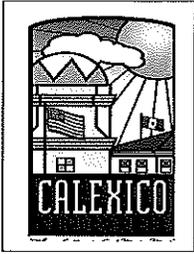


**AGENDA  
ITEM**

**4**



# AGENDA STAFF REPORT

**DATE:** December 23, 2015

**TO:** Mayor and City Council

**APPROVED BY:** Nick Fenley, Acting City Manager 

**PREPARED BY:** Nick Fenley, Acting City Manager

**SUBJECT:** Resolution of the City Council of the City of Calexico  
Delegating Authority to the Acting City Manager to Act on  
Behalf of the City of Calexico.

=====

**Recommendation:**

Resolution of the City Council of the City of Calexico Delegating Authority to the Acting City Manager to Act on Behalf of the City of Calexico.

**Background:**

On December 16, 2015, California Joint Powers Insurance Authority (JPIA) Executive Committee Board of Directors cancelled the City of Calexico participation in all California JPIA Joint Protection Programs, effective January 1, 2016 and its membership effective July 1, 2016. Before the cancellation of California JPIA Joint Protection Programs, City staff has been working diligently with Alliant Insurance Services, Inc. in order to obtain workers compensation, general liability and property insurance through CSAC Excess Insurance Authority (EIA).

**Discussion & Analysis:**

On December 11, 2015, CSAC Excess Insurance Authority (EIA) Executive Committee approved the City of Calexico participation in CSAC EIA effective January 1, 2016. CSAC EIA has determined that it is necessary for each member of the Authority to delegate a person(s) or position(s) to act on the member's behalf in matters relating to the member and the Authority. City staff is recommending that the City Council adopt a resolution of the City Council of the City of Calexico delegating authority to the Acting City Manager to act on behalf of the City of Calexico pertaining to CSAC EIA.

**Fiscal Impact:**

None.

<b>AGENDA ITEM</b>
<b>4</b>

**Coordinated With:**

Alliant Insurance Services, Inc.

**Attachment(s):**

1. Resolution of the City Council of the City of Calexico Delegating Authority to the Acting City Manager to Act on Behalf of the City of Calexico.
2. CSAC Excess Insurance Authority Executive Committee Agenda dated December 11, 2015.
3. CSAC Excess Insurance Authority Executive Committee Meeting Summary dated December 11, 2015.

RESOLUTION NO. 2015-\_\_\_\_

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CALEXICO  
DELEGATING AUTHORITY TO THE ACTING CITY MANAGER TO ACT ON  
BEHALF OF THE CITY OF CALEXICO**

WHEREAS, the CSAC Excess Insurance Authority (Authority) has determined that it is necessary for each member of the Authority to delegate to a person[s] or position[s] authority to act on the member's behalf in matters relating to the member and the Authority; and

WHEREAS, except as to those actions that must be approved by the City Council of the City of Calexico, such delegation of authority is necessary in order to carry out the purposes and functions of the Authority with its members; and

WHEREAS, in order to ensure a person[s] or position[s] is delegated with authority to act on the member's behalf in matters relating to the member and the Authority, action by the member's governing body is necessary; and

NOW THEREFORE, BE IT RESOLVED by the City Council of the City of Calexico as follows:

Except as to actions that must be approved by the City Council of the City of Calexico, the Acting City Manager is hereby appointed to act in all matters relating to the member and the Authority.

PASSED, APPROVED AND ADOPTED this 23<sup>rd</sup> day of December, 2015.

\_\_\_\_\_  
Joong S. Kim, Mayor

Attest:

\_\_\_\_\_  
Erica LaCuesta, Deputy City Clerk

\_\_\_\_\_  
Carlos Campos, Interim City Attorney

State of California )  
County of Imperial ) ss.  
City of Calexico )

I, Erica LaCuesta, Deputy City Clerk of the City of Calexico do hereby certify the above Resolution No. 2015-\_\_ was approved at a regular City Council meeting held on the 23<sup>rd</sup> day of December, 2015, by the following vote to-wit:

AYES:  
NOES:  
ABSTAIN:

---

Erica LaCuesta, Deputy City Clerk

**CSAC EXCESS INSURANCE AUTHORITY**

**EXECUTIVE COMMITTEE**

**TENTATIVE AGENDA**

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CSAC Excess Insurance Authority  
75 Iron Point Circle, Suite 200  
Folsom, California 95630  
916 850-7300

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Friday, December 11, 2015  
9:30 a.m.  
Eleventh Meeting – 2015

---

As to each agenda item, the Committee may take action and/or receive informational reports as appropriate.

