georgehills.com email is used to first transmit the claim, it not be used to supply additional information or replies. This email is for new claim assignments only, and not for purposes of discussion of the claim. It should only be used for initial claim assignment. Once received the claim will be immediately assigned to an adjuster, with an acknowledgement back to you that the claim has been assigned. Once you know of the assigned adjuster, then emailing to the assigned adjuster will simplify the process for all concerned regarding additional information to be transmitted.

Your original email and all its attachments will be placed into the claim file. If there are special instructions the assigned adjuster will see those in your original email. Adjusters assigned will be asked to initiate contact with you upon assignment to supply a second confirmation that they have been assigned the claim.

In the past there may have been scenarios where the claims adjuster is contacted before the claim is filed, with the understanding that they would speak with the claimant prior to the claim being filed. I would discourage that process, as the claim filing forms the basis of the claim. Exceptions to this may be emergency call-outs for water damage and sewer backup claims, where our response is needed immediately. When someone feels the City owes them damages, they should simply file a claim, and we will be certain to reach out to them after that process takes place.

Preliminary notes will be entered into the file by the Adjuster within seven days, incorporating the Adjuster’s initial thoughts as to Date of Loss, Member, SIR/Deductible, Coverage, Facts, Liability, Claimant (s)/Damages, Reserves, Status, Plan of Action and Next Diary Date. An initial First Report will be sent to the City within 30 days of assignment summarizing the adjuster’s investigation to date. The next report date will be indicated, with the adjuster giving consideration to the type and extent of investigation pending. George Hills adjusters will report by email to the City in all cases.

LIABILITY CLAIM HANDLING

Upon receipt of a written tort claim, the member will forward it to George Hills as set forth in the “Reporting Incidents and Claims” section of this manual.

Upon receipt of the written tort claim, George Hills will:

- Set up a claim in our claims system and assign to your designated adjuster.
- Send an *acknowledgment letter* to the member and REMIF indicating the assigned adjuster and adjuster’s contact information, claim number and a brief description of the loss (*Form E, Page 34*)
- Establish appropriate loss and expense reserves in the file.
- Evaluate the claim for compliance with the Government Code including sufficiency and timeliness and provide recommendations to the member for responses and further handling of the claim.
- Depending on the circumstances of the claim received, George Hills may contact the member immediately, but no later than 30 days.

Tort Claim Procedures

Pursuant to the California Government Code, a formal written claim “Tort Claim” must be filed with the public agency before a claimant can bring legal action against the agency for injuries or property damage. The California Tort Claims Act (GC Sections 900 et seq) provides statutory guidelines for filing Tort Claims against a public agency. Those guidelines include the following:

Claim Filing Requirements

1. Timing

- a. Claims relating to personal injury, wrongful death, or damage to personal property (including vehicles) or growing crops must be filed within **six months** of the occurrence.
- b. A Claim relating to any other cause of action, such as damage to real property, must be filed within **one year** of the occurrence. Some examples of real property are: buildings, land and all things that are attached to it.

2. **Content of the Claim:** Claims submitted to the public agency are not required to be on a claim form long as they contain the following:

- a. Name/address of claimant
- b. Address for returning correspondence
- c. Date/place details of occurrence that gave rise to the claim
- d. Description of loss/damages
- e. Name of public employee that caused the injury
- f. Dollar amount claimed (if over \$10,000, no dollar amount necessary)
- g. Signature of claimant or claimant representative

<p>Note: The public agency must provide a Claim Form to the claimant upon request.</p>

3. **Method of filing/ delivery:** Claims may only be submitted to the Agency in two ways:

- a. US Mail
 - i. If a claim is received by mail, the postmarked envelope must be saved, scanned and sent to George Hills along with the claim.
 - ii. The claim should be date-stamped upon receipt.
- b. In Person
 - i. The claimant should submit the claim to a designated recipient ie: the clerk or secretary of the governing body.

Note: Claims submitted to the agency via fax or email should never be accepted.

QUICK REVIEW

PUBLIC AGENCY CLAIM CHART

General Information

6 Mos. Bodily Injury, Personal Property & Crops (911.2, 945.4)

12 Mos. Contracts, Minor, Real Property

2-3 yrs. State Civil Rights, Federal follows State statute of limitations

45 days to act on claim, automatically denied on 45th day (912.4)

Rejection Letter *sent* limits filing a Lawsuit within **6 mos.** (913)

Rejection Letter *not* sent limits Lawsuit Filing within **24 mos. from accrual date (DOL)**

Late Claim

Filed after 6 mos. without Application for Late Claim send Notice of Untimely Filing (901, 911.3, 911.4, 912.2, 945.6)

45 days to notify claimant (911.3), otherwise waive Late Claim Defense

Insufficient Claim

Claim fails to provide the six required elements of a claim (910, 910.2)

20 days to issue insufficiency notice (910.8, 911), otherwise waive Insufficiency Defense.

Public Entity cannot act on insufficiency for 15 days after issue notice

Amended Claim

Amendment of claim can be filed before final action by Board or six month period expires, whichever is later (910.6, 912.4). *Shall be considered a part of original claim.*

45 days for Board to act (912.4).

Send notice of rejection even if original was rejected (913). Treat as new claim.

Leave to Present Late Claim

(Accepted) 6 mos. to 1 year after accrual (DOL) Board may accept application, (911.3, 911.4 to 912.2)

45 days for Board to Act (911.6) (general rule, a Minor is accepted)

If 911.6 elements are met, may accept Application and reject Claim.

Rejection of claim must be within *45 days* after accepting application.

(Rejected) The application shall be presented within a reasonable time (915) not to exceed one year from the accrual (DOL), and state the reason for the delay and be attached to the claim (911.4).

45 days for Board to at (911.6).

If 911.6 elements are *not* met, reject Application and return Application (911.8).

Claimant has 6 mos. to file for Judicial Relief (945.4, 945.6). If court grants Relief, has

30 days to file lawsuit.

