

GUIDE TO COMPLETING

“APPLICATION FOR A PUBLIC ENTITY CERTIFICATE TO SELF-INSURE”

Page 1:

- a) enter name of Agency, address and Federal Tax ID number;
- b) name and title of Agency contact to receive correspondence regarding application;
- c) under “Other” enter type of public entity (ie: water district, irrigation district, etc);
- d) enter date self-insurance will begin

Page2:

- a) complete information regarding Agency’s current workers’ compensation insurance;
- b) enter anticipated date Agency will enter into JPIA Workers’ Compensation Program (same date as (d) above on page 1);

Page 3:

- a) enter number of employees in Agency;
- b) advise if any employees will not be included in this self insurance program;
- c) name of individual in your Agency responsible for Injury and Illness Prevention Program;

Page 4:

- a) signature, name and title of authorized representative completing application; affix official seal;

Page 5:

- a) complete Board resolution; resolution must accompany application.

**RETURN ORIGINAL APPLICATION AND RESOLUTION TO THE JPIA.
BOTH DOCUMENTS MUST HAVE A WET SIGNATURE AND AGENCY SEAL.**



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):

Marina Coast Water District

Street Address of Main Headquarters:

11 Reservation Road

Mailing Address (if different from above):

Federal Tax ID No.:

Marina,

CA

93933

94-1636200

City:

State:

Zip + 4:

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Jean Premutati

Title: Management Services Administrator

Company Name: Marina Coast Water District

Mailing Address: 11 Reservation Road

City: Marina State: CA Zip + 4: 93933

Type of Public Entity (check one):

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

Other (describe): Water District

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: October 1, 2010

CURRENT PROGRAM FOR WORKERS' COMPENSATION LIABILITIES

Currently Insured with State Compensation Insurance Fund, Policy Number: 000266-395

Policy Expiration Date: June 30, 2010 Yearly Premium: \$ 55,459

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

Currently Self Insured, Certificate Number: _____

Name of Current Certificate Holder: _____

Other (describe): _____

JOINT POWERS AUTHORITY

Will the applicant be a member of a workers' compensation Joint Powers Authority for the purpose of pooling workers' compensation liabilities?

Yes No If yes, then complete the following:

Effective date of JPA Membership: October 1, 2010 JPA Certificate No.: _____

Name and Title of JPA Executive Officer: _____

Name of Joint Powers Authority Agency: _____

Mailing Address of JPA: _____

City: _____ State: _____ Zip + 4: _____

Telephone Number: (____) _____

PROPOSED CLAIMS ADMINISTRATOR

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

JPA will administer, JPA Certificate No.: _____

Third party agency will administer, TPA Certificate No.: _____

Public entity will self administer Insurance carrier will administer

Name of Individual Claims Administrator: _____

Name of Administrative Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip + 4: _____

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

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

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

AGENCY EMPLOYMENT

Current Number of Agency Employees: 35

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

If a school district, number of certificated employees: --

Will all agency employees be included in this self insurance program? Yes No

If no, explain who is not included and how workers' compensation coverage is to be provided to the excluded agency employees:

INJURY AND ILLNESS PREVENTION PROGRAM

Does the agency have a written Injury and Illness Prevention Program? Yes No

Individual responsible for agency Injury and Illness Prevention Program:

Name and Title:

Jean Premutati, Management Services Administrator

Company or Agency Name:

Marina Coast Water District

Mailing Address:

11 Reservation Road

City:

Marina

State:

CA

Zip + 4:

93933

Telephone Number: (831) 883-5927

SUPPLEMENTAL COVERAGE

Will your self insurance program be supplemented by any insurance or pooled coverage under a standard workers' compensation insurance policy? Yes No

If yes, then complete the following:

Name of Carrier or Excess Pool: _____

Policy Number: _____

Effective Date of Coverage: _____

Will your self insurance program be supplemented by any insurance or pooled coverage under a specific excess workers' compensation insurance policy? Yes No

If yes, then complete the following:

Name of Carrier or Excess Pool: Arch Insurance Company

Policy Number: WCX0033581 00

Effective Date of Coverage: July 1, 2009

Retention Limits: \$2,000,000

Will your self insurance program be supplemented by any insurance or pooled coverage under an aggregate excess (stop loss) workers' compensation insurance policy? Yes No

If yes, then complete the following:

Name of Carrier or Excess Pool: _____

Policy Number: _____

Effective Date of Coverage: _____

Retention Limits: _____

RESOLUTION OF GOVERNING BOARD

See Attached Resolution—Page 5

CERTIFICATION

The undersigned on behalf of the applicant hereby applies for a Certificate of Consent to Self Insure the payment of workers' compensation liabilities pursuant to Labor Code Section 3700. The above information is submitted for the purpose of procuring said Certificate from the Director of Industrial Relations, State of California. If the Certificate is issued, the applicant agrees to comply with applicable California statutes and regulations pertaining to the payment of compensation that may become due to the applicant's employees covered by the Certificate.

Signature of Authorized Official:

Date:

Typed Name:

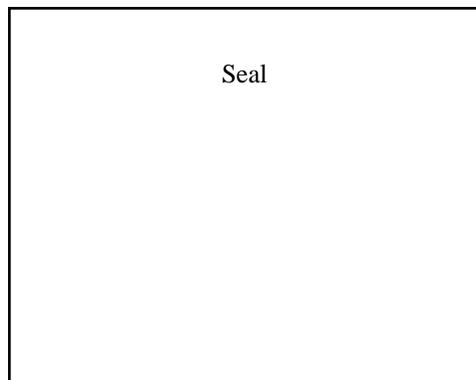
James Heitzman

Title:

General Manager

Agency Name:

Marina Coast Water District



(Emboss seal above or Notarize signature)

RESOLUTION NO.: 2010- DATED: June 22, 2010

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

At a meeting of the Board of Directors
(enter title)

of the Marina Coast Water District,
(enter name of public agency, district)

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

held on the 22nd day of June, 192010, the following resolution was adopted:

RESOLVED, that the General Manager
(enter position titles)

be and they are hereby severally authorized and empowered to make application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities on behalf of the

Marina Coast Water District
(enter name of district)

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

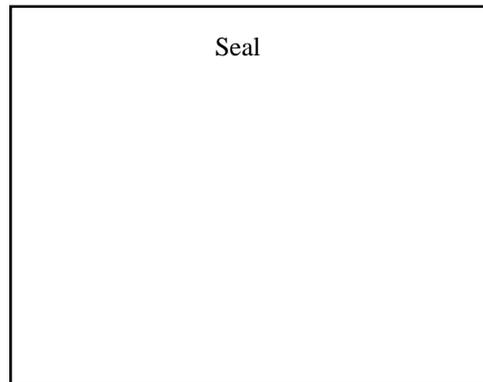
I, Kenneth K. Nishi, the undersigned President
(enter name) (enter title)

of the Board of the said Marina Coast Water District,
(enter name of agency)

a water district, hereby certify that I am the President
(enter type of agency) (enter title)

of said Marina Coast Water District, that the foregoing is a full, true and correct copy of the
(enter type of agency)
resolution duly passed by the Board at the meeting of said Board held on the day and at the place therein specified and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.

IN WITNESS WHEREOF: I HAVE SIGNED MY NAME AND AFFIXED THE SEAL OF THIS



water district,
(enter type of agency)
THIS 22nd DAY OF June, 192010

(Signature)