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**ROLL CALL/INTRODUCTIONS**

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- 1.A. Establishment of Quorum/Introductions .....5

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**CONSIDERATION OF OFF AGENDA ITEMS**

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Pursuant to Government Code Section 54954.2(b), except as provided in this paragraph, no action or discussion shall be taken at a regular meeting on any item which does not appear on the posted Final Agenda. Pursuant to Government Code Section 54954.2 (b)(2) an item may be added to the Final Agenda after the Final Agenda has been posted upon a determination by a two-thirds vote of the Committee (or an unanimous vote if less than two-thirds of the Committee is present); the vote shall be on a motion stating that there is a need to take immediate action and that the need for action came to the attention of the Committee subsequent to the Final Agenda being posted. Any such motion shall be accompanied by distribution of a written statement on a form provided by the office of the Chief Executive Officer/Secretary of the Board, to be included in the record, stating the facts upon which it can be determined that the need to take action arose after the Final Agenda was posted. In addition, action may be taken on an item not on the posted Final Agenda under the circumstances stated in Government Code Section 54954.2 (b)(1) [emergency] and 54954.2 (b)(3) [continued regular meetings].

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**CONSENT AGENDA**

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The following Consent Agenda is expected to be routine and non-controversial. It will be acted upon by the Committee without discussion. Any Committee member, staff member, or interested party may request that any item be removed from the Consent Agenda for later discussion.

- 2.A. Approval of Minutes, October 1, 2015.....6  
*An action to approve the Minutes of the above meeting.*
- 2.B. Approval of Minutes, October 8, 2015..... 12  
*An action to approve the Minutes of the above meeting.*
- 2.C. Approval of Minutes, October 30, 2015 ..... 14  
*An action to approve the Minutes of the above meeting.*
- 2.D. Disclosure of Underwriting Authority..... 17  
*An action to acknowledge receipt of the disclosure.*

2.E.	CSAC EIA Membership Applications .....	20
	<i>An action to approve the listed entities for membership in the JPA.</i>	
2.F.	Informational Reports	
	<i>An action to acknowledge receipt of the reports.</i>	
	1. Report on Ninth Annual Public Entity Membership Meeting .....	21
	2. EIA Annual Report .....	23

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**COMMITTEE REPORTS**

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3.A.	Claims Review Committee – 10/9/15, 11/13/15, 12/11/15.....	24
3.B.	General Liability II Committee – 10/15/15.....	28
3.C.	Underwriting Committee – 10/23/15, 12/10/15.....	29
3.D.	Primary Workers' Compensation Committee – 11/4/15.....	31
3.E.	Personnel Sub-Committee – 11/4/15.....	32
3.F.	Legislative Committee – 11/12/15.....	33
3.G.	Medical Malpractice Committee – 11/23/15.....	34
3.H.	Property Committee – 12/4/15.....	35
3.I.	Loss Prevention Committee – 12/9/15.....	36
3.J.	EIAHealth Committee – 12/9/15.....	37
3.K.	Governance Sub-Committee – 12/10/15.....	38

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**INSURANCE PROGRAMS**

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4.A.	Update Regarding Casualty Underwriter Meetings (Alliant).....	39
	<i>An informational report regarding the recent meetings staff and Alliant had with casualty underwriters and the status of the renewals.</i>	
4.B.	Report Regarding WC & Liability Trend Identification Group Meetings (Brian) ...	40
	<i>An informational report regarding the Trend Identification Group meetings held on December 7, 2015.</i>	
4.C.	EWC & GL1 Renewal Data Update (Brian).....	41
	<i>An informational report regarding the status of the renewal application and loss data collections.</i>	

### **Excess Workers' Compensation Program**

- 4.D. 2014/15 Payroll Audit Results (Gina)..... 42  
*An informational report regarding the final payroll audit and premium calculations.*

### **Medical Malpractice Program**

- 4.E. Status of Extended Participation Agreements (Brian)..... 43  
*An informational report regarding the status of execution of the agreements by the members.*

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### **GENERAL BUSINESS**

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- 5.A. EIA Membership Application – City of Calexico..... 44  
*An action to approve the City for membership in the EIA.*
- 5.B. Captive Development Phase 1 (Gina)..... 45  
*An action to determine a preferred domicile for the captive feasibility study.*
- 5.C. Systema Incident Update (Mike P.)..... 65  
*An informational report on the Systema data incident.*
- 5.D. Executive Committee Vacancy (Gina) ..... 67  
*An action to appoint a replacement to fill the Executive Committee vacancy.*
- 5.E. Public Entity Board Member Vacancy (Gina) ..... 68  
*An action to fill the vacancy.*
- 5.F. 2016 Board Mentor Assignments (Gina)..... 69  
*An action to make mentor assignments for 2016.*
- 5.G. New Position – Underwriting Clerical Assistant (Brian)..... 71  
*An action to approve a new Underwriting Clerical Assistant position, effective January 1, 2016.*
- 5.H. Critical Incident Services (Charles/Rick)..... 73  
*An action to approve providing critical incident services as a general fund expenditure, effective January 1, 2016.*
- 5.I. Staff Report (Mike)  
*Staff will report on matters of interest to the Committee.*

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### **PUBLIC COMMENT**

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This portion of the agenda is reserved for members of the general public to address the Committee on any matter not on this agenda that is under the jurisdiction of the Committee.