Application for leave to present late claim: If no action taken within 45 days, it becomes rejected and claimant has 6 mos. to file petition for Judicial Relief (911.6, 945.6, 946, 946.6)

****Multiple Loss Dates or Continuous Loss – Notice of Action***

A claim may seek damages which are alleged over a span of time, up to present. If the accrual dates extend beyond the six and/or twelve month statutes, a single notice for the untimely and timely portions, which addresses each of the loss statutes, may be used. Often seen in claims for utility billing, construction, water, contract, or law enforcement.

“Notice of Untimely Claim After Six & Twelve Months; Notice of Rejection of Remaining Portion of Claim”

Written Responses to Tort Claims

Written responses to Tort Claims (also known as Notices) are governed by Tort Claims Act which prescribes specific statutory language and the time frames for sending such Notices.

All Notices must be sent from the member to the claimant or his/her attorney, and should be sent on the Agency's official letterhead.

Notices must always include a proof of mailing. This requirement can be satisfied by:

- Sending the Notice by Certified Mail

OR

- Completing the Proof of Mailing form. Government Code section 915.2 and Code of Civil Procedure section 1031a require a declaration, based on personal knowledge, that the declarant deposited the notice at a US Post Office or mail box, sub-post office, substation or mail chute or other like facility regularly maintained by the government of the U.S., and stating where the declarant deposited it in the mail, and that it was properly addressed with postage paid. This requirement applies equally to notices of insufficiency, notices of return of untimely claims, and notices of rejection of late claim applications.*Declaration of Service By Mail*

George Hills will review the Tort Claim and make recommendations to the member as to the specific Notice to send and the timing for sending the Notice. The Notices will include one of the following:

- **Notice of Insufficiency**

The Notice of Insufficiency is used when the written Tort Claim is missing one of the required elements such as name, dates, location and signature.

The notice serves as an invitation to the claimant to amend the claim to correct the insufficiency. Failure to give notice of insufficiency will waive the member's defense for any defect or omission in the claim. A Notice of Insufficiency is not required when the claim fails to state the address of the claimant or his representative.

The member may give notice of the insufficiency of a claim within 21 days after its presentation to the member.

Notice of Insufficiency

- **Notice of Return of Untimely Claim (6 Month)**

The Tort Claims Act provides that the claim must be filed within six months of the accrual of the cause of action (usually the date of loss). If the member determines that the claim was filed late, it must return the claim within 45 days from the date it was filed, along with the notice that the claimant may apply for leave to present a late claim. Failure to return a claim as untimely within 45 days waives the late claim defense.

Return of Untimely Claim

- **Notice of Rejection of Timely Claim (6-Month Claim Requirement)**

The claimant may not take legal action against the member within the 45 days after filing the claim unless the claim is rejected by the member's Board during that time. After 45 days, the claim is deemed rejected by operation of law and claimant has 2 years from the date of loss to file a lawsuit against the member.

At the end of the 45-day period, a written Notice of Rejection can be sent to the claimant or their legal representative which reduces the claimant's time for filing a lawsuit from two years to six months from the date the Notice of Rejection is sent.

Generally, REMIF recommends that all claims be considered for Rejection in order to take advantage of the reduction in the statute of limitations for bringing the lawsuit.

Rejection of Timely Claim

- **Denial of a Timely Application to Present a Late Claim (under 1 year from date of loss)**

The member must grant or deny the application within 45 days after it is presented. Otherwise the application will be deemed denied on the 45th day. Section 915.2 Section 915.2 extends this period 5 days if the claim is mailed.

The Notice of Denial of the Application must contain statutory language advising the claimant of his or her right to petition the appropriate court for an order relieving the claimant from the claims-presentation requirements within six months of the date of the late claim application. The notice must also advise that the claimant may seek the advice of an attorney.

Note: Failure to attach the proposed claims to the Application for Leave to Present Late claim is an automatic for denial of the Application.

Denial of Timely Application to Present a Late Claim

- **Denial of Untimely Application to Present a Late Claim (1 year after the date of loss)**

The member must grant or deny the application within 45 days after it is presented. Otherwise the application will be deemed denied on the 45th day.

The rejection notice must contain statutory language advising the claimant of his or her right to seek the advice of an attorney.

Denial of Untimely Application to Present a Late Claim

- **Notice of Non-Consideration of Claim Due to Untimely Presentation- (Beyond one Year)**

The member should send this form when a claim is not presented within one year of the date of accrual of the cause of action. The claim will not be considered on its merits. The Notice should advise the claimant that he/she may seek the advice of an attorney and if so, that he/she should do so immediately.

Notice of Non-Consideration of Claim Due to Untimely Presentation

ONGOING CLAIMS HANDLING

- Within the first 30 days after opening the claim, George Hills will:
 - Complete the initial investigation of the claim and make a preliminary determination of potential liability, applicable defenses and strategies
 - Send the member a captioned report that outlines the description of the loss, injuries and other damages, coverage, reserve rationale, outstanding investigation the plan for further handling.
- After the first 30 days, George Hills will:
 - Continue to communicate with the member through written status reports and verbal updates as warranted.
 - During this time George Hills may request additional information from the member.

Settlements

Where there is liability, George Hills will strive to reach a fair and timely settlement with the claimant or their attorney. The following are the procedures to obtain settlement authority:

- *** If settlement amount falls within member's deductible, the George Hills adjuster will request authority from member. ***
- Beyond member's deductible amount, authority will be requested from REMIF.

LAWSUIT HANDLING

The member must immediately notify George Hills upon service (receipt) of lawsuit upon the member or any of its employees.

Call and email the complete lawsuit (summons and complaint) to:

Cameron Dewey, Claim Manager 916-758-8691
cameron.dewey@georgehills.com

Legal deadlines for filing an Answer (response) with the Court

- In State Court, a response must be filed with the Court *within thirty days* of the service date.
- In Federal Court, a response must be filed with the Court *within twenty days* of the service date.

Failure to respond timely may result in a judgement against the member.

George Hills should also be promptly notified if the members learns of a pending lawsuit, even if it has not yet been served upon the member or its employees.

