

ATTACHMENT A



c/o ALLIANT INSURANCE SERVICES, INC.
100 Pine Street, 11th Floor, San Francisco, CA 94111

Insurance License No.: 0C36861
Fax: 415.874.4813

OFFICERS:

Craig Murray, President
805.684.7214
Sandeep Karkal, Vice President
415.892.1694

RECENT PAST PRESIDENTS:

Greg Baatrup
2018-2020
Paul Bushee
2014-2018

BOARD OF DIRECTORS MEETING AGENDA
Meeting Via Teleconference as below:

Date/Time: Thursday, June 24, 2021
8:00 AM Meeting

LOCATION: Alliant Offices
100 Pine Street, 11th Floor
San Francisco, CA 94111

Phone One-Tap: +16699006833,,92854180180#,,,,*869521#

Meeting URL: <https://alliantinsurance.zoom.us/j/92854180180?pwd=YkhKYIE5VHJpTk1Mc1Mva1kxVytVUT09>

A. CALL TO ORDER		I: Information	
		V: Verbal	
B. PUBLIC COMMENTS		A: Action	
		H: Handout	
C. BOARD MEMBER COMMENTS		S: Separate	
D. CONSENT CALENDAR			
1. Meeting Minutes - January 28, 2021		A	p. 3
<i>Recommendation: Approve minutes from their last meeting.</i>			
E. GENERAL ADMINISTRATION			
1. Estimated Actual 20/21 Budget & Proposed 21/22 Budget		A/S	p. 12
<i>Recommendation: Approve the proposed 21/22 FY budget.</i>			
F. OFFICER/STAFF/COMMITTEE REPORTS			
1. Pooled Liability Program			
a. Nevada County Sanitation District No. 1 - Prospective Member		A	p. 20
<i>Recommendation: Review and approve Nevada County Sanitation District No. 1's membership</i>			
b. Central Contra Costa Sanitary District - Prospective Member		A	p. 29
<i>Recommendation: Review and approve Central Contra Costa Sanitary District's membership</i>			
2. Workers' Compensation Program			
a. Proposed Amendment to the Memorandum of Coverage (MOC)		A	p. 38
<i>Recommendation: Review and approve the proposed amendment to the MOC.</i>			
3. Property Program			
a. Pooled Layer		A	p. 49
<i>Recommendation: Review and approve the formation of a Property Program Pooled Layer.</i>			
4. Primary Insurance Program			
a. None			
G. RESOLUTIONS			
None			
H. INFORMATION ITEMS			
1. Article - US Water Power Cyber Networks Are Shockingly Vulnerable to Hacks		I	p. 59
2. Article - How to Minimize Your Exposure to Wildland Fire Loss		I	p. 65
3. Article - Building Core Competencies		I	p. 69
4. Article - California faces worst drought in decades Economic disaster		I	p. 75

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5.	CSRMA 2021 Meeting Calendar	I	p. 78
6.	CSRMA Organizational Chart	I	p. 79
7.	CSRMA Service Team Chart	I	p. 80

The Board of Directors will be asked to review the Information Items.

I. ADJOURNMENT

The next meeting will be held August 12, 2021 in conjunction with the CASA Conference in San Diego.

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**Agenda Item No. F.1.a
Board of Directors Meeting
Meeting Date: June 24, 2021**

Pooled Liability Program Nevada County Sanitation District No. 1 – Prospective Member

ISSUE: The Nevada County Sanitation District No. 1 (NCSD) has asked CSRMA to provide them with a quotation for inclusion into the Pooled Liability Program effective July 2021. They are not a member of the JPA and are required to seek membership in CSRMA prior to coverage being bound.

RECOMMENDATION: The Executive Board recommends that the Board of Directors approve NCSD's membership in CSRMA and participation in the Pooled Liability Program effective July 13, 2021.

FISCAL IMPACT: The approximate annual deposit is \$300,000, of which the reinsurance and excess liability is a majority of the cost. This contemplates a \$25,000 deductible.

BACKGROUND: The Wastewater Division of the Nevada County Public Works Department administers and maintains sewage collection systems and treatment facilities for Nevada County Sanitation District No. 1. The Sanitation District collects and treats 1,245,000 gallons of wastewater each day and provides sewer service to 5,230 accounts in western Nevada County with a population of 14,000.

The CSRMA Risk Control Advisor and Staff had a virtual meeting with the Wastewater Operations Manager (Brad Torres), the County Public Works Director (Trisha Tillotson) and the County Risk Manager (Nick Pool) to become acquainted with the Sanitation District and learn about their risk management efforts.

