# LAFCO

# Santa Barbara Local Agency Formation Commission 105 East Anapamu Street ♦ Santa Barbara CA 93101 805/568-3391 ♦ FAX 805/647-7647 www.sblafco.org ♦ lafco@sblafco.org

Date November 5, 2020 (Agenda)

Workers Compensation Insurance

Members of the Commission

# RECOMMENDATION

Consider delegation of authority to the Chair to sign Agreement for Workers Compensation Insurance consistent with LAFCO's Commercial Insurance Application dated October 23, 2020.

# DISCUSSION

Starting November 22, LAFCO will have its first employee. Under Califronia law, all employers must carry workers compensation insurance. On behalf of LAFCO, staff submitted a Commercial Insurance Application for workers compensation insurance to an insurance broker. (Attachment.) However, a proposed final agreement may not be available by the time the Commission hears this matter.

Workers compensation insurance is required to be in place when the new Executive Officer starts work on November 22, 2020. Therefore, if the final agreement is not available by the Commission's hearing, staff requests the Chair be authorized to sign the final agreement consistent with the terms set forth in the application.

Please contact me if you have any questions.

Sincerely,

Milla

William M Dillon Interim Executive Officer

Attachment: Commercial Insurance Application, Oct. 23, 2020

**Commissioners:** Craig Geyer, Chair ◆ Roger Aceves ◆ Cynthia Allen ◆ Jay Freeman ◆ Joan Hartmann ◆ Steve Lavagnino Holly Sierra ◆ Shane Stark ◆ Etta Waterfield, Vice-Chair ◆ Roger Welt ◆ Das Wiilliams ◆ Executive Officer: William Dillon

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# **COMMERCIAL INSURANCE APPLICATION** APPI ICANT INFORMATION OF

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AGENCY CUSTOMER ID: 00002254

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CONTACT RIMARY HONE #	NAME: William Dillo		SECONDAR PHONE # (805) 452-		s 🔀		PRIM	MARY DNE #			sus 🗌	CELL	SECONDARY PHONE#		BUS [	CELL
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				No	IVICALS?						N
4.	ANY OTHER IN	SURANCE	WITH T	THIS COMPANY? (List	policy numbers)						
	LINE OF BUSIN			POLICY NUMBER		1		1			N
						LINE OF BUSIN	ESS	POLICY NUME	ER		
5.	ANY POLICY O	RCOVERA	GE DE	CLINED, CANCELLED	OR NON-RENEWED DUR	ING THE PRIOR T	HREE (3) YEARS FO		SES OP		
	NON-PAYN			ants - Do not answer the	no question)	[]	(,) =				N
	NON-RENE				_						
6.		1999 (1997)			CONDITION CORRECTED	(Describe):					
			-Alivio r	RELATING TO SEXUAL	ABUSE OR MOLESTATIO	NALLEGATIONS,	DISCRIMINATION OF	R NEGLIGENT	HIRING?		N
7.	DURING THE L	AST FIVE Y	EARS	TEN IN RI) HAS ANY	PPI ICANT DEEN INDIGT						
	BRIBERY, ARSO	ON OR ANY	OTHE	RARSON-RELATED CF	APPLICANT BEEN INDICT	ED FOR OR CON TH THIS OR ANY	VICTED OF ANY DEG	REE OF THE	CRIME OF FF	RAUD,	
	(In RI, this quest by a sentence o	tion must be	answe	red by any applicant for	property insurance. Failur	e to disclose the e	xistence of an arson of	onviction is a m	isdemeanor r	unichable	N
		a up to one	year or i	imprisonment).					iodemeanor p	unishable	
8											
0.				OR SAFETY CODE VIO	LATIONS?						N
	OCCUR DATE	EXPLANAT	TION				RESOLUTION			RESOLVE DATE	
9.											
9.	HAS APPLICAN	T HAD A FO	DRECLO	DSURE, REPOSSESSIO	ON, BANKRUPTCY OR FIL	ED FOR BANKRU	JPTCY DURING THE	LAST FIVE (5)	YEARS?		N
	OCCUR DATE	EXPLANAT	ION				RESOLUTION			RESOLVE DATE	IN
										ALCOLUL DATE	
10											
10.	HAS APPLICAN	T HAD A JU	DGEM	ENT OR LIEN DURING	THE LAST FIVE (5) YEAR	5?					- NI
	OCCUR DATE	EXPLANAT	ION				RESOLUTION			RESOLVE DATE	N
										RESOLVE DATE	
12	HAS BUSINESS	BEEN PLA	CED IN	A TRUST? NAME OF	TRUST:						N
12. 7	If "YES", attach	ACORD 81	S, FOF	REIGN PRODUCTS DIS	TRIBUTED IN USA, OR US CORD 816 for Property Ex	S PRODUCTS SO	LD / DISTRIBUTED IN	FOREIGN CC	UNTRIES?		N
13. 1	DOES APPLICA	NT HAVE O	THER E	BUSINESS VENTURES	FOR WHICH COVERAGE	posure)					N
				, Litter (LO	. Sit Which COVERAGE	IS NUT REQUES	IED?				N
14. E	DOES APPLICAN	NT OWN / L	EASE /	OPERATE ANY DRONG	ES? (If "YES", describe us						
						е)					N
15. C	OOES APPLICAN	NT HIRE OT	HERS		? (If "YES", describe use)						
				I O OI EIVITE DIVONES	(II TES, describe use)						N
REM	ARKS / PROC	ESSING	NCTD								
		-conve	NJIK	CORD 2	101, Additional Remar	ks Schedule, m	ay be attached if r	nore space i	s required)		
		-									
RIO	R CARRIER I	NFORMA	TION								
EAR				GENERAL LIABILITY			I				
	CARRIER			and the second line is the secon	AUTOMO	JBILE	PROPE	RTY	OTHER:		
	POLICY NUMBE	R									
	PREMIUM	\$			\$						
	EFFECTIVE DAT	TE					\$		\$		
	EXPIRATION DA	ATE									

