



AGENDA

LEGEND: A - Action may be taken
I - Information
1 - Included
2 - Handout
3 - Separate
4 - Verbal

JPA: ACCEL UNDERWRITING COMMITTEE MEETING

DATE/TIME: Monday, February 9, 2026 at 2:00 PM

LOCATION: Teleconference

Link: <https://alliantinsurance.zoom.us/j/97020360691?pwd=ftBoqbcSEvfoACF2YFDyoz9zN97o3e.1>

Dial: 1 (669) 900 6833

Meeting ID: 970 2036 0691

Passcode: 246008

In accordance with the requirements of the Brown Act, notice of this meeting must be posted in publicly accessible places, 72 hours in advance of the meeting, at the office of ACCEL's Secretary.

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 Alliant Insurance Services at (415) 403-1400, 24 hours in advance of the meeting. Access to some buildings may require routine provision of identification to building security. However, ACCEL does not require any member of the public to register his or her name, or to provide other information, as a condition to attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.

- MEMBER LOCATIONS VIA TELE - CONFERENCE**
- **City of Anaheim**, 201 South Anaheim Boulevard, Suite 503, Anaheim, CA 92805
 - **City of Bakersfield**, 1600 Truxtun Avenue, 4th Floor, Bakersfield, CA 93301
 - **City of Burbank**, 275 E Olive Avenue, Burbank, CA 91510
 - **City of Palo Alto**, 250 Hamilton Avenue, Palo Alto, CA 94301
 - **City of Santa Cruz**, 1200 Pacific Avenue, Suite 290, Santa Cruz, CA 95060

PAGE

A. CALL TO ORDER

B. CONSENT CALENDAR

(A)

2-5

- 1 1. Approval of Minutes for the January 6, 2025 Underwriting Committee Meeting
The Committee will review these minutes and will take action to approve or give direction.

C. REPORTS

1. UNDERWRITING COMMITTEE'S REPORT

6-19

1 & 2

- a) Application to ACCEL: City of Livermore
The Committee will review a potential new member application to ACCEL and may take action to provide a recommendation to the Board or give direction.

(A)

D. PUBLIC COMMENTS

(I)

- 4 *The public is invited at this point to address the Committee on issues of interest to them.*

ADJOURNMENT

**MINUTES OF THE
ACCEL UNDERWRITING COMMITTEE
MEETING**

**Item No. B1
Underwriting Committee
February 09, 2026**

Tuesday, January 6, 2026 at 1:30 PM

**LOCATION:
Teleconference**

Link:

<https://alliantinsurance.zoom.us/j/99860198635?pwd=OGL7hNhw3mALFJ9NGr22sgasWnsoW.1>

Dial: 1 (669) 444 9171

Meeting ID: 998 6019 8635

Passcode: 718027

MEMBERS PRESENT:

Tracey Matthews, City of Anaheim
Alvaro Valdez, City of Burbank
Kelly-Louise Poggetti, City of Palo Alto
Ross Brandon, City of Santa Cruz

MEMBERS ABSENT: None

GUESTS AND CONSULTANTS:

Conor Boughey, Alliant Insurance Services
Thomas Joyce, Alliant Insurance Services
Lorissa Huey, Alliant Insurance Services
Matthew Braley, City of Modesto (left 2:29pm)
Greg Milligan, City of Santa Barbara (left 2:32pm)

A. CALL TO ORDER

Tracey Matthews called the meeting to order at 1:33 PM.

B. CONSENT CALENDAR

B1. Approval of Minutes for the September 11, 2025 Underwriting Committee Meeting

A motion was made to approve the Consent Calendar.



MOTION: Ross Brandon **SECOND:** Alvaro Valdez **MOTION CARRIED**

	Tracey Matthews	Alvaro Valdez	Kelly-Louise Poggetti	Ross Brandon
Aye	X	X	X	X
Nay				
Abstain				

C. REPORTS

C1. UNDERWRITING COMMITTEE’S REPORT

C1a. New Member Applicant to ACCEL

Conor Boughey opened discussion on a potential new member to ACCEL. The prospect was discussed at length, including its risk posture and potential fit in ACCEL.

Direction was given that the prospect’s application would be discussed at a future Underwriting Committee Meeting before the March 2026 Board Meeting. At the March 2026 Board Meeting, the prospect will receive an invitation to attend, pending a satisfactory review of the application.

C1b. New ACCEL Exposure Questionnaire: City of Modesto – Turlock Modesto Administrative Services Contract

Thomas Joyce reported that the City of Modesto submitted a New Exposure Questionnaire for the Underwriting Committee’s review.

The Committee heard from Matthew Braley on this agreement between the cities of Modesto and Turlock. The City of Modesto is receiving a fee from the City of Turlock in exchange for Fire leadership. The Committee discussed at length and compared to similar agreements between other California cities and best risk management practices for such agreements.

A motion was made to instruct the Program Administrators to write a memo to the City of Modesto about mutual indemnification and primary and contributory language.

MOTION: Tracey Matthews **SECOND:** Kelly-Louise Poggetti **MOTION CARRIED**



	Tracey Matthews	Alvaro Valdez	Kelly-Louise Poggetti	Ross Brandon
Aye	X	X	X	X
Nay				
Abstain				

C1c. Proposed Changes to ACCEL’s MOC – Pollution Claims

Thomas Joyce presented Byrne Conley, ACCEL’s General and Coverage Counsel’s proposed redlines to ACCEL’s \$4M excess of \$1M Memorandum of Coverage (MOC) regarding pollution claims. These redlines are to explicitly provide coverage for the peril of 3rd party sewage backup. Specifically, the redlines were clarifying language added to the MOC’s exclusions.

A motion was made to recommend to the Board to adopt the proposed changes in the pollution language to the \$4M excess \$1M MOC effective July 1, 2026.