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**FUTURE MEETINGS**

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6.A. 2016 Meeting Schedule (Gina) ..... 77  
*An action to approve the meeting schedule for 2016.*

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**ADJOURNMENT**

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*Disability Access: All posted locations for this meeting are wheelchair accessible and disabled parking is available. If you are a person with a disability and you need disability-related modifications or accommodations to participate in this meeting, please contact the Meeting Planner at (916) 850-7300 or (916) 850-7800 (fax). Requests for such modifications or accommodations must be made at least two full business days before the start of the meeting.*

CSAC EXCESS INSURANCE AUTHORITY

EXECUTIVE COMMITTEE

MEETING SUMMARY

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CSAC Excess Insurance Authority  
75 Iron Point Circle, Suite 200  
Folsom, California 95630  
916-850-7300

Thursday, December 11, 2015  
9:30 a.m.  
Eleventh Meeting – 2015

---

**Members Present**

Barbara Lubben, Alameda County  
Teri Enos-Guerrero, City of Chula Vista  
Scott Schimke, Glenn County  
James Brown, Merced County  
Kerry John Whitney, Napa County  
Kim Greer, City of Richmond  
Jim Sessions, Riverside County  
Ken Hernandez, San Bernardino County  
Lance Sposito, Santa Clara County  
Peter W. Huebner, Sierra County

**Members Absent**

Roberta Allen, Plumas County

**Critical Incident Services**

The Executive Committee unanimously approved contracting with Mainstream Unlimited for ***pre and post critical incident services***. Based on Committee member discussion, staff was directed to move forward with the ***service offering as soon as possible***.

Pre-incident services will ***include regional training programs and webinars*** over the course of the next few months on topics such as: critical incident management, communications and media management. Staff is currently working with Mainstream on suggested best practices, policies and procedures to support the training. Regional training sessions and webinars ***will be free of charge to all members***. Any member-specific, pre-incident training will be paid for by the member at the discounted rates offered to EIA Members. Members may access their available subsidy balances to assist in covering those costs.

***Post-incident services*** include situation assessment and media consulting services, which will be provided to members upon approval by the EIA and ***paid for by the EIA, up to \$50,000 per incident***. Any costs above that would be paid for by the member.

**Program Matters**

- Updates were provided on recent renewal meetings with underwriters, discussions of the WC and Liability Trend Identification Groups, and renewal data collection.

- The results of the 2014/15 EWC Payroll audit were reviewed.
- An update was provided on the receipt of the Medical Malpractice Program Extended Participation Agreements from the members, committing them to remain in the Program through 10/1/17.
- The City of Calxico was approved for participation in the EIA.

### **Governance Matters**

Kim Greer was appointed to fill the vacancy on the Executive Committee when Teri Enos-Guerrero retires at the end of 2015. Teri's retirement will also create a vacancy on the Board. Therefore, Kim Greer was moved to the City designated position, Charlie Mitchell was moved from an Alternate to an At Large position, and David Nelson was appointed to fill the Alternate position, effective 1/1/16.

Each Executive Committee member serves as a mentor for board members. The Executive Committee approved their mentor assignments for 2016.

### **Other Items**

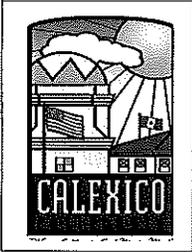
- A new Underwriting Clerical Assistant position was approved as of 1/1/16.
- An update was provided regarding the Systema data incident from earlier this fall.

### **Next Meeting**

The next regularly scheduled meeting will be on **Thursday, January 7, 2016**, at **10:30 a.m.**, at the **EIA office in Folsom**.

**AGENDA  
ITEM**

**5**



# AGENDA STAFF REPORT

**DATE:** December 23, 2015

**TO:** Mayor and City Council

**APPROVED BY:** Nick Fenley, Acting City Manager 

**PREPARED BY:** Nick Fenley, Acting City Manager

**SUBJECT:** Resolution of the City Council of the City of Calexico Authorizing the Acting City Manager to Submit an Application to the Department of Industrial Relations, State of California for a Certificate of Consent to Self-Insure Workers' Compensation Liabilities.

=====

## Recommendation:

Adoption of Resolution of the City Council of the City of Calexico Authorizing the Acting City Manager to Submit an Application to the Department of Industrial Relations, State of California for a Certificate of Consent to Self-Insure Workers' Compensation Liabilities.