Service of lawsuit upon the member and their employees

Members and/or their employees can be served with a lawsuit in one of three ways:

1. **By Mail** A copy of the lawsuit (summons and complaint) be mailed to the entity along with a form titled "Notice and Acknowledgment Form". If the "Notice and Acknowledgement Form" is signed and returned to the sending party (usually the plaintiff's attorney) the lawsuit is deemed to have been properly served on the date that the document is signed and returned. **DO NOT SIGN AND RETURN THAT FORM.** The unsigned "Notice and Acknowledgement Form" should be forwarded along with a copy of the lawsuit, to the adjustor and/or Litigation Manager for forwarding to the attorney who will be defending the case. This allows the defense attorney extra time to prepare a response to the lawsuit.
2. **By Personal Service** The summons and complaint is personally delivered to the member's business office or directly to an employee of the entity who is also being sued individually can be served by either of the two above methods.
3. **By Substitute Service (Employee only)** A lawsuit can be served on the employee by leaving a copy of the Summons and Complaint at the member's office during business hours in the employee's name and then by mailing a copy of the lawsuit to the employee. The suit is considered served only after both tasks are completed and service is effective ten (10) days after mailing. If this cannot be accomplished with reasonable diligence, the summons may be served by leaving a copy of the summons and complaint at the employee's home or at work with a person of legal age of majority and thereafter mailing to the place where the summons and complaint were left. Again, service is complete ten days after mailing. (Code of Civil Procedure Section 415.20.)

What Happens Next

- George Hills is responsible for directing and managing of all litigated claims.
- George Hills will confer with member as to the selection of defense counsel.
- Defense counsel will be assigned from REMIF's approved Defense Panel
- George Hills will ensure that members are copied on all defense counsel reports.
- All legal bills will be reviewed and paid by George Hills on behalf of the member.

REMIF Approved Defense Panel:

REMIF has a defined, approved panel of defense attorney's. Utilization of the attorneys on this panel is a board policy.

CONCLUSION

This claims manual is offered as a quick reference guide for potential and actual liability claims against the member. It is not intended as a legal reference for claims handling policies but rather as a liability claims overview, with the intention of providing general guidance to REMIF members.

GLOSSARY OF COMMON TERMS

The definitions provided in this section convey common, frequent understandings. Many of the words may be defined differently in specific insurance contracts or may have expanded, reduced, or in other ways different meanings in specific circumstances. They are provided here for convenience only, as they will frequently appear in communications from our office, defense counsel, or adjusters.

Actual Cash Value (ACV)

The replacement cost of an item less depreciation. Frequently, the price that would need to be paid to acquire a similar item with the same wear and tear as the original item.

Answer

One of a number of responsive pleadings following service of a lawsuit. "Black's Law Dictionary" offers the following definition: "Strictly speaking, it is a pleading by which defendant in suit at law endeavors to resist the plaintiffs demand by an allegation of facts, either denying allegations of plaintiffs complaint or confessing them and alleging new matter in avoidance, which defendant alleges should prevent recovery on facts alleged by plaintiff."

The answer or another form of responsive pleading must be filed with the appropriate State Court in California within thirty days after the defendant has been served, and with the Federal Court, within twenty days after service.

Bodily Injury

Physical damage to the body, including death, mental damage, pain, sickness, and disease. Not generally included in this category are items considered to be "personal injury", libel, slander, humiliation, and embarrassment. The category of mental distress can fall in either category depending upon the circumstances.

Claim

The written notice form required to be filed with a public entity (pursuant to Government Code 910) prior to the filing of a legal complaint – also known as a Tort Claim.

Comparative Negligence

Comparative negligence is negligence measured in terms of percentage. One person may be 60% responsible for a loss and another may be 40% responsible. California law currently operates on a comparative negligence basis, allowing each party either to recover or be liable for damages in proportion to his/her share in the negligent incident.

Complaint

The initial written legal pleading filed with the court by the plaintiff to initiate the legal process against defendant(s). This is usually served upon the member or the employee along with the "Summons".

Damages

That which has been lost because of an accident or event. Damages include loss to property, loss of use, bodily injury, personal injury, loss of income, loss of reputation, etc. Generally, damages are expressed in dollar terms and by divisions such as Special Damages, General Damages, Punitive and Exemplary Damages.

Deductible

The portion of the loss absorbed by the member. May also be referred to as "SIR".

Deposition

Testimony by a party having knowledge material to a cause of action taken outside of court but under oath. The deposition provides access to information and can be read into evidence in court under certain circumstances such as inconsistency between deposition and trial testimony by the same witness. Depositions are part of a larger information gathering process prior to trial known as Discovery.

Discovery

The information gathering process occurring under power of subpoena and with written and oral testimony being provided under oath. Interrogatories and depositions are part of that larger process.

Dismissal

An order or judgment finally disposing of an action or suit by sending it out of court without a trial on the issues. Dismissals may be with prejudice which bars the right to bring or maintain an action on the same claim or grounds. They may also be without prejudice whereby there is no bar to bringing or maintaining the action in the future on the same claim or grounds.

General Damages

Monies that are payable to compensate for pain and suffering, embarrassment, inconvenience, and the like.

Occurrence

An incident, accident or event that could result in damage to the member's property or vehicle, and/or a bodily injury or property damage claim from a third party.

Punitive Damages

Sums awarded by the Court beyond special and general damages for the purpose of punishing a defendant for conduct deemed to be willful and especially heinous or outrageous. The purpose is to punish and to set aside by example. Public Entities are excluded from paying punitive damages.

Service

The delivery of a Summons and Complaint upon a defendant in a lawsuit by mail or in person. This officially initiates the lawsuit against the defendant and the various timelines filing a response.

SIR

See Deductible

Special Damages

Amounts which have been incurred and can be verified. These include medical bills, funeral and burial costs, loss of wages, loss of future income, and expenditures which are required as a result of the loss.

Summons

The legal document served upon the Defendant with the Complaint that provides official notice from the Court of service of the Complaint and prescribes the method and timelines for filing an Answer to the Complaint.

Tort Claim

See Claim

Helpful Tips

- Remember that an injury to a person or damaged property is a heavy emotional experience. Make sure that you are calm and put the person at ease. Make them feel comfortable about talking to you. Do not accuse or sound like you are discounting their credibility. Be sympathetic without admitting any fault. Tell them the matter is being investigated and that an adjuster will contact them.
- If at all possible, obtain pictures of the scene and vehicles. Take photos even if you are uncertain of the mechanics of the accident. Take pictures even if there appears to be *no damage*. Record the date and person taking the pictures. 35 mm photographs are preferred.
- If the incident or accident involves construction, unusual road conditions, suspected drug or alcohol use, gather as much information as possible. Again, photos of the scene are invaluable to an investigation.