MOTION: Tracey Matthews **SECOND:** Ross Brandon **MOTION CARRIED**

	Tracey Matthews	Alvaro Valdez	Kelly-Louise Poggetti	Ross Brandon
Aye	X	X	X	X
Nay				
Abstain				

C1d. ACCEL’s Policies & Procedures Review

- i. Underwriting Standards Policy and Procedure
- ii. New Exposure Questionnaire
- iii. Bylaws
- iv. Parametric Aggregate Erosion Policy and Procedure

Thomas Joyce presented the 3 Policies & Procedures (P&P) up for its annual review as well as the currently in-force Bylaws. The Bylaws are included because it contains New Member underwriting information. The Parametric Aggregate Erosion is a newly adopted P&P.

The Committee reviewed and asked questions.



Direction was given to change the reviewed date to today's date.

D. PUBLIC COMMENTS

There were no public comments.

ADJOURNMENT

The Meeting was adjourned at 3:06 PM.

DRAFT

Item No. C1a
Underwriting Committee
February 09, 2026

APPLICATION TO ACCEL: CITY OF LIVERMORE

ISSUE: The City of Livermore filed an application to ACCEL, with the goal of joining ACCEL at 7/1/2026 for the FY26/27 coverage year. ACCEL's Underwriting Committee is responsible for reviewing potential new Members. The City of Livermore provided notice of withdrawal from CJPRMA by their deadline of 12/31/25 and promptly provided ACCEL's application materials to Alliant. Alliant has reviewed the application material, most of which is attached and summarized in this agenda item.

ACCEL has had stable membership since inception in 1986. The newest member is the City of Salinas who joined January 1, 2019. In today's liability market, ACCEL is positioned well: ACCEL has strong pool layer funding, industry best coverage tower, and a cost allocation formula that shifts premiums to and from members based on loss experience. This method of funding is attractive to potential new members.

ACCEL received verbal updates about the City of Livermore's application, but today's meeting is the first Underwriting review. If the Committee reaches a recommendation at today's meeting, the Board of Directors may take action at the March Board Meeting in Santa Cruz. The City of Livermore plans to attend the March Board Meeting.

RECOMMENDATION: Staff recommends the Underwriting Committee review the City of Livermore's application materials to ACCEL. The Committee should discuss, question and form a recommendation for the Board of Directors. Action or direction may be taken.

Additional Consideration

In Favor: If the Underwriting Committee votes to approve the City's application and provide direction to the Board of Directors, this indicates ACCEL has reviewed the city's application favorably and sees the benefit in expanding membership. Strategic growth should result in a more stable program, reduced cost for all members and provide greater revenue to fund ACCEL's risk.

Against: A vote against recommending the City of Livermore's application to ACCEL could indicate several things. ACCEL may choose to keep membership consistent, or may not see the benefit of adding an additional city to the group. A JPA may vote against new membership if the applicant has unfavorable claims experience or exposures.



FISCAL IMPACT: The exact fiscal impact of a new member cannot be determined. Based on the City of Livermore’s claims experience, and projected deposit premiums, the City would have been a financially beneficial member. The chart below shows the 10 year claim expense excess of \$1M along with the 10 year deposit estimate. In addition to the deposit shown, the city would have earned interest on these deposits, which would have increased the deposit premiums. Even without these deposit enhancements, the result shows a net benefit to ACCEL of over \$1M.

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Total
ACCEL Deposit	\$ 158,589	\$ 175,505	\$ 191,598	\$ 224,091	\$ 268,670	\$ 340,046	\$ 511,664	\$ 529,454	\$ 747,085	\$ 826,124	\$ 3,972,826
ACCEL Layer Claims	\$ -	\$ (2,406,936)	\$ -	\$ -	\$ -	\$ (500,000)	\$ -	\$ -	\$ -	\$ -	\$ (2,906,936)
Net Impact	\$ 158,589	\$ (2,231,431)	\$ 191,598	\$ 224,091	\$ 268,670	\$ (159,954)	\$ 511,664	\$ 529,454	\$ 747,085	\$ 826,124	\$ 1,065,890

BACKGROUND: The background is broken out into several sections to provide details about this city:

General City Information:

The City of Livermore is a mid-sized full-service municipality located in Alameda County, at the eastern edge of the San Francisco Bay Area. The City is approximately 40 miles southeast of San Francisco and is part of the Tri-Valley regional economy (Amador, Livermore and San Ramon). The city encompasses approximately 26 square miles and serves as the largest city in the Tri-Valley sub-region. Livermore has a population of roughly 88,000 residents, placing it in the category of stable mid-size California cities. The community is relatively affluent, with strong household income levels and a workforce heavily represented in business, science, and technical fields.

Operationally, Livermore as a California charter city providing full municipal services. Core service lines include police, fire/EMS (through a separate regional fire JPA serving roughly 150,000 residents – LPFD is in BCJPIA, previously in CJPRMA), public works infrastructure, airport operations, transit coordination, municipal golf course and administrative services such as finance, HR, IT, and cybersecurity support to city departments and leadership. Park and Recreation is handled through a separate district.

Risk Management:

The City of Livermore has a full time Risk Manager, Jas Sidhu. The City is Self-Administered for Liability Claims. The City Attorney (Kimberly Cilley, previous 14 years at Mountain View) is active in the defense of claims or oversees outside counsel handling litigation. The Risk Manager is within the City Attorney’s office, similar to the City of Salinas.

Coverage History for Livermore:

City of Livermore obtains liability and property coverage through CJPRMA. CJPRMA is a JPA in which members have high retentions, the pool only retains liability risk. CJPRMA has member retentions of \$500K, \$750K, \$1M and higher.

