RESOLUTION NO. 3392

A RESOLUTION OF THE CITY OF REDLANDS ESTABLISHING A SELF-INSURED RETENTION PROGRAM AND CREATING AN INSURANCE TRUST FUND

WHEREAS, it is necessary for the City of Redlands to establish a self-insured retention program to satisfy general liability insurance requirements of the City, and

WHEREAS, it is necessary to accumulate reserve funds in support of this program,

BE IT HEREBY RESOLVED as follows:

- 1. That an Insurance Trust Fund be created.
- 2. That charges to the various funds for liability insurance coverage be accumulated in the Insurance Trust Fund.
- 3. That reserves established in this fund be used only to satisfy claims against the City or to satisfy expenses incurred in conjunction with the liability insurance program of the City.
- 4. That all funds in said Insurance Trust Fund shall be held in an inactive account, or all, or part of said funds may be invested in a manner provided by law in the State of California.
- 5. That all interest paid for such investments shall be credited to the Insurance Trust Fund.

BE IT FURTHER RESOLVED, that the Finance Director be authorized to establish an imprest cash account with the insurance carrier to facilitate payment of small claims not exceeding \$2,500.00. The balance in this account will not exceed a two-month cost experience.

This resolution shall take effect on the <a>16th day of <a>August 1977.

ADOPTED, SIGNED and APPROVED this 17th day of August, 1977.

ATTEST:

Mayor of the City of Redlands

APPROVED FOR FORM:

City Attorney

A 4-61 January 1979 DEPARTMENT OF INDUSTRIAL RELATIONS Self-Insurance Plans
1003 Fourth Street, Room 8-B
Sacramento, California 95814

DEPARTMENT OF INDUSTRIAL RELATIONS SELF-INSURANCE PLANS

APPLICATION FOR A CERTIFICATE OF CONSENT TO SELF-INSURE

for Public Entities

Read instructions before completing.

All questions must be answered. If not applicable use symbol N/A.

Workers' Compensation Insurance must be maintained until certificate is effective.

To the Director of Industrial Relations

The undersigned, an employer, hereby applies for a Certificate of Consent to Self-Insure the payment of Workers' Compensation as provided by Section 3700, Labor Code of California.

The following information is submitted, under penalty of perjury, for the purpose of procuring a Certificate of Consent to Self-Insure, which may be given upon proof, satisfactory to the Director of Industrial Relations, of ability to self-insure and to pay compensation that may become due to employees.

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10	1. Official Name of Applicant City of Redlands	
100	(Show name exactly as it is in the Charter of other official documents)	
2	2. Principal office address (include county) 30 Cajon Street, Redlands, San Bernardino,	CA
3	3. Person in charge of Self Insurance Program H. L. Archbold, Finance Director	
4		
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مو	(Chartered City, General Law City, Special District, etc.)	
5	o. Joint Pooling or Joint Powers Agreement: Yes No X If a Member provide:	
	Effective Date of JPA Membership Prior to JPA Membership Yes [No [
	JPA Entity Name Name of IPA Manager	
	AddressTelephone	
6.		
	If yes: Current Yearly Premium (FY)	
7.	JAN NOV. 1978: Current Yearly Incurred Losses (FY) \$137,370.80 Paid and Unpaid Liability	
8.		
	T CIChilotti	
9.	If yes: Name of Agency R. L. Kauta and Gr	
	Address of Agency 1800 Avenue of Stars, Los Angeles, CA Telephone 213 - 556 - 1111	
10.	Total Number of Employees: 350	
11.	Number of Public Safety Officers (Law enforcement, policemen, firemen, etc.) 91	
12.	Name of Individual responsible for safety and accident prevention. Name H. L. Archbold Title Finance Director Address P. O. Box 280, Redlands, CA Telephone 714 - 793-2641	

AGREEMENT

This application is filed with the understanding and the agreement of the applicant herein that a Cer	tificate of
Consent to Self-Insure, if granted, will be accepted subject to the authority of the Director of Industrial Re-	lations to
prescribe the rules and regulations upon which said Certificate of Consent to Self-Insure shall be granted or o	continued
and subject to the full right and authority of the said Director of Industrial Relations to prescribe new and a	additional
rules and regulations. It is further agreed that, following revocation or invalidation of said certificate, the app	licant will
pay fees and expenses as provided in the rules and regulations.	

I, H. L. Archbold , the undersigned, certify under penalty of perjury, that I am acquainted with (Print or Type)

the affairs of said applicant employer to which the representations and statements set forth in the foregoing application, attachments, exhibits, and addenda relate: that I have read said application, attachments, exhibits, and addenda, know the contents thereof and that said representations and statements therein contained are true to the best of my knowledge, information, and belief.

Attest:

Signature (Authorized by Resolution)

Title Director of Finance

(SEAL OF APPLICANT)*

RESOLUTION

Attach copy(ies) of Governing Body's Resolution or minutes of the meeting whereby self-insured status for workers compensation liabilities was authorized and that certain persons (by job title) were authorized to act for the Body in this regard.

I, Peggy A. Moseley, the undersigned Clerk of the said City of Redlands
(Print of Type)

a public entity, hereby certify that I am the Clerk of the said public entity, that the foregoing is a full, true and correct copy of the resolution duly passed by the City Council, thereof at a meeting of said authority

Authority-Governing Body

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 BY NAME AND AFFIXED THE SEAL OF THIS

City of Redlands THIS 29th DAY OF January , 1979

(SEAL OF APPLICANT)*

SIGNATURE

: Reggy a In only City Clark

^{*}Note seal is required to be affixed twice.