CLAIM FORMS

CLAIM FORMS

Most public entities supply “claim” forms through the Clerk’s office or other appropriate department. There are two important points to keep in mind about claim forms.

There are two important points to keep in mind about claim forms. The first is that currently claimants are not required to use them.

The second point is that a form cannot require the claimant to supply more information than required by section 910 of the Government Code. The Act requires the plaintiff to provide only the limited categories of information specified in the statute. The Act requires only a description of the “circumstances” giving rise to the claim asserted. The claimant must provide only the factual circumstances; he or she need not state the basis for a legal cause of action. (Blair v. Superior Court (1990) 218 Cal.App.3d 221, 267 Cal.Rptr. 17.) While there may be no harm in seeking additional information, the public entity cannot force the plaintiff to provide more information than required by section 910.

DOCUMENT THAT UNEXPECTEDLY SERVE AS CLAIMS

Public entities must provide a pre-printed “claims form” for use by claimants. But, as mentioned in the preceding section a public entity cannot require claimants to use its pre-printed form – or any particular format. Therefore, public employees must be alert to the possibility that a person who failed to file a formal claim may later contend that letters or other documents constituted a claim. Failure to identify an informal “claim” may cause a public entity to waive important defenses to the claim. For instance, if the public entity does not recognize correspondence as a “claim,” it will miss the opportunity to serve a notice of insufficiency thereby waiving any defense based upon a defect or omission in the claim. (Sections 910.8 and 911.) If it does not reject the claim on the merits within 45 days of receipt, the public entity will waive the six month statute of limitations for filing a civil complaint. (Sections 912.4, 913, and 945.6.) Worse, it may inadvertently waive its ability to object to the claim as late. (Section 911.3(b))

In an important case, the California Supreme Court held that a document may constitute a “claim” even if it does not contain all the information required of a claim under section 910. **A public entity must treat a document as a claim if the contents disclose that the document is “a claim for monetary damages and that litigation may ensue.”** The litmus test is whether the document presents a claim for monetary damages that, if not satisfactorily resolved, will result in a lawsuit against the public entity. If the document meets this test, but fails to meet other statutory requirements for a claim, the public entity must issue a written “notice of insufficiency” to the claimant within 20 days. (Section 910.8.) Failure to give such notice will result in the waiver of any defense as to the sufficiency of the claim. (Section 911.)

The best course of action, if that anything presented to you that you think may constitute a claim, should be submitted to George Hills under the normal claim reporting process. We will evaluate and advise of the proper course of action as to sufficiency of the document and advise a proper course of action.

SAMPLE CLAIM FORM

Incident Report Form

All incidents and accidents involving injury to persons (other than Town employees in the line of duty) and/or damage to property, occurring on Member-owned or leased premises or as a result of Member activities, are to be reported to a supervisor and need to be documented on this form. Add additional sheets if needed.

Person Involved	
Name	_____
Minor?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Parents Name _____
Address	_____
Email	_____ Phone _____
Town Employee?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Dept _____ Supervisor _____

Incident Description	
Type of Incident:	
<input type="checkbox"/> Vehicle collision	<input type="checkbox"/> Downed tree
<input type="checkbox"/> Sewer Overflow	<input type="checkbox"/> Water main break flooding
<input type="checkbox"/> Trip &/or Fall	<input type="checkbox"/> Storm damage
<input type="checkbox"/> Other:	_____
Date of incident	_____ Time of occurrence _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Location	_____
Explanation	_____
Description of injury	_____
Description of property or vehicle damage	_____

Reporting Actions	
Police Department called?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Police Report # _____
Fire Department called?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Ambulance Co _____
Ambulance called?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Hospital Name _____
REMIF Emailed? (Required when damage/injury to 3 rd party person or property)	<input type="checkbox"/> REMIF-Incidents Email Distribution Date _____ Time _____
Copy to Department Director	<input type="checkbox"/> Yes
Email to Risk Management	<input type="checkbox"/> Yes

Incident Report Form

Follow-up Items

Vendor Service Required? No Yes: Vendor Incident # _____

Staff Time & Materials? No Yes Yes

Photos Attached? No

Completed By

Employee Name _____

Department _____ Phone _____

Date of Report _____ Time of Report _____ AM PM

Employee Signature and Date:

Supervisor's Comments & Preventative Action Plan

Supervisor Signature and Date:

Incident Report Form

Attachment 1

Serious Vehicle Accident

In the event of a serious accident and bodily injury or death, in addition to contacting Police and Ambulance, and ensuring the area is safe, make sure to contact REMIF as soon as possible. Send email to: "REMIF-Incidents" Email Distribution Group. This email will be directed to the appropriate staff working for REMIF.

1st Driver Name	<input type="text"/>	Driver's License #	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
Vehicle License Plate #	<input type="text"/>	VIN #	<input type="text"/>
Vehicle Make	<input type="text"/>	Model	<input type="text"/>
Insurance Company	<input type="text"/>	Policy #	<input type="text"/>

2nd Driver Name	<input type="text"/>	Driver's License #	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
Vehicle License Plate #	<input type="text"/>	VIN #	<input type="text"/>
Vehicle Make	<input type="text"/>	Model	<input type="text"/>
Insurance Company	<input type="text"/>	Policy #	<input type="text"/>

1st Passenger/Witness Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

2nd Passenger/Witness Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

3rd Passenger/Witness Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>

Photos Attached: from each corner of vehicle and scene from a distance

Incident Report Form

Attachment 2

Downed Tree

Complete this section in the event of a downed tree. REMIF contact information is as follows:

- Cameron Dewey (530) 276-5322
- Parmit Randhawa (510) 375-1141
- Lisa Lillemoe: (707) 290-8212

Photos Attached: Prior to touching or removing any part of a tree, take ample photos from many different angles. Following removal of tree, take additional photos showing cleared area and any damage.

Does the tree belong to the Member?

Yes: Did the downed tree fall onto another owner's property?