ATTACHMENT(s): The following attachments are included:

1. Livermore’s ANML Application (ACCEL’s application)
2. ACCEL Renewal Worksheet with Livermore Included

HANDOUT(s):

1. City of Livermore – Loss Run with Closed Claims

**ALLIANT MUNICIPAL LIABILITY PROGRAM (ANML)
INSURANCE APPLICATION
2026-27**

*For Agency Use Only
Producer Name:
Producer Number:*

Please answer all questions. Enter N/A if it does not apply. Ten-year complete history of claims (no "capped" amounts) must be provided via e-mail, in excel format including all Auto, GL & E&O claims and expenses, both payments & reserves, claim status, date closed (if applicable)

1. **Applicant/Insured:** City of Livermore

2. **Mailing Address:** 1052 S. Livermore Avenue

3. **Insd. Street Address:** _____

*(For overnight mailings)
(Must be street no.-not P.O. Box)*

4. **Contact Name/Title:** Jas Sidhu, Risk Manager

5. **Phone:** 925-960-4173

6. **Fax:** 925-960-4180

7. **E-Mail:** jksidhu@livermoreca.gov

7a **Website:** www.livermoreca.gov

8. **Complete Named Insured:**

City of Livermore

9. **Description Of Operations:** Municipal government

10. **Federal Tax ID Number:** 94-6000359

11. Is the public entity afforded any judicial or statutory tort immunities or tort caps? Yes No

If yes, describe and give the statute citation:

12. Does the purchase of liability insurance waive any applicable tort immunities/caps? Yes No

PERSON COMPLETING APPLICATION: Jas Sidhu

TITLE: Risk Manager

DATE APPLICATION COMPLETED: 1/6/2026

APPLICANT: _____

• Current •

TOTAL LIMIT OF LIABILITY:	40,000,000
SELF-INSURED RETENTION:	750,000
EMPLOYMENT PRACTICES SIR:	750,000
OTHER SIR (PLEASE CLARIFY):	\$
POLICY EXPIRATION DATE:	6/30/2026

PLEASE DETAIL ANY DIFFERING LIMITS OF LIABILITY BY COVERAGE AND/OR SUBLIMITS.

PLEASE PROVIDE THE RETRO DATE FOR ANY COVERAGE CURRENTLY BEING OFFERED ON A CLAIMS MADE BASIS

RETRO DATES, IF ANY: _____

Optional quote(s) requested

None

Quote 1:

SELF-INSURED RETENTION:	\$1,000,000 _____	LIMIT OF LIABILITY:	\$ _____	OPTL. XS LIABILITY:	\$ _____
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Quote 2:

SELF-INSURED RETENTION:	\$1,500,000 _____	LIMIT OF LIABILITY:	\$ _____	OPTL. XS LIABILITY:	\$ _____
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Quote 3:

SELF-INSURED RETENTION:	\$ _____	LIMIT OF LIABILITY:	\$ _____	OPTL. XS LIABILITY:	\$ _____
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I. LIABILITY INSURANCE

A. GENERAL EXPOSURE INFORMATION

NUMBER OF OFFICIALS: Elected: 5 Appointed: 7
1. POPULATION: 85,189 AREA (SQ MILES): 26.44
2. NUMBER OF EMPLOYEES:
 FULL-TIME: 389
 PART-TIME: 13
 VOLUNTEERS: 74

3. PAYROLL INFORMATION:

PROVIDE TOTAL GROSS PAYROLL (INCLUDE W-2 AND 1099 PAYROLL) FOR CLASSIFICATIONS. EXCLUDE HOSPITALS, AIRPORTS & FIXED ROUTE TRANSIT.

	(Projected) <u>NEXT FY</u>	<u>CURRENT FY</u>	<u>1ST PRIOR FY</u>	<u>2ND PRIOR FY</u>
FIRE FIGHTERS	0	0	\$	\$
SHERIFF/POLICE	\$22,388,731	\$20,825,439	\$	\$
ALL OTHERS	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

4. TOTAL PROJECTED BUDGET:

	<u>NEXT FISCAL YEAR</u>	<u>CURRENT FISCAL YEAR</u>	<u>LAST FISCAL YEAR</u>
TOTAL BUDGET	\$ 252,604,896	\$254,095,412	\$ 253,257,192
LESS CAPITAL IMPROVEMENTS	\$ 0	\$0	\$ 0
LESS PUBLIC ASSISTANCE	\$ 0	\$0	\$ 0
NET OPERATING EXPENDITURES	\$ 252,604,896	\$254,095,412	\$ 253,257,192

B. SPECIFIC EXPOSURE INFORMATION

1. BEACH OR WATER FRONT PROPERTY: YES NO

A) FRONTAGE AREA: YES NO _____ FT MI

2. WHARVES/PIERS/DOCKS/MARINAS: YES NO

LAKES OR RESERVOIRS: YES NO

3. SWIMMING POOLS: YES NO NUMBER: _____

DIVING BOARDS: # _____ AND # OF BOARDS EXCEEDING 3 METERS IN HEIGHT _____

10 METER PLATFORMS: # _____

LIFEGUARDS: # _____

WATER SLIDES: # _____

4. GOLF COURSES: YES NO

5. SUMMER CAMPS: YES NO

6. ZOOS: YES NO NUMBER: _____

7. AMUSEMENT PARKS: YES NO NUMBER: _____

8. MECHANICAL RIDES: YES NO NUMBER: _____

9. ANY OTHER RIDES: YES NO

IF YES, DESCRIBE: _____

10. SKATEBOARD PARKS: YES NO NUMBER: _____

11. WATER PARKS: YES NO NUMBER: _____

12. STADIUMS & GRANDSTANDS OR BLEACHERS (OVER 5,000 SEATING CAPACITY): YES NO

NUMBER: _____ CAPACITY: _____

13. BOATS, TUGS OR FERRIES: YES NO

DESCRIBE: (TYPE, USE, SIZE, HORSEPOWER)

14. RECREATIONAL WATER FACILITIES: YES NO

DESCRIBE:

15. **PARKS:** YES NO

NUMBER AND AREA OF EACH IN ACRES:

See attached Excel spreadsheet containing list of parks

16. **FAIRGROUNDS:** YES NO AREA: _____

DESCRIBE: _____

17. **RACE TRACKS:** YES NO

DESCRIBE: _____

18. **SPECIAL EVENTS SPONSORED BY INSURED:** YES NO

(FESTIVALS, EXHIBITIONS, ETC.)