The Sanitation District has had 19 claims over the past 10 years; five (5) of those claims were in excess of \$25,000 (proposed deductible); total incurred for all claims is \$1,363,844.73; of which \$1,022,500.00 (\$750,000 reserved) is attributed to one (1) claim in 2017.

The reinsurers and excess liability carriers have approved the addition of NCSD to the Pooled Liability Program; albeit, at a cost higher than anticipated.

ATTACHMENTS: General Liability Questionnaire.

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CALIFORNIA SANITATION RISK MANAGEMENT AUTHORITY

GENERAL LIABILITY QUESTIONNAIRE
FOR WASTEWATER AGENCIES AND DISTRICTS

POOLED LIABILITY PROGRAM AND PRIMARY INSURANCE PROGRAM

*(PLEASE USE SEPARATE SHEET WHERE REQUIRED FOR EXPLANATION OF ANSWERS)*NAME OF AGENCY/DISTRICT: Nevada County Sanitation District #1

The Agency/District warrants and agrees that the answers, including attachments, are in all respects true and shall be deemed material and that the California Sanitation Risk Management Authority (CSRMA) and any insurance company underwriters providing coverage will rely upon same when issuing a Memorandum of Coverage or insurance policy. The Agency/District further warrants that all pertinent information has been fully disclosed. The Agency understands that submission of the information creates no obligation on the part of the CSRMA and any insurance companies to provide a proposal. No proposal will be provided unless all questions are answered, and the questionnaire is signed by a duly authorized Agency or District official.

It is understood that coverage provided by any insurance company does contain an absolute or total pollution exclusion.

It is further understood and agreed that any insurance company is not responsible for the investigation or defense of any loss, injury or damage or any cost, fine or penalty or for any expense or claim or suit, related to pollution exposures.

SIGNATURE: _____

TITLE: _____

DATE: _____

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LIABILITY INSURANCE SURVEY UNDERWRITING INFORMATION

I. GENERAL INFORMATION

Agency Name: Nevada County Sanitation District #1

Phone Number: 530-265-1411

Fax Number: _____

Street Address: 950 Maidu Ave

Mailing Address: 950 Maidu Ave

City, State, Zip: Nevada City, CA 95959

Name of Person Completing Survey: Brad Torres

Is your agency a Joint Powers Agency? No
(If "yes," please include a copy of the JPA Agreement)

Please provide names of member agencies: _____

Miles of Sewer (excluding House Laterals): 135.15

Number of Employees: 18 employees

Nature of Services Provided *Directly* by Agency:

Wastewater Collection: Yes

Wastewater Treatment: Yes

Potable Water Treatment: No

Solid Waste Distribution: No

Recycled Water Production or Distribution: No

If Yes, what percentage of your ADDWF (influent) is reclaimed? _ %
Of this, what percentage is used off-site ____ %
for what purpose(s): _____

Miles of Recycled Water Line: _____

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Are you engaged in any activities outside of your wastewater operations? No
(i.e. Van Pools, Selling of Biosolids, Cattle Ranching, etc.)

If Yes, please describe.

Please describe any other operations:

Nature of Services Contracted to Others: (Include Copies of Contracts)	<u>Annual Cost</u>
Wastewater Treatment:	\$ _____
Sludge Removal:	\$ _____
Sludge Disposal:	\$ <u>40,000.00</u>
Other (describe):	\$ <u>20,000 for Instrument</u>

Is there any other operational authority that your agency has that is not related to collection and/or treatment of waste water or sewage? No

If "Yes," please provide a description of these operations below:

<u>Sale of Processed End Products:</u>	<u>Annual Sales</u>
Recycled Water:	\$ _____
Sewage Sludge:	\$ _____
Digester Gas:	\$ _____
Other: (Please describe)	\$ _____

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Payroll Information

Payroll

Administrative:	\$273,322.00
Sewage Disposal/Plant Operations:	\$1,099,539.00
Sewer Cleaning (your operation):	\$1,067,359.00
Sewer Mains or Connections Construction:	\$0
Water Company:	\$0
Water Mains or Connection Construction:	\$0
Sewer Cleaning for Others:	\$0

II. COMPREHENSIVE GENERAL LIABILITY INFORMATION

Briefly describe collection system, including comments on the following:

Gravity - Miles of Line:	72.3
Pumping Stations - How Many:	31
Force Mains - Miles of Line:	21.85
Pressure Sewers - Miles of:	10

Type of Terrain (explain): Sierra Nevada foothills, near lakes and creeks

Does your Agency have storm drain connections, open canal/ditch connections or open outfall: No

Dams, reservoirs, levees or ponds: Yes

If "Yes," please describe (including construction, downstream exposure, inspection procedures): Inspections are performed monthly inspecting water levels, vegetation growth, and

Does your Agency generate on-site electricity: No

If "Yes," please describe: _____

Permitted capacity of your treatment plant in MGD:	2.167
Licensed capacity:	2.167
Percentage in use:	52%

Average Daily Dry Weather Flow (Lowest 3 consecutive months): 1.124 mgd

(Attach flow data from monthly regional board report)

Does your Agency have joint ownership in a treatment plant: No

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If "Yes," please provide a description of the relationship:

Water Exposures

(Please answer the following or write N/A as appropriate.)