No

Yes: contact REMIF (contact information above) for direction on what action to

take
Action Taken for Town tree:

No: If the tree does not belong to the Member, indicate steps taken

Tree blocking public right of way, entry/exit to a home or business, or creating unsafe area

Cleared right of way

Cleared entrance/exit to home or business

Cleared other area to address safety issue:

REMIF contacted (contact information above) due to tree owned by another has fallen onto a building, vehicle, fence, or other property of another owner.

Action Taken as directed by REMIF:

All tree parts left on the property from which the tree fell

* Note: If a Member owned tree or a tree owned by another falls onto a vehicle, resulting in a need to be towed, the individual needs to contact their own insurance company.

Incident Report Form

Attachment 3

SSO (Sanitary Sewer Overflow) or Water Main Flooding

Once notified of a SSO or ruptured water main, determine location and cause of issue and if it is Member's responsibility or the owner's responsibility.

If the cause of the loss cannot be immediately determined, error on the side of caution and proceed as if the Member has liability *without* verbal or written acceptance of liability. **DO NOT discuss liability.**

REMIF contact information:

• Immediate need

- Cameron Dewey: (530) 276-5322
- Parmit Randhawa: (510) 375-1141
- Lisa Lillemoe: (707) 290-8212
- In the event one of the above is not available, please contact one of the restoration companies directly as they have emergency 24/7 numbers:
 - Servepro of Lake County, Mendocino County and Sonoma County
703 2nd Street, Suite 108
Santa Rosa, CA 95404
(707) 537-6635
jweber@servpro9872.com
 - Redwood Restoration
6265 Eastside Calpella Road
Ukiah, CA 95482
(707) 376-9557 (24/7)
Kurt Carlsson (707) 513-6365 / Tom Hoover (707) 513-6485 kurt@redwoodhelp.com

• Notification only: Send email to: "REMIF-Incidents" Email Distribution Group. This email will be directed to the appropriate staff working for REMIF.

Provide the following information:

1. What was the cause of the blockage or water rupture?

2. What areas of the structure were affected?

3. Do the occupants need to be relocated?

4. Is there any other pertinent information?

Provide the following **ONLY** if unable to contact REMIF immediately:

5. Names & birth dates of all occupants:

6. Is the occupant owner or renter?

7. Are there any pre-existing health concerns of occupants?

DECLARATION OF SERVICE BY MAIL

State of California
County of _____

I am employed in the County of _____ State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is: _____

I served the foregoing document _____ [name of document; e.g.: "Rejection of Claim"] by depositing a true copy of thereof in the United States Mails in _____ State of California, on _____ 19 _____ enclosed in a sealed envelope, with the postage thereon fully prepaid, addressed as follows: _____ [name and address of claimant, or claimant's attorney].

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ [day] of _____ [month], 19 _____ at _____ California.

[Type or Print Name]

[Signature]

[Alternative No. 21*

State of California
County of _____

I am employed in the County of _____ State of California. I am over the age of 18 and not a party to the within cause or claim; my business address is: _____

I am familiar with the practice of _____ [name of public entity or business] for collection and processing of correspondence for mailing with the United States Postal Service. Under that practice, correspondence is deposited with the United States Postal Service the same day it is submitted for mailing.

I served the foregoing _____ [name of document; e.g.: "Rejection of Claim"] by placing a true copy thereof for collection and mailing, in the course of ordinary business practice, with other correspondence of _____ [name of public entity or business], located at _____ [address of public entity or business], on _____ [date], enclosed in a sealed envelope, with the postage fully prepaid, addressed as follows: _____ [name and address of claimant or claimant's attorney].

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ [day] of _____ [month], 19 _____ at _____ California.

[Type or Print Name]

[Signature]

* Use Alternative No. 1 only if declarant personally deposits in U.S. mail

(NOTICE OF INSUFFICIENCY)
TO BE TYPED ON AGENCY'S LETTERHEAD

Date

Addressee

Dear:

Your claim which was received by the _____ (insert title of board of officer) on _____ (date) failed to comply substantially with certain Government Code sections. It was insufficient for the following reasons:

(Give reasons for insufficiency)

For your information, consult sections 910, 910.2, 910.4 and 910.8, and other sections of the Government Code pertaining to the filing of the claims against a public entity. Pursuant to Government Code section 910.8, no action will be taken on this claim by (entity) for a period of 15 days after the date of this notice. Therefore, if you wish to file an amended claim correcting these deficiencies, you should do so within that time period.

(Name)

(Title)

(Reference: Government Code section 910.8; '2 of text.)

cc: George Hills Risk Services

RETURN OF UNTIMELY CLAIM

TO BE TYPED ON AGENCY'S LETTERHEAD

TO: Name of claimant
c/o claimant's attorney, or
claimant's parents, if a minor

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) is being returned because it was not presented within six months after the event or occurrence as required by law. See Sections 901 and 911.2 of the California Government Code. Because the claim was not presented within the time allowed by law, no action was taken on the claim.

Your only recourse at this time is to apply without delay to the (NAME OF ENTITY) for leave to present a late claim. See Sections 911.4 to 912.2, inclusive, and Section 946.6 of the Government Code. Under some circumstances, leave to present a late claim will be granted. See Section 911.6 of the Government Code.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

cc: George Hills

(REJECTION OF TIMELY CLAIM)
TO BE TYPED ON AGENCY'S LETTERHEAD

Date

Addressee

Dear _____:

Notice is hereby given that the claim you presented to the _____ (insert title of board or officer) on _____ (date) was rejected on _____ (date) by _____ (title of board or officer) (or) (operation of law).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6

The time limitation applies only to causes of action arising under California law for which a claim is mandated by the California Government Tort Claims Act, Government Code section s 900 et. seq. Other causes of action, including those arising under federal law, may have shorter time limitations for filing.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

(Name)

(Title)

(Reference: Government Code section 913(b); '5 or text.)

Cc: George Hills

(DENIAL OF TIMELY APPLICATION TO PRESENT A LATE CLAIM)

TO BE TYPED ON AGENCY'S LETTERHEAD

Date

Addressee

Dear _____:

Notice is hereby given that the application to present a late claim which you presented to the _____ (insert title of board or officer) on _____ (date) was denied on _____ (date) by _____ (title of board or officer) (or) (by operation of law).