÷.

#### PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
1 LAIX	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
1000	HISTORY	X Check if none (At	tach Loss Summary for Additio	nal Loss Information)	

LOSS HISTORY

#### (Attach Loss Summary for Additional Los

HER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS

		ARDLESS OF FACELARD WITE MER OFFICE THE			TOTAL LOSSES: \$		
DATE OF	YEARS	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
OCCORRENCE							

#### SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER

KNOWLEDGE.			STATE PRODUCER LICENSE NO
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Carry Ada	Cary Adler/CARY		1
Q -11		DATE	NATIONAL PRODUCER NUMBER
APPLICANT'S SIGNATURE	SIGN HERE	10/23/2020	2737032
Mullam Mull			

ACORD 125 (2016/03)

#### **BUSINESS ITEM NO. 3**

# WORKERS COMPENSATION APPLICATION

ACORD

DATE (MM/DD/YYYY) 10/23/2020

AGENCY NAME	AND ADDR	ESS		COMPANY;	State Cor	npensation In	surance Fu	nd			10/23/2020
Adler Belmor	nt Dye Insi	urance Services, Inc.		UNDERWRIT							
369 Marsh S	street			APPLICANT		nta Barhara I		· Formation (		sion (LAFCO)	
Suite 200											
San Luis Obi	ispo		CA 93401	OFFICE PHO					E PHONE	E: (805) 452-6	510
			0/1 00401			uding ZIP + 4 o	r Canadian Po	stal Code)	YRS IN	BUS:	
PRODUCER NA	Can	Adler			Anapamu S	SL.			SIC:		
CS REPRESEN			· · · · · · · · · · · · · · · · · · ·						NAICS:		
				Santa Bar			CA 93	3101	ADDRE	ss: http://www	v.sblafco.org
OFFICE PHONE (A/C, No, Ext): MOBILE						o@sblafco.org	g				
DHOME:	(805) 540-				PROPRIETOP		ORATION	LLC		TRUST	UNINCORPORATED ASSOCIATION
FAX (A/C, No): (805	5) 540-390	1			ERSHIP	SUBC	HAPTER DRP	JOINT VEN	ITURE	X OTHER: G	overnment agency
		erBelmontDye.com		CREDIT BUREAU NA	ME:					ID NUMBER:	
CODE: 10107		SUB CODE:		FEDERAL EI	MPLOYER ID	NUMBER	NCCI RISK I	D NUMBER		OTHER RATING E	BUREAU ID OR STATE
AGENCY CUST	OMER ID: (	00002254								En LOTENRES	STRATION NUMBER
STATUS OF	SUBMIS	SION	BILLI	NG / AUDIT IN	FORMAT	ION					
X QUOTE		ISSUE POLICY	BILLIN		PAYMEN	the second s			AUDI	т	
BOUND (G	Give date and	for attach copy)		SENCY BILL			7		$\vdash$		
		h ACORD 133)	24	RECT BILL			1			AT EXPIRATION	MONTHLY
				RECIBILL		AI-ANNUAL				SEMI-ANNUAL	
LOCATIONS	s					ARTERLY	% DOWN:			QUARTERLY	
LOC # FLOC		T, CITY, COUNTY, STATE, ZI	CODE								a statut to the statut of the statut
		East Anapamu Street	PCODE	9	uito 401						
1		a Barbara			Suite 401						
					Santa Bart	bara		CA 93101			
POLICY INF			B A THE A								
PROPOSED		PROPOSED EXP DATE	RATING EFF	ECTIVE DATE icable)		ARY RATING DA pplicable)		ARTICIPATING		RETRO PLAN	
11/01/2		11/01/2021					1	ON-PARTICIPAT	ING		
PART 1 - WO COMPENSATIO		PART 2 - EMPLOYER'S LIAI	BILITY		T 3 - OTHER	DEC (N/	OUCTIBLES A in WI)	AMOU	INT / %	OTHER COVERAG	GES
	(======,	\$ 1,000,000	EACH ACCIDENT	SIAI	ES INS		MEDICAL	(N / A	in WI) –		MANAGED
CA		s 1,000,000	DISEASE-POLICY	LIMIT			INDEMNITY		-	U.S.L. & H. VOLUNTARY COMP	I CARE OPTION
		\$ 1,000,000	DISEASE-EACH	1.			INDEWINITT		H	The second second second second	
DIVIDEND PLAN	SAFETY G	ROUP ADDITIO	ONAL COMPANY INFO							FOREIGN CO	
SPECIFY ADDIT	IONAL COV	ERAGES / ENDORSEMENTS	(Attach ACORD 101,	Additional Remark	s Schedule.	if more space is	required)				
					,		required)				
TOTAL FOT											
TOTAL ESTIMAT		NNUAL PREMIUM - A									
	ED ANNUA	PREMIUM ALL STATES	TOTAL M	NIMUM PREMIUM	ALL STATES	5		TOTAL DEPOS		NUM ALL STATES	
