

RESOLUTION NO. _____

**RESOLUTION OF THE BOARD OF COMMISSIONERS OF THE
LOS ALTOS HILLS COUNTY FIRE DISTRICT AUTHORIZING PURCHASE OF
WORKERS' COMPENSATION INSURANCE THROUGH STATE COMPENSATION
INSURANCE FUND**

WHEREAS, the Los Altos Hills County Fire District ("District") does not currently have any employees; and

WHEREAS, District and its Board of Commissioners ("District Board") read, considered, and authorized execution of the General Manager Employment Agreement ("Employment Agreement") between the District and Jo Anne Logan ("Logan"); and

WHEREAS, Logan's employment will commence on October 1, 2018; and

WHEREAS, California law requires employers to have workers' compensation insurance; and

WHEREAS, the District must obtain workers' compensation insurance before Logan's employment commences; and

WHEREAS, the District obtained a quote from State Compensation Insurance Fund ("State Fund") for workers' compensation insurance to cover Logan's employment which is attached hereto as Exhibit A.

NOW, THEREFORE, the District Board does **RESOLVE** as follows:

Public interest and convenience require the District to authorize the District President to purchase workers' compensation insurance through State Fund as described in the quote attached hereto as Exhibit A.

PASSED AND ADOPTED this 11th day of September, 2018.

By: _____
George Tyson, Board President

ATTEST:

District Clerk

Exhibit A



This document does not provide insurance

Applicant Copy

Quote ID: 801133685

THIS IS NOT A BILL

Quote Date: 8/8/2018

Applicant: Los Altos Hills County Fire District

12355 S El Monte Rd

Los Altos Hills, CA 94022

Phone: (650) 324-9300

Contact: Jennfier Beyers

WCIRB Number:

Proposed Coverage period: 10/1/2018 - 10/1/2019

Employer's Liability Limit: \$1,000,000.00

Estimated Premium Summary

Base Premium	\$855.00
Experience Modification	N/A
Estimated Standard Premium	\$855.00
Estimated Modified Premium	\$709.00
Total Estimated Annual Premium	\$1,015.00
Minimum Premium	\$1,015.00
Mandatory Surcharges	
WCA Surcharge	\$8.00
WCFA Surcharge	\$3.00
UEBT Surcharge	\$1.00
SIBT Surcharge	\$4.00
OSHF Surcharge	\$3.00
LEC Surcharge	\$2.00
CIGA Surcharge	\$20.00
Initial Premium Deposit	\$1,015.00
Total Deposit	\$1,056.00

State Fund Representative: Donna Jean Diaz

Phone: (707) 455-9140