WARNING

If you wish to file a court action in this matter, you must first petition the appropriate court for an order relieving you from the provisions of Government Code section 945.4 (claim-presentation requirement). See also Government Code section 946.6. Such petition must be filed with the court within six (6) months from the date your application for leave to present a late claim was denied.

You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

(Name)

(Title)

(Reference: Government Code section 911.8; ' 8.4 of text.)

cc: George Hills

(DENIAL OF UNTIMELY APPLICATION TO PRESENT A LATE CLAIM)

TO BE TYPED ON AGENCY'S LETTERHEAD

Date

Addressee

Dear _____:

The application which you presented to _____ (title of board or officer) on _____ (date) is being returned to you herewith, without any action having been taken on it.

The application is being returned because it was not presented within one year after the accrual of the cause of action. To determine whether you have any further remedy or whether further procedures are open to you, you may wish to consult with an attorney of your choice. If you desire to consult an attorney, you should do so immediately. (See Government Code section 911.4.)

(Name)

(Title)

(Reference: Government Code section 911.4; ' 8.4 of text.)

cc: George Hills

**NOTICE OF NON-CONSIDERATION OF CLAIM
DUE TO UNTIMELY PRESENTATION (ONE YEAR)**

Date

Addressee

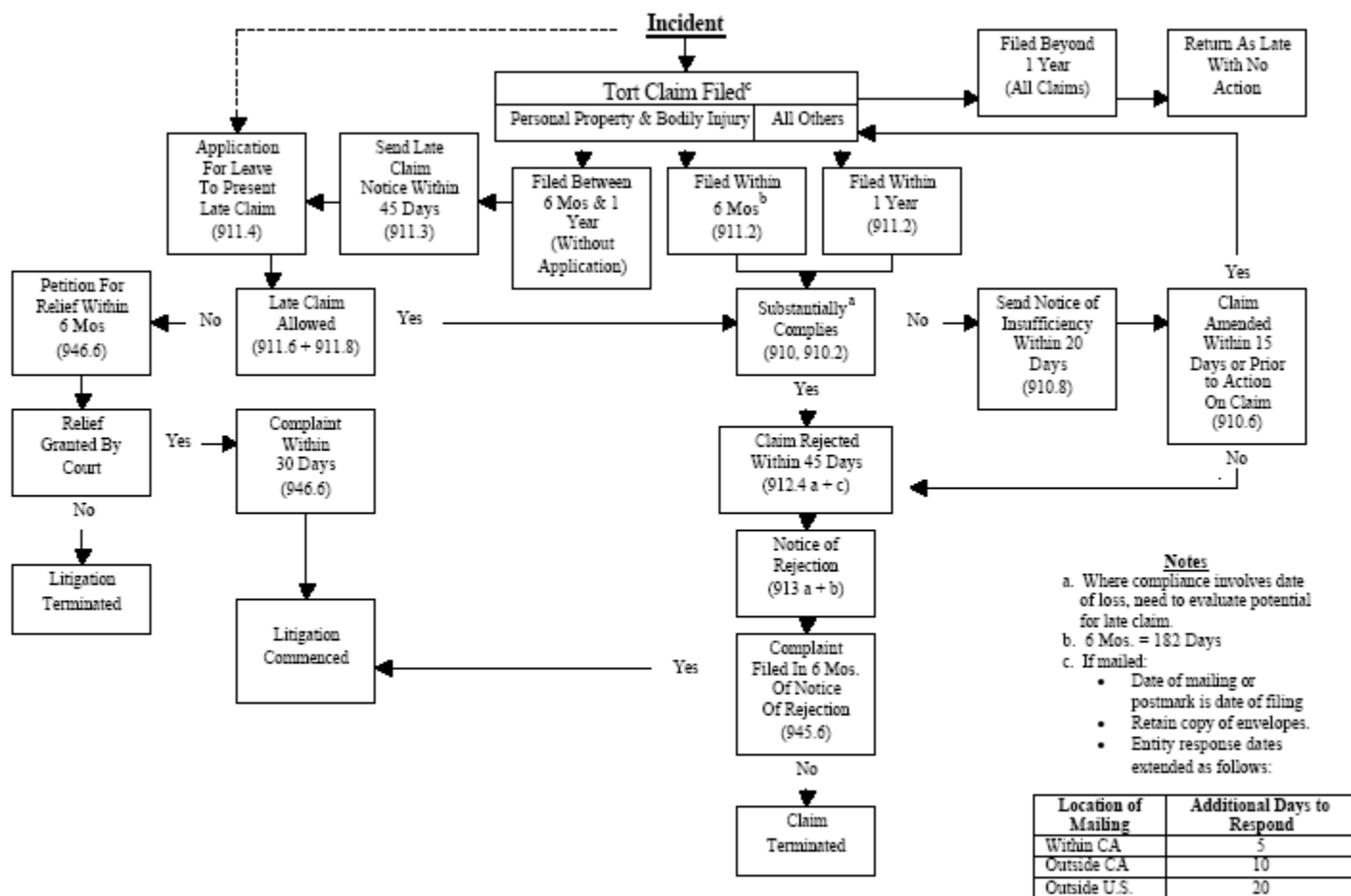
Dear _____:

NOTICE IS HEREBY GIVEN that the claim which was presented to _____ for filing on _____ (date) cannot be accepted for consideration and is being returned because it was not presented within **one year** of the date of accrual of the cause of action as required by law. Accordingly, the Claim has not and will not be considered on its merits. See Government Code, Section 911.2.

You may seek the advice of an attorney of your choice in connection with this matter. If you decide to consult an attorney, you should do so immediately.

(Title)

Life of a claim (flow chart)





414 W. Napa St. • P.O. Box 885 • Sonoma, CA 95476 • 707.938.2388 • Fax 707.938.0374
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Robnett Park St. Helena Sebastopol Sonoma Ukiah Willits Windsor

ITEM 6.0

AGENDA ITEM SUMMARY

TITLE: LESSONS WE CAN LEARN FROM CITY LITIGATION (LIABILITY)

PRESENTED BY: ADE MORAN, ATTORNEY

ISSUE/BACKGROUND

Ade Moran, an attorney on the REMIF defense panel and used by REMIF members, will present “Lessons We Can Learn from City Litigation” (liability cases).