\$ 1,200.00											
001			\$					\$			
CONTACT IN		ΓΙΟΝ	\$					\$			
TYPE I	NAME		\$ OFFICE	PHONE		MOBILE PHO	NE	\$ E-MAIL			
TYPE I INSPECTION			OFFICE	PHONE 152-6510		MOBILE PHO (805) 452-6		E-MAIL	lillon@c	amail.com	
TYPE I INSPECTION CONTRACTING RECORD	NAME		OFFICE					E-MAIL	lillon@g	gmail.com	
TYPE I INSPECTION ACCTNG RECORD CLAIMS INFO	NAME William Di	llon	OFFICE					E-MAIL	lillon@g	gmail.com	
TYPE I INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL.	NAME William Di S INCLUI	DED / EXCLUDED	OFFICE (805) 4	52-6510		(805) 452-6	6510	E-MAIL			
TYPE I INSPECTION A ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF	NAME William Di <mark>S INCLUI</mark>	DED / EXCLUDED	OFFICE (805) 4	52-6510	DED OR EXC	(805) 452-6	6510	E-MAIL			
TYPE I INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi	NAME William Di <mark>S INCLUI</mark>	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se	OFFICE (805) 4	IS2-6510		(805) 452-6	6510	E-MAIL			mation section.)
TYPE INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi STATE LOC #	NAME William Di S INCLUI	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se NAME	OFFICE (805) 4	52-6510	DED OR EXC	(805) 452-6	6510	E-MAIL law.wmc		part of rating info	
TYPE INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi STATE LOC #	NAME William Di S INCLUI	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se NAME	OFFICE (805) 4 by business operatio action 287.090 RSMo.	152-6510 ns) TO BE INCLUD TITLE/ RELATIONSHIP	OWNER- SHIP %	(805) 452-6	6510 eration/Payroll DUTIES	E-MAIL law.wmc	must be j INC/EXC	part of rating info	REMUNERATION/PAYROLL
TYPE I INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi	NAME William Di S INCLUI	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se	OFFICE (805) 4 by business operatio action 287.090 RSMo.	IS2-6510 ns) TO BE INCLUE TITLE/ RELATIONSHIP	OWNER- SHIP %	(805) 452-6	6510 eration/Payroll DUTIES	E-MAIL law.wmc	must be j INC/EXC	part of rating info	REMUNERATION/PAYROLL
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TYPE INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi STATE LOC #	NAME William Di S INCLUI	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se NAME	OFFICE (805) 4 by business operatio action 287.090 RSMo.	152-6510 ns) TO BE INCLUD TITLE/ RELATIONSHIP	OWNER- SHIP %	(805) 452-6	6510 eration/Payroll DUTIES	E-MAIL law.wmc	must be j INC/EXC	part of rating info	REMUNERATION/PAYROLL
TYPE INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi STATE LOC #	NAME William Di S INCLUI	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se NAME	OFFICE (805) 4 by business operatio action 287.090 RSMo.	152-6510 ns) TO BE INCLUD TITLE/ RELATIONSHIP	OWNER- SHIP %	(805) 452-6	6510 eration/Payroll DUTIES	E-MAIL law.wmc	must be j INC/EXC	part of rating info	REMUNERATION/PAYROLL
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TYPE INSPECTION ACCTNG RECORD CLAIMS INFO INDIVIDUAL PARTNERS, OFF Exclusions in Mi STATE LOC #	NAME William Di S INCLUI FICERS, REL issouri must	DED / EXCLUDED ATIVES ( Must be employed meet the requirements of Se NAME 1 2 Dates	OFFICE (805) 4 by business operatio action 287.090 RSMo.	IS2-6510 ns) TO BE INCLUE RELATIONSHIP EXECUTIVE	OWNER- SHIP %	(805) 452-6	S510 eration/Payroll DUTIES	E-MAIL law.wmc	must be p	part of rating info CLASS CODE らりみん	REMUNERATION/PAYROLL