DESCRIBE:

Annual July 4th Event at Livermore Municipal Airport (no fireworks)

19. **DRONES:** YES NO

DESCRIBE (i.e. type, model and serial number):

See attached Excel spreadsheet containing list of drones

20. **EXHIBITION HALL/AUDITORIUM/CONVENTION CENTER:** YES NO

21. **LANDFILLS OR DUMP SITES:** YES NO NUMBER: _____

22. **DAMS/RESERVOIRS:** YES NO NUMBER: _____

LEVEES/DIKES: YES NO NUMBER: _____

A. IF YES TO QUESTION 22, DO YOU WANT TO BUY-BACK DAM COVERAGE? Y NO
IF YES TO QUESTION 22 AND/OR 22A, YOU MUST PROVIDE SUPPLEMENTAL WATERWAYS QUESTIONNAIRE FORM AND LATEST INSPECTION REPORT FOR EACH DAM TO BE COVERED

23. **WATERCRAFT (OWNED OR LEASED) OVER 25 FEET:** YES NO

NUMBER: _____

24. **MILEAGE OF CITY STREETS OR ROADS:**

PAVED: 310 _____

UNPAVED: 0 _____

25. **FIRE DEPARTMENT:**

NUMBER OF PAID FIREMEN:

PART TIME: N/A _____

FULL TIME: N/A _____

VOLUNTEERS: N/A _____

NUMBER OF PARAMEDICS/EMT'S: N/A _____

26. **LAW ENFORCEMENT:**

NUMBER OF OFFICERS AUTHORIZED TO CARRY FIREARMS: 92 _____

NUMBER OF SWORN OFFICERS: FULL TIME: 92 _____

PART TIME: 4 _____

NUMBER OF RESERVES: CLASS I: 0 _____

CLASS II: 4 _____

NUMBER OF SHERIFF/POLICE STATIONS: 1 _____

NUMBER OF POLICE DOGS: 3 _____

NUMBER OF JAILS: 0 _____

NUMBER OF HOLDING CELLS: 0 _____

NUMBER OF BEDS: 0 _____

NUMBER OF INMATES: 0 _____

TOTAL SQ.FT. _____

TOTAL SQ.FT. _____

MAXIMUM LENGTH OF DETENTION: _____ N/A
NUMBER OF OTHER PERSONNEL: _____ 45

IS THERE A WRITTEN POLICY AND PROCEDURES MANUAL: YES NO

IS THERE WRITTEN PURSUIT POLICY? YES NO

27. GAS, POWER AND LIGHT DEPARTMENT:

DESCRIBE: _____ N/A
PAYROLL: \$ _____
SOURCE(S) OF SUPPLY: _____
TOTAL BUDGET: _____ GAS: \$ _____
ELECTRIC: \$ _____

NUMBER OF CUSTOMERS: _____

A. RESIDENTIAL _____
B. COMMERCIAL _____
C. INDUSTRIAL _____
D. AMOUNT PURCHASED ANNUALLY _____
E. DOES SYSTEM GENERATE,
STORE OR DISTRIBUTE _____

28. WATER AND WASTEWATER DEPARTMENT:

NUMBER OF EMPLOYEES: _____

YES NO
69
TOTAL BUDGET: WATER: \$ 19,000,000
WASTEWATER: \$ 32,000,000

ANNUAL DISTRIBUTION (TOTAL GALLONAGE): _____

ANNUAL GALLONS HANDLED: _____

SOURCE OF SUPPLY: _____

SEWERS: _____

STORM SEWERS/DRAINS: _____

29. DAY CARE / CHILD CARE OPERATED BY THE NAMED INSURED:

TYPE: _____

Summer Camps _____

Before/After School Programs _____

Child Care Center (Employee Only) _____

Child Care Center (Public) _____

Other (please describe): _____

WATER: 2 billion
WASTEWATER: 2 billion
Zone 7 Water Agency (combination of surface water and ground water)
 YES NO NUMBER OF MILES: 305
 YES NO NUMBER OF MILES: 225

30. MEDICAL CARE FACILITIES:

YES NO IF YES, COMPLETE THE FOLLOWING:
CLINICS: # _____ EMPLOYED NURSES: _____ EMPLOYED PHYSICIANS: _____
HOSPITALS: # _____ EMPLOYED NURSES: _____ EMPLOYED PHYSICIANS: _____
NURSING HOMES: # _____ EMPLOYED NURSES: _____ EMPLOYED PHYSICIANS: _____

AMBULANCE SERVICE: _____

A. DOES APPLICANT OPERATE OUTPATIENT CLINICS? YES NO

B. IF COVERAGE IS PROVIDED SEPARATELY, PLEASE LIST CARRIER YES NO

IF ANSWER TO A, ABOVE, IS YES, AND NO COVERAGE PROVIDED ELSEWHERE, PLEASE COMPLETE THE FOLLOWING: _____

IMMUNIZATION CLINICS YES NO
TUBERCULOSIS TESTING CLINICS YES NO
CHEST X-RAY CLINICS PRE-MARITAL EXAMS YES NO
PREGNANCY EXAMS & CHECKUPS YES NO
WELL-BABY CLINICS YES NO
EMPLOYMENT PHYSICALS YES NO
VENEREAL DISEASE CLINICS YES NO