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENT

6.1 Lessons We Can Learn from City Litigation

Lessons We Can Learn from City Litigation

Adrienne M. Moran, Esq.

Shapiro, Galvin, Shapiro & Moran

ade@shapirogalvinlaw.com

- **Have Employees use City issued cell phones**
 - Ensures the ability to monitor compliance with City policies
 - Avoids liability for un-reimbursed expenses due to an employee
 - Facilitates a complete response to a Public Records Act Request

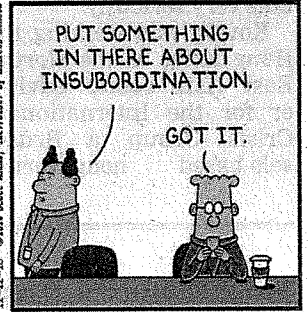
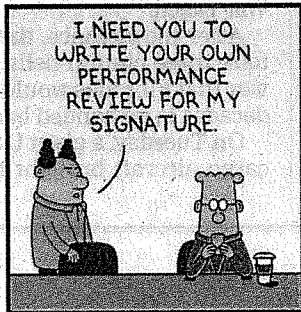
- **Ensure that Explorer programs are run properly**
 - Make sure that participation waivers of claim are completed fully and properly
 - Ensure compliance with all training requirements re: harassment policies
 - Ensure appropriate supervision of minors
 - Ensure that city leaders are properly trained re: appropriate conduct with minors

- **Ensure that property inspection records are complete**
 - Have a written policy re: periodic inspections of public property
 - Document the actual inspections and maintain the records
 - Consider pictures of repairs completed/safety devices installed
 - Ensure that documented needed repairs are actually timely completed

- **Ensure that timely employee performance reviews are completed**
 - Have a written policy re: performance reviews *and follow it*
 - Do not sugarcoat performance issues -- make sure that they are well documented before any termination decision is made
 - Be objective
 - If employee reports harassment, *follow up!*
 - Follow up on areas of needed improvement

- A Performance Improvement Plan is not 'discipline', but a structured opportunity to improve performance
- **When renting out City facilities, make sure the paperwork is completed properly**
 - Rental agreements actually signed?
 - Rental agreement includes the agreement to defend/indemnify the City against claims?
 - Proof of insurance provided, which names the City as an additional insured?
- **Make sure that probationary employee's performance is timely reviewed**
 - Don't waive your right to end the 'at will' employment relationship on a timely basis
- **Make sure bicycle path bollards are properly marked**
- **Be aware of the City's duty to reasonably accommodate disabilities, *in addition to any duty owed under workers' comp***
 - The City's duties owed to employees exist under worker's comp (if a work-related injury) *and* under the FEHA's duty to reasonably accommodate disabilities
 - Ensure that personnel are trained in conducting the 'interactive process' and are knowledgeable about the duty to reasonably accommodate disabilities
 - The duty to engage in the interactive process is ongoing
 - Do not create permanent, light duty positions as a form of reasonable accommodation
 - Document an employee's rejection of an offer of reasonable accommodation
 - Document the process and outcome
 - If the City will rely on the 'undue hardship' defense, make sure the City can prove it, with documentation

DILBERT Scott Adams



dilbert.com @scottadamscartoons

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Robnett Park St. Helena Sebastopol Sonoma Ukiah Willits Windsor

ITEM 7.0

AGENDA ITEM SUMMARY

TITLE: WHAT DOES THE LIABILITY MEMORANDUM OF COVERAGE (MOC) COVER (AND WHAT DOES IT NOT COVER)?

PRESENTED BY: DOUG ALLISTON, REMIF GENERAL COUNSEL AND AMY NORTHAM, GENERAL MANAGER

ISSUE/BACKGROUND

Doug Alliston, REMIF General Counsel, and Amy Northam, REMIF General Manager, will present on the Liability Memorandum of Coverage (MOC) and outline what it covers and more importantly, what it does not cover.

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENT

7.1 MOC Presentation

REMIF

Redwood
Empire
Municipal
Insurance
Fund



What's a JPA?

- A JPA is a “joint powers authority” created to allow the REMIF members to pool their money for coverage.
- REMIF’s 15 member cities share financial resources (also called “pooling”) to provide coverage for liability, property, workers’ compensation and health benefits.
- Ownership. The members are the owners of the pool. It is member governed.
- This is pooled city resources. This is not insurance.

Why pool?

- Today, about 80% of governmental agencies are members of pools.
- Pools address continuing challenges in risk management, even as the insurance crisis has calmed.
- REMIF helps to reduce and stabilize long-term coverage costs. It helps ensure access to the coverage needed for critical local government functions such as public safety, roads and transportation, and more.

How do pools offer coverage?

- Pools exemplify *local* control because pools are crafted to meet the specific needs of their public entity members.
- REMIF has multiple lines of coverage: liability, property, workers' compensation, and health benefits.
- Unlike the commercial insurance industry, which uses profits to measure success, pools provide services, coverage, and risk management tools with the singular goal of serving their membership.
- REMIF is directed by our Board, comprised of a representative from each one of the member cities. Pools work because every member has skin in the game and a voice at the table.
- Pools are member-owned, member-governed, member-driven and member-directed.

Multi layered coverage

The coverage that is provided to the REMIF members is multi-layered.