The ACORD name and logo are registered marks of ACORD

## **BUSINESS ITEM NO. 3**

1

## STATE RATING WORKSHEET

# FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM

#### RATING INFORMATION - STATE: CA

LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPI FULL TIME	OYEES PART TIME	SIC	NAICS	ESTIMATED ANNUAL REMUNERATION/ PAYROLL	RATE	ESTIMATED ANNUAL MANUAL PREMIUM
1	8742		Salespersons - Outside	1	0			160,000	0.75000	1,200.00
<u></u>										
										-
							_			

DDEMILINA

PREMIUM				FACTOR	FACTORED PREMIUM
STATE: CA	FACTOR	FACTORED PREMIUM			
TOTAL	N/A	\$ 1,200.00			\$
INCREASED LIMITS		s	SCHEDULE RATING *		\$
		c	CCPAP		\$
DEDUCTIBLE * EXPERIENCE OR MERIT			STANDARD PREMIUM		\$
MODIFICATION		5			
TERRORISM	N/A	\$	PREMIUM DISCOUNT		\$
	N/A	\$	EXPENSE CONSTANT	N/A	\$
CATASTROPHE			TAXES / ASSESSMENTS *	N/A	\$
ASSIGNED RISK SURCHARGE *		\$	TALLO THOOLOGINETTO		s
ARAP *		\$			1 9
* N / A in Wisconsin			and the second		
TOTAL ESTIMATED ANNUAL PREMIUM	VI	MINIMUM PREMIUM		DEPOSIT PREMIUM	
		\$		\$	
\$ 1,200.00		÷			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