DENTAL CLINICS YES NO
 DO CLINIC DOCTORS DELIVER BABIES? YES NO
 IF YES, DESCRIBE HOW DOCTORS ARE INSURED FOR MEDICAL MALPRACTICE: _____
 PRIMARY CARE CLINICS YES NO
 (PRIMARY CARE MEANS FIRST CONTACT WITH DOCTOR, IT DOES NOT INCLUDE EMERGENCY CARE, SPECIALTY CARE, BONE SETTINGS, STITCHES.)
 31. MENTAL HEALTH CLINICS: YES NO NUMBER:
 A. TOTAL NUMBER OF VISITS PER YEAR _____
 B. MENTAL HEALTH – SERVICES NOT INSURED UNDER OUTSIDE CONTRACT
 SENIOR OUTREACH PROGRAM YES NO
 OUTPATIENT CENTERS YES NO
 CHILDREN'S CENTERS YES NO
 ALCOHOL TREATMENT YES NO
 CRISIS SERVICE YES NO
 C. ARE THERE ANY IN-PATIENT FACILITIES? YES NO
 IF YES, PLEASE DESCRIBE (NUMBER OF BEDS AND SERVICES PROVIDED) _____

D. MENTAL HEALTH STAFF (PROVIDE NUMBER)

FULL-TIME MD	_____	PART-TIME MD	_____
CLINICAL NURSE SPECIALIST	_____	OCCUPATIONAL THERAPIST	_____
PARAPROFESSIONAL	_____	MENTAL TECHNICIAN	_____
PSYCHIATRIC SOCIAL WORKER	_____	CLINICAL PSYCHOLOGIST	_____
PSYCHOLOGIST	_____	REHABILITATION COUNSELOR	_____
OTHER MENTAL HEALTH PROFESSIONAL STAFF: DESCRIBE _____			

32. PARKING AUTHORITY:

NUMBER STRUCTURES/LOTS: YES NO
 33. ANIMAL CONTROL DEPT.: YES NO
 34. REDEVELOPMENT AGENCY: YES NO
 35. HOUSING AUTHORITY: YES NO
 A. NUMBER OF BUILDINGS _____
 B. NUMBER OF UNITS _____
 C. NUMBER OF BUILDINGS MORE THAN (3) STORIES _____
 36. CHEMICAL SPRAYING: YES NO
 37. RADIO OR TELEVISION BROADCASTING: YES NO
 38. GARBAGE COLLECTION: YES NO

C. AUTOMOBILE INSURANCE

PLEASE INDICATE TOTAL NUMBER OF EACH TYPE OF VEHICLE BELOW.

PLEASE DO NOT INCLUDE ANY NON-LICENSED MOBILE EQUIPMENT OR TRAILERS:

1. LICENSED POLICE AND FIRE PRIVATE PASSENGER POLICE: 74 FIRE: 9
 MOTORCYCLES/SCOOTERS: 7
 2. LICENSED OTHER PRIVATE PASSENGER: 89
 3. LICENSED LIGHT COMMERCIAL (10,000 LBS. OR LESS GVW): _____

PICKUPS OR VANS: 14

AMBULANCE OR RESCUE: 0

4. LICENSED MEDIUM COMMERCIAL (10,001 - 20,000 GVW): 29

5. LICENSED HEAVY COMMERCIAL (20,001 OR MORE GVW): 19

6. LICENSED EXTRA HEAVY COMMERCIAL (45,000 OR MORE GVW):

REFUSE 0 TRUCKS 0

FIRE PUMPER 8 *BUSES 0

*IF NOT TRANSIT, PLEASE DESCRIBE USE:

FIRE OTHER

OTHER LICENSED VEHICLES 1 (VEHICLES FOR HIGHWAY USE ONLY-NO TRAILERS)

7. PLEASE PROVIDE DETAILS / COPIES OF THE FLEET MANAGEMENT / VEHICLE MAINTENANCE / SAFETY PROGRAMS:

8. PLEASE PROVIDE DETAILS / COPIES OF THE DRIVER HIRING / TRAINING / MVR PROCEDURES:

D. TRANSIT

1. TRANSIT SYSTEM: YES NO

IF YES, DO YOU WANT TO BUY-BACK TRANSIT COVERAGE? YES NO

IF YES, PLEASE COMPLETE THE TRANSIT SUPPLEMENTAL APPLICATION

DESCRIBE: NUMBER OF VEHICLES AND PASSENGERS PER VEHICLE: (*PASSENGER CAPACITY)

*0-20 _____ *20-40 _____ *40-60 _____ *60+ _____

FIXED ROUTE

DN-FIXED ROUTE

RAIL EXPOSURE: YES NO

IF YES, NUMBER OF RAIL MILES: _____

2. TRAIN STATIONS: YES NO

A. IF YES, DESCRIBE: _____

B. WHO IS RESPONSIBLE FOR THE TRAIN OPERATIONS? _____

BUS INFORMATION

FY: _____ FY: _____

(PROJECTED) (CURRENT)

ANNUAL MILEAGE BUSES (000'S): _____

TOTAL ANNUAL PASSENGERS: _____

PASSENGER REVENUE: \$ _____ \$ _____

TOTAL ANNUAL BUDGET: \$ _____ \$ _____
 TOTAL PAYROLL (000'S): \$ _____ \$ _____
 RAIL VEHICLES: (I.E. LOCOMOTIVES, RAIL CARS, ETC) _____