- First, the member has a deductible level
- Then, REMIF is self insured to a certain level (more commonly referred to as a self insured retention level or SIR). The amount of this level depends on the type of coverage.
- Lastly, we partner with CJPRMA and commercial insurance to provide the final layer (called excess coverage)

General/Auto Liability Program

- Between \$0.00 and the REMIF layer, the REMIF Members are covered by their own deductibles (which range between \$5,000 and \$25,000 per occurrence)
- Between the REMIF member deductible and \$500,000, the REMIF members are covered through REMIF's self insured pool (per occurrence)
- After \$500,000, the REMIF members are covered by REMIF's participation in an excess pool, CJPRMA. Coverage through CJPRMA is from \$500,000 to \$40,000,000 (with sublimits)



111 E. Washington Street, Suite 400 • San Jose, CA 95131 • 415.779.0200 • Fax 415.779.0202
 Member of the Redwood-Empire Local Agency Risk Pooling Authority
 Member of the Redwood-Empire Local Agency Risk Pooling Authority

SUMMARY OF REMIF POOLED LAYERS FISCAL YEAR 2018-2019

WORKERS' COMPENSATION

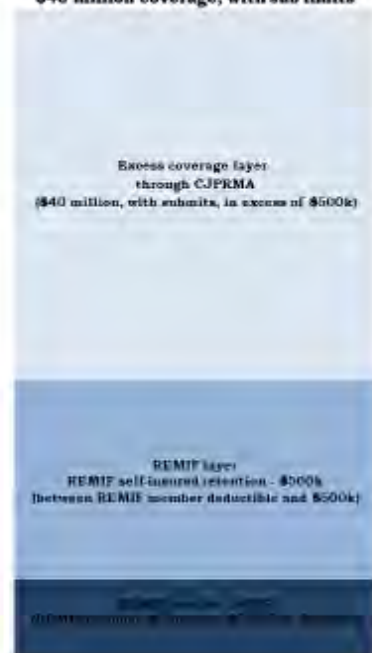
Statutory Limits



GENERAL LIABILITY

Coverage also includes auto liability and employment practices liability

\$40 million coverage, with sub limits



PLEASE NOTE: Difference in conditions (DIC) (earthquake) and crime/bond coverage are separate insurance policies

VOLUNTARY PROGRAMS: drone coverage, additional business interruption

**SUMMARY OF REMIF POOLED LAYERS
FISCAL YEAR 2018-2019**

PROPERTY COVERAGE

Coverage also includes boiler and machinery, cyber, pollution, flood and business interruption
\$400 million coverage, with sub limits

Excess coverage layer
 through CJPRMA
 (\$400 million per occurrence, all CJPRMA)

Sub limits include, but are not limited to:
 \$100 million boiler and machinery,
 \$2 million cyber,
 \$2 million pollution,
 \$100 million flood (per occurrence, all CJPRMA),
 \$25 million flood zones AA/V,
 \$500k Business Interruption

REMIF Layer

(between REMIF member deductible and \$100k)

CJPRMA Excess Layer
 (CJPRMA member deductible
 through to \$1,000,000)

AUTO PROPERTY DAMAGE

Replacement value

Excess coverage layer
 through CJPRMA
 (scheduled replacement value over \$25k)

REMIF layer
 (valued vehicles under \$25k)

REMIF deductible with CJPRMA
 (\$10,000)

CJPRMA Excess Layer
 (REMIF member deductible
 through to \$1,000,000)

General Information

- The Liability Memorandum of Coverage (MOC) is the controlling document that outlines the specific coverages through the liability program.
- The by-laws for the JPA (joint powers authority) is a governing document between REMIF and the member cities

The Liability MOC

- While the MOC is NOT an insurance policy, it functions similar to one.
- Many years ago, insurance policies outlined what WAS covered under the policy (sometimes called listed perils).
- Nowadays, most policies broadly grant coverage then exclude what is NOT covered under the policy.
- Similarly, the REMIF Liability MOC applies to all legal liability for "bodily injury," "personal injury," "property damage" or "public officials errors and omissions" which occur anywhere in the world during the coverage period, subject to the exclusions.

The Liability MOC (cont'd)

- There are forty express exclusions in the MOC which we will outline today
- Many exclusions from coverage under the Liability MOC are to avoid overlap with another policy/MOC.
- Please keep in mind these exclusions only apply to the liability MOC, and that in many cases other lines of coverage may apply.
- Some exclusions involve exposures not assumed by any REMIF coverage because the exposures are extreme or unpredictable.

List of Exclusions

REMIF does not cover:

- aircraft (other than on display in a park or museum), airports and airshows,
- bid specifications/cost overruns, and contractual obligations,
- dams,
- employee claims for bodily injury in the course and scope of employment (should be covered by workers' compensation) or for employment-related practices, labor disputes, workers' adjustment and retraining, workers' compensation, unemployment benefits, employee benefits, or a public official's breach of fiduciary duties under any benefit or pension plan

List of Exclusions (cont'd)

- restitution or return of taxes, fees or assessments,
- injunctive relief, inverse condemnation, land use,
- failure to supply utility services such as gas, water or sewer,
- fines/penalties/punitive damages,
- firing ranges,
- hospitals,

List of Exclusions (cont'd)

- intentional conduct and willful violation of statute,
- jumping/propelling activities including inflatables/jumpy houses, tumbling devices,
- marinas and watercraft,
- medical malpractice,
- remedies other than money,
- nuclear material, pollution, pollution clean-up,

List of Exclusions (cont'd)

- property of a covered party (there's separate property coverage),
- racing contests,
- reasonable accommodation costs,
- reimbursement of money by a covered party who was not legally entitled to it,
- transit operations liability and liability arising from operation of vehicles with seating for 30 or more owned, operated, maintained or used for public transit,
- uninsured/underinsured motorists.

Who's covered?

- The coverage through the City is extended to city officials, employees and volunteers that are acting in an official capacity.
- Coverage is NOT extended to anyone whose conduct is not within the course and scope of his or her employment or office.

The Disclosures

- Please be aware this presentation is intended to provide broad, general information and outline the exclusions in the MOC as currently issued.
- All claims will be examined on an individual basis and may be subject to exclusions at the time of filing.
- You may want to consult your City/Town Attorney regarding coverage.

Questions?



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Robnett Park St. Helena Sebastopol Sonoma Ukiah Willits Windsor

ITEM 8.0

AGENDA ITEM SUMMARY

TITLE: RISK MANAGEMENT ROUND TABLE DISCUSSION

PRESENTED BY: AMY NORTHAM, GENERAL MANAGER

ISSUE/BACKGROUND

This time is reserved for a roundtable discussion of risk management issues that are of concern to the members and to help foster an informed and engaged Board leadership.

Suggested issue for discussion (other items may be discussed at the meeting): What limits of insurance do you require at your city/town?

Please bring other items you would like to roundtable with other REMIF members.

FISCAL IMPACT

None

RECOMMENDED ACTION

None

ATTACHMENT

None