a, a		
GENERAL INFORMATION	(continued) AGENCY CUSTOMER ID: 00002254	
EXPLAIN ALL "YES" RESPONSES		Y/N
17. ANY OTHER INSURANCE	WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE	DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH	PLANS PROVIDED?	Y
20. DO ANY EMPLOYEES PE	RFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOY	EES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PR	EDOMINANTLY WORK AT HOME? If "YES", # of Employees:	N
23. ANY TAX LIENS OR BANK	RUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND U IF YES, EXPLAIN INCLUD	UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? ING ENTITY NAME(S) AND POLICY NUMBER(S).	N
SIGNATURE		
Copy of the Notice of Inform	nation Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.) BOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS	
REVIEW YOUR PERSONAL II WRITING THAT WE CONSIDE BE LIMITED IN SOME STATE HOW TO SUBMIT A REQUES (Not applicable in AZ, CA, DE,	ATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DITERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE RGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO NFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN SER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY S. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON T TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):	
prison. *Applies in MD Onl Applicable in CO: It is un defrauding or attempting to company or agent of an ins purpose of defrauding or a reported to the Colorado D	, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or ffully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in y. lawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of o defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance surance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the ttermpting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be ivision of Insurance within the Department of Regulatory Agencies.	
Applicable in KS: Any pe presented to or by an insur telephonic communication commercial insurance, or a to contain materially false i material thereto commits a Applicable in KY, NY, OH insurance or statement of c thereto commits a fraudule the stated value of the clair Applicable in ME, TN, VA of defrauding the company	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application pilete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only. rson who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be er, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows fraudulent insurance act. and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for laim concerning any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto; such person to criminal and civil penalties (not to exceed five thousand dollars and no reach such violation)*. *Applies in NY Only. and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.	
Applicable in OR: Any pe	rson who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a haterial fact may be violating state law.	

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2)

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER APPIICANT'S SIGNATURE (Manual

Wallam Mh Jun Sign Here	DATE 1/73 /20	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
ACORD 130 (2017/05)	1/2/20	Carry Adler	2737032

# **BUSINESS ITEM NO. 3**

#### AGENCY CUSTOMER ID: 00002254

#### PRIOR CARRIER INFORMATION / LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS					LOSS RUN ATTACHED	
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL#:					
	CO:				24.2 2.2 4	
	POL#:					
	CO:					
	POL#:					
	CO:					
	POL#:					
	CO:					
	POL #:			1		

#### NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

#### Gov't Agency - Commission

The commission is responsible for working closely with citizens, the county, officials from local cities and special districts on a variety of issues concerning land annexation and jurisdicational change to ensure that cities and special districts grow in an orderly manner that doesn't lead to urban sprawl.

Following the passing of its former executive officer, Paul Hood, in May, the commission has begun search for a new department head. LAFCO also appointed its legal counsel, William Dillon, to serve as interim executive officer while the search takes place.

The LAFCO Executive Officer performs a wide range of tasks that involve policy analysis, interpretation and implementation. The EO attends monthly Commission hearings, prepares and presents staff reports on recommendations on governmental organizational changes, such as annexations, incorporations, district formations, district municipal service reviews, and city incorporations. Meets regularly with representatives from cities, districts and the county and members of the public regarding application proposals.

#### **GENERAL INFORMATION**

EYDI AIN AI L "YES" RESPONSES

EAPLAIN ALL TES RESPONSES	
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
<ol> <li>DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)</li> </ol>	Ν
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6. ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	Ν
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9. ANY GROUP TRANSPORTATION PROVIDED?	N
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11. ANY SEASONAL EMPLOYEES?	N
12. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15. ARE ATHLETIC TEAMS SPONSORED?	N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N

#### **BUSINESS ITEM NO. 3**

Y/N