IF ANY TRANSIT OPERATIONS CONTRACTED OUT, PROVIDE LIMITS OF INSURANCE CARRIED BY CONTRACTOR _____

2. MINI BUSES: YES NO NUMBER: _____
 3. DIAL-A-RIDE OR SIMILAR PROGRAMS: YES NO

HAVE ANY OF THE INSURED'S DIAL-A-RIDE OPERATIONS OR SIMILAR TYPE PROGRAMS BEEN MODIFIED TO A FIXED ROUTE SCHEDULE BASIS? YES NO

4. AIRPORT OWNED BY CITY: YES NO
 5. ADOPTION/FOSTER CARE OPERATED BY CITY/COUNTY YES NO
 6. SCHOOLS OPERATED BY INSURED: YES NO

(IF YES, SUBMIT A SEPARATE SCHOOL SUPPLEMENTAL APPLICATION IF COVERAGE IS DESIRED)

D. MISCELLANEOUS

1. NAME AND ADDRESS OF OUTSIDE CLAIMS SERVICING/HANDLING ORGANIZATION:

City handles liability claims in-house

(please provide a bio for key claims personnel)

2. CONTACT NAME & TITLE:

3. PHONE: () - _____ FAX: () - _____

E-MAIL:

4. DOES THE APPLICANT HAVE A:

A. FULL TIME RISK MANAGER YES NO
 B. PART TIME RISK MANAGER YES NO
 C. FULL TIME SAFETY OFFICER YES NO
 D. PART TIME SAFETY OFFICER YES NO
 E. WRITTEN RISK MANAGEMENT OR SAFETY POLICY YES NO

DESCRIBE: _____

5. EMPLOYMENT PRACTICES LIABILITY QUESTIONNAIRE ATTACHED - PLEASE COMPLETE AND RETURN WITH APPLICATION (ATTACHED).

6. AS RESPECTS INDEPENDENT CONTRACTORS:

A. DOES THE ENTITY EVER MAKE USE OF INDEPENDENT CONTRACTORS? YES NO

IF YES, PLEASE DESCRIBE THE CONTRACTORS TYPES USED AND PURPOSES:

DOES THE ENTITY(IES) ABOVE REQUIRE THE FOLLOWING?

1. CERTIFICATE OF INSURANCE? YES NO
 2. LIMITS AT LEAST EQUAL TO THOSE CARRIED BY THE ENTITY (IF GENERAL CONTRACTOR) YES NO
 3. IS THE ENTITY NAMED AS AN ADDITIONAL INSURED ON THE CONTRACTOR'S POLICY? YES NO
 A. If yes, are they reviewed by legal counsel? YES NO
 4. ARE THERE HOLD HARMLESS AGREEMENTS USED IN ALL OF THE ENTITY'S CONTRACTS? YES NO

5. ARE CONTRACTORS REQUIRED TO CARRY POLLUTION LEGAL LIABILITY?

YES NO

6. PLEASE PROVIDE A COPY OF THE SAMPLE CONTRACTS

REPRESENTATION:

IT IS REPRESENTED THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT IT SHALL BE THE BASIS OF THE POLICY OF INSURANCE, SHOULD ANY INSURER EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

CITY OR PUBLIC ENTITY OFFICIAL'S SIGNATURE: _____

TITLE: _____

DATE: _____

PHONE NUMBER: () - Ext. _____

APPLICANT: _____

SEXUAL ABUSE AND MOLESTATION

• QUESTIONNAIRE •

- 1. DOES THE EMPLOYMENT PROCESS INCLUDE VERIFICATION OF WHETHER AN INDIVIDUAL HAS EVER BEEN CONVICTED OF ANY CRIME, INCLUDING SEX RELATED OR CHILD-ABUSE RELATED OFFENSES? I.E. CHECK THE CHILD ABUSE REGISTER AND WITH LAW ENFORCEMENT AGENCIES FOR CRIMINAL RECORDS. YES NO
- 2. ARE WRITTEN PROCEDURES FOR DEALING WITH/REPORTING SEXUAL ABUSE CURRENTLY IN PLACE AND HOW OFTEN ARE THEY REVIEWED AND UPDATED? PLEASE PROVIDE DOCUMENTATION. YES NO
- 3. ARE THERE RULES OR GUIDELINES PROHIBITING CLOSED DOOR ONE-ON-ONE MEETINGS? YES NO
- 4. DOES INSURED USE INDEPENDENT CONTRACTORS? IF YES:
 - A. WILL ANY INDEPENDENT CONTRACTORS HAVE ACCESS TO CHILDREN IN A CLOSED DOOR SETTING OR PERFORM OPERATIONS WHERE THEY CAN PHYSICALLY TOUCH A CHILD? YES NO
 - B. DOES APPLICANT PERFORM BACKGROUND CHECKS ON HIRED INDEPENDENT CONTRACTORS? IF NO, PLEASE EXPLAIN. YES NO
- 5. HAS THE THERE EVER BEEN AN INCIDENT WHICH RESULTED IN ALLEGATION OF SEXUAL ABUSE? IF YES, PLEASE EXPLAIN.
 - A. WAS THE CASE SETTLED? YES NO
 - B. WAS THE CASE TAKEN TO TRIAL? YES NO
 - C. HOW MUCH MONEY WAS PAID AS DAMAGES TO THE VICTIM? YES NO
- 6. WHAT ARE THE TRAINING REQUIREMENTS? YES NO

EMPLOYMENT PRACTICES LIABILITY

• QUESTIONNAIRE •

1. NUMBER OF EMPLOYEES FOR THIS YEAR AND LAST YEAR:

	<u>This Year</u>	<u>Last Year</u>
FULL-TIME EMPLOYEES:	389	378
PART-TIME EMPLOYEES:	135 (including temporary employees)	151 (including temporary employees)

2. WHAT WAS THE ANNUAL EMPLOYEE TURNOVER RATE FOR EACH OF THE PAST FIVE YEARS?

	<u>This Year</u>	<u>Last Year</u>
	9.20%	7.71%

3. HOW MANY INVOLUNTARY EMPLOYMENT TERMINATIONS HAVE OCCURRED IN THE PAST TWO YEARS?

	<u>This Year</u>	<u>Last Year</u>
	6	1

INVOLUNTARY EMPLOYMENT TERMINATION WITH RESPECT TO THIS QUESTIONNAIRE MEANS NOTIFICATION TO AN EMPLOYEE THAT SUCH EMPLOYEE WILL NO LONGER BE EMPLOYED WHETHER SUCH NOTIFICATION IS EFFECTIVE IMMEDIATELY OR IN THE FUTURE. INVOLUNTARY EMPLOYMENT TERMINATION SHALL ALSO INCLUDE ACTUAL OR ALLEGED CONSTRUCTIVE DISCHARGE.