Average daily flow for water exposure only (MGD): N/A

Miles of water pipeline: N/A

Number of water pump stations: N/A

What is your source of water? Nevada Irrigation Dis

Describe any treatment facilities for water only:

What chemicals are used?

III. AUTOMOBILE

1) *Please attach a full schedule of licensed vehicles, mobile equipment and trailers in use by your district including:*

- *Year, make and model*
- *Cost new of each*
- *Vehicle ID number*
- *City of garaging*
- *Gross vehicle weight*

2) *Please attach a list of drivers consisting of names, driver's license identification numbers and dates of birth for all employees.*

NOTE: CSRMA has a mandatory policy regarding driving standards which eliminate coverage for employees with six or more DMV Violation points in the last three years.

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IV. PUBLIC OFFICIALS/EMPLOYEES

Names and official titles of governing board members:

<u>Name</u>	<u>Title</u>	<u>(E)lected or (A)ppointed?</u>
Heidi Hall	Supervisor Chair District 1	E
Ed Scofield	Supervisor District 2	E
Dan Miller	Supervisor Vice-Chair District 3	E
Susan Hoek	Supervisor District 4	E
Hardy Bullock	Supervisor District 5	E

For any appointed, please indicate by whom:

V. ANNUAL FISCAL STATEMENT OF AGENCY (3 YEARS):

	<u>Revenues/Income</u>	<u>Expenditures</u>
Current FY (budgeted):	\$ <u>9,777,440</u>	\$ <u>10,684,662</u>
Prior FY:	\$ <u>12,630,521</u>	\$ <u>11,068,322</u>
2 Years Prior FY:	\$ <u>17,044,278</u>	\$ <u>15,897,250</u>

Any subsidiary affiliated or related agencies, boards, commissions or authorities: No

If "Yes," provide name, function and budget for each specific entity:

In the past five years, have you had any of the following?

Strike, slowdown or other employee disruption:	No
Layoffs or reduction in services:	No
Allegations of unfair or improper treatment: (re: hiring, remuneration, advancement, termination)	Yes
Disputes involving discrimination/civil rights:	No
Grand jury investigation, recall proceedings:	No
Indictment of any public officials:	No

If "Yes," to any of above please explain below or provide supplemental information sheet.
Contact Human Resources

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VI. SPILLS & OVERFLOWS

Please list and describe any overflow and spills occurring over the past 365 days (one year). Describe how these will be prevented in the future and which spills or overflows have been reported to the regional board. Describe your Agency's emergency procedures to mitigate backups.

Please attach any supporting documentation, if needed.

No spills in 2020 to early 2021.

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PUBLIC ENTITY ERRORS & OMISSIONS SUPPLEMENT

Please complete and sign this section so that we may obtain a quotation/renewal quotation through the CSRMA. *For any "yes" responses, please attach detailed additional information.*

- 1) Please list any employees who have professional designations (i.e. attorneys, architects, engineers, accountants)?

<u>Name</u>	<u>Designation</u>
_____	_____
_____	_____
_____	_____
_____	_____

- 2) During the past five years, have there been any disputes or claims alleging:
- a) Appropriation or condemnation of property? No
 - b) Wrongful granting or refusal to grant zoning changes, building permits or similar allowances? No
 - c) Wrongful approval of building designs or specifications? No
 - d) Citizen complaints regarding operations (i.e. odors): No
 - e) Regulatory violations (except NPDES)?:

Other than the above, no fact, circumstance or situation indicating the probability of a claim or action is now known to any public official or employee: and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage here being applied for.

The official designated to receive any and all notices from the Authority, or their authorized representative(s), concerning this insurance is:

Nicholas Poole _____ Risk Manager _____
Name Title

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the Authority, to affect coverage, the undersigned on behalf of the Authority agrees that this form and said statements shall be the basis of any quotation which may be submitted.

29-Jan-21 _____
Date
Nicholas Poole
Public Official's Signature
Nicholas Poole _____
Title

Digitally signed by Nicholas Poole
Date: 2021.01.29 15:05:20 -08'00'