4. NUMBER OF EMPLOYEES WITH SALARIES GREATER THAN \$100,000 PER YEAR

319

5. DO YOU HAVE ESTABLISHED WRITTEN GUIDELINES AND/OR PROCEDURES FOR EMPLOYMENT PRACTICES?

YES NO

6. HAS THE EMPLOYEE HANDBOOK BEEN REVIEWED BY AN ATTORNEY?

YES NO

7. HAVE THOSE PERSONS RESPONSIBLE FOR HIRING RECEIVED INSTRUCTIONS, INCLUDING INTERVIEW TRAINING, REGARDING THE FOLLOWING:

- A. AMERICANS WITH DISABILITIES ACT YES NO
- B. SEXUAL HARASSMENT YES NO
- C. DISCRIMINATION YES NO

8. JOB APPLICATIONS USED FOR ALL EMPLOYEES?

YES NO

9. IS A STANDARD JOB "OFFER" LETTER USED?

YES NO

10. A POSTED EQUAL OPPORTUNITY COMMISSION NOTICE?

YES NO

11. AN AFFIRMATIVE ACTION PLAN?

YES NO

12. AN ORIENTATION PROGRAM FOR ALL NEW EMPLOYEES THAT ADDRESSES WORKPLACE CONDUCT AND GRIEVANCE PROCEDURES?

YES NO

13. WRITTEN JOB DESCRIPTION FOR ALL POSITIONS?

YES NO

14. A STANDARD JOB PERFORMANCE EVALUATION & REVIEW SYSTEM?

YES NO

EMPLOYMENT PRACTICES LIABILITY

• QUESTIONNAIRE •

(Continued)

15. A TRAINING PROGRAM FOR ALL MANAGEMENT PERSONNEL TO PREVENT HARASSMENT & DISCRIMINATION?

YES NO

16. A POLICY ON ASSISTING EMPLOYEES WITH AIDS OR OTHER LIFE-THREATENING DISEASES?

YES

NO

17. A POLICY WHICH COMPLIES WITH THE FAMILY MEDICAL LEAVE ACT?

YES

NO

18. A WRITTEN STATEMENT WHICH SETS FORTH YOUR OWNERSHIP RIGHTS OF COMPUTER GENERATED INFORMATION, E-MAIL, VOICE MAIL, ACCESS CODES AND KEYS OR LOCKS TO ALL SECURED AREAS?

YES

NO

19. A WRITTEN STATEMENT WHICH SETS FORTH THE PROHIBITION OF USING E-MAIL, VOICE MAIL AND OTHER FORMS OF COMMUNICATION IN DISSEMINATING OFFENSIVE HUMOR OR HARASSING STATEMENTS?

YES

NO

20. DO YOU ANTICIPATE ANY "LAYOFFS" DURING THE NEXT 12 MONTHS?

YES

NO

(IF YES, PLEASE PROVIDE DETAILS)_____

21. HAVE YOU HAD ANY "LAYOFFS" IN THE PAST 24 MONTHS?

YES

NO

(IF YES, PLEASE PROVIDE DETAILS)_____

22. DO YOU HAVE ANY ESTABLISHED SET OF GRIEVANCE PROCEDURES AS AN EFFECTIVE MEANS OF RESOLVING DISPUTES PRIOR TO LITIGATION?

YES

NO

23. ARE YOU OR ANYONE HAVING RESPONSIBILITIES OVER SUCH MATTERS AWARE OF ANY CIRCUMSTANCES LIKELY TO GIVE RISE TO A CLAIM OF DISCRIMINATION BASED ON RACE, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP STATUS, AGE, SEXUAL ORIENTATION OR SEXUAL HARASSMENT?

YES

NO

24. ARE ALL HARASSMENT CLAIMS INVESTIGATED?

YES

NO

25. HAVE YOU HAD ANY CLAIMS (PAID OR RESERVED) IN THE AMOUNT OF \$50,000 OR MORE DURING THE PAST FIVE (5) YEARS?

YES

NO

(IF YES, PLEASE PROVIDE COMPLETE DETAILS)_____

26. WITH RESPECT TO UNFAIR EMPLOYMENT PRACTICES, ARE YOU OR ANYONE HAVING RESPONSIBILITIES FOR SUCH MATTERS AWARE OF ANY CIRCUMSTANCES THAT MAY RESULT IN EMPLOYMENT-PRACTICE CLAIMS BEING MADE AGAINST YOU?

YES

NO

CITY OR PUBLIC ENTITY OFFICIAL'S SIGNATURE:

TITLE: _____

DATE: _____

PHONE NUMBER: _____

Member	ACCEL			Beazley	Admin	Admin	AWAC ACCEL FFE ANML Form	ANML / Great American (4x AGG)	Starstone (4x AGG)	Gemini (4x AGG)	Bowhead (4x AGG)	Applied (4x AGG)	Upland (4x AGG)	Aurenity (4x AGG)	AWAC (4x AGG)	Starstone (4x AGG)	Sutton (2x AGG)	Ark (2x AGG)	Total
	FY 24/25 DE9 Subject Wages at December 31, 2024 A	\$4 xs \$1 Deposit @ ~ 90% Confidence Level B	\$5 xs \$5 Deposit @ ~ 80% Confidence Level (B-2)	\$50M xs. \$25K Terrorism C	ACCEL Administrative Cost D	ACCEL Admin Rebate from 2024/25 E	\$5 xs \$10 Premium F	\$8.8 p/o \$10 xs \$15 Premium G-1	\$1.2 p/o \$10 xs \$15 Premium G-2	\$10 xs \$25 Premium H	\$5 xs \$35 Premium I	\$2.5 xs \$40 Premium J	\$2 xs \$42.5 Premium K	\$2.5 xs \$44.5 Premium L	\$5.5 xs \$47 Premium M	\$5 xs \$52.5 Premium N	\$5 xs \$57.5 Premium O	\$2.5 xs \$62.5 Premium P	Total Cost of Excess Liability Program +D+E+E2+F+G+H+I+J+K+L
Anaheim	\$328,104,997	\$6,516,091	\$2,271,234	\$14,195	\$70,844	-\$2,700	\$1,306,913	\$1,344,463	\$201,338	\$969,841	\$353,014	\$141,830	\$98,829	\$101,907	\$146,033	\$93,245	\$67,969	\$38,045	\$13,733,090
Bakersfield	\$168,907,589	\$2,862,520	\$997,753	\$7,308	\$70,844	-\$2,700	\$659,925	\$679,256	\$90,779	\$488,976	\$172,464	\$67,866	\$45,729	\$47,314	\$70,029	\$42,854	\$29,842	\$14,438	\$6,345,197
Burbank	\$156,921,152	\$2,607,474	\$908,855	\$6,789	\$70,844	-\$2,700	\$613,094	\$631,053	\$84,337	\$454,276	\$160,225	\$63,050	\$42,484	\$43,956	\$65,060	\$39,813	\$27,725	\$13,413	\$5,829,748
Livermore	\$64,644,169	\$872,254	\$304,031	\$2,797	\$70,844	-\$2,699	\$252,566	\$259,964	\$34,743	\$187,140	\$66,005	\$25,974	\$17,501	\$18,108	\$26,802	\$16,401	\$11,421	\$5,526	\$2,169,377
Modesto	\$119,492,407	\$2,388,637	\$832,578	\$5,170	\$70,844	-\$2,700	\$466,859	\$480,535	\$64,221	\$345,922	\$122,009	\$48,011	\$32,351	\$33,472	\$49,542	\$30,317	\$21,112	\$10,214	\$4,999,094
Monterey	\$48,099,782	\$641,005	\$223,428	\$2,081	\$70,844	-\$2,700	\$187,927	\$193,432	\$25,851	\$139,246	\$49,113	\$19,326	\$13,022	\$13,473	\$19,942	\$12,204	\$8,498		\$1,616,691
Mountain View	\$111,546,193	\$1,486,529	\$518,141	\$4,826	\$70,844	-\$2,700	\$435,813	\$448,579	\$59,950	\$322,918	\$113,895	\$44,819	\$30,199	\$31,246	\$46,247	\$28,301	\$19,708	\$9,535	\$3,668,850
Ontario	\$171,039,583	\$2,987,158	\$1,041,197	\$7,400	\$70,844	-\$2,700	\$668,255	\$687,830	\$91,924	\$495,148	\$174,641	\$68,723	\$46,306	\$47,911	\$70,913	\$43,395	\$30,219	\$14,620	\$6,543,784
Palo Alto	\$188,260,756	\$2,677,714	\$933,337	\$8,145	\$70,844	-\$2,700	\$735,539	\$757,084	\$101,180	\$545,002	\$192,225	\$75,642	\$50,968	\$52,735	\$78,053	\$47,764	\$33,262	\$16,092	\$6,372,886
Salinas	\$77,528,014	\$1,035,363	\$360,883	\$3,354	\$70,844	-\$2,700	\$302,904	\$311,776	\$41,667	\$224,438	\$79,161	\$31,150	\$20,989	\$21,717	\$32,143	\$19,670	\$13,698		\$2,567,057
Santa Barbara	\$129,717,899	\$1,728,695	\$602,550	\$5,612	\$70,844	-\$2,700	\$506,811	\$521,656	\$69,716	\$375,524	\$132,449	\$52,120	\$35,119	\$36,336	\$53,781	\$32,911	\$22,918	\$11,088	\$4,255,431
Santa Cruz	\$87,911,506	\$1,757,338	\$612,534	\$3,803	\$70,844	-\$2,700	\$343,472	\$353,533	\$47,248	\$254,498	\$89,763	\$35,322	\$23,801	\$24,625	\$36,448	\$22,304	\$15,532		\$3,688,366
Santa Monica	\$253,010,371	\$4,370,389	\$1,523,332	\$10,946	\$70,844	-\$2,700	\$988,517	\$1,017,472	\$135,979	\$732,447	\$258,338	\$101,658	\$68,498	\$70,872	\$104,899	\$64,192	\$44,702	\$21,626	\$9,582,012
Visalia	\$69,082,076	\$920,628	\$320,892	\$2,989	\$70,844	-\$2,700	\$269,905	\$277,811	\$37,128	\$199,988	\$70,537	\$27,757	\$18,703	\$19,351	\$28,642	\$17,527	\$12,205	\$5,905	\$2,298,111
TOTAL:	\$1,974,266,494	\$32,851,795	\$11,450,746	\$85,417	\$991,813	-\$37,799	\$7,738,500	\$7,964,444	\$1,086,061	\$5,735,364	\$2,033,839	\$803,248	\$544,499	\$563,023	\$828,534	\$510,898	\$358,811	\$160,502	\$73,669,693