## Background:

On December 16, 2015, California Joint Powers Insurance Authority (JPIA) Executive Committee Board of Directors cancelled the City of Calexico participation in all California JPIA Joint Protection Programs, which included workers' compensation insurance, effective January 1, 2016 and its membership effective July 1, 2016.

## Discussion & Analysis:

Before the cancellation of California JPIA Joint Protection Programs, City staff has been working diligently with Alliant Insurance Services, Inc. in order to obtain workers compensation insurance through CSAC Excess Insurance Authority (EIA) and/or State Compensation Insurance Fund. After reviewing various options with Alliant Insurance Services, City staff is recommending that the City of Calexico become self-insured. Being self-insured means that the insured, in this case the City of Calexico, carries a fixed amount of risk, including adjusting and legal expenses. The insurance policy, whether a primary or umbrella contract, is excess coverage above the self-insured retention. The insurance carrier will impose reporting requirements on the insured in order to monitor the development of claims that may impact the liability limit to which the company is exposed.

AGENDA  
ITEM

5

In order for the City to become self-insured, the City needs to submit an application to the Department of Industrial Relations, State of California. For this reason, City staff is recommending that the City Council of the City of Calexico authorize the Acting City Manager to submit the application to the Department of Industrial Relations, State of California for a Certificate of Consent to self-insure workers compensation liability.

**Fiscal Impact:**

Not to Exceed \$25,000.00 (General Fund and Enterprise Funds)

**Coordinated With:**

Alliant Insurance Services, Inc.

**Attachment(s):**

1. Resolution of the City Council of the City of Calexico Authorizing the Acting City Manager to Submit an Application to the Department of Industrial Relations, State of California for a Certificate of Consent to Self-Insure Workers' Compensation Liabilities.
2. Application for a Public Entity Certificate of Consent to Self-Insure.

RESOLUTION NO. 2015-\_\_\_\_

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CALEXICO AUTHORIZING THE ACTING CITY MANAGER TO SUBMIT AN APPLICATION TO THE DEPARTMENT OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA FOR A CERTIFICATE OF CONSENT TO SELF INSURE WORKERS' COMPENSATION LIABILITIES**

WHEREAS, the City of Calexico intends to submit an application to the Department of Industrial Relations, State of California, for a Certificate of Consent to Self Insure Workers' Compensation Liabilities; and

WHEREAS, the City of Calexico wishes to delegate authorization to the Acting City Manager to be authorized and empowered to submit an application to the Department of Industrial Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities on behalf of the City of Calexico and to execute any and all documents required for such application.

NOW, THEREFORE, the City Council of the City of Calexico does hereby resolve as follows:

1. The Acting City Manager is hereby authorized and empowered to submit application to the Department of Industrial Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities on behalf of the City of Calexico and to execute any and all documents required for such application.

PASSED, APPROVED AND ADOPTED this 23<sup>rd</sup> day of December, 2015.

\_\_\_\_\_  
Joong S. Kim, Mayor

Attest:

\_\_\_\_\_  
Erica LaCuesta, Deputy City Clerk

\_\_\_\_\_  
Carlos Campos, Interim City Attorney

State of California )  
County of Imperial ) ss.  
City of Calexico )

I, Erica LaCuesta, Deputy City Clerk of the City of Calexico do hereby certify the above Resolution No. 2015-\_\_ was approved at a regular City Council meeting held on the 23<sup>rd</sup> day of December, 2015, by the following vote to-wit:

AYES:  
NOES:  
ABSTAIN:

---

Erica LaCuesta, Deputy City Clerk

State of California  
Department of Industrial Relations  
Office of Self Insurance Plans  
11050 Olson Drive, Suite 230  
Rancho Cordova, CA 95670  
Phone (916) 464-7000  
FAX (916) 464-7007



Our File: \_\_\_\_\_

## APPLICATION FOR A PUBLIC ENTITY CERTIFICATE OF CONSENT TO SELF INSURE

NOTE: All questions must be answered. If not applicable, enter "N/A".  
Workers' compensation insurance must be maintained until certificate is effective.

### APPLICANT INFORMATION

Legal Name of Applicant (show exactly as on Charter or other official documents):

City of Calexico

Street Address of Main Headquarters:

608 Heber Avenue

Mailing Address (if different from above):

Federal Tax ID No.:

95-6000684

City, State, Zip Code

Calexico, CA 92231

TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: Nick Fenley

Title: Acting City Manager

Company Name: City of Calexico

Mailing Address: 608 Heber Avenue

City: Calexico

State: CA

Zip + 4: 92231-2840

Telephone Number: 760/768-2110

Email: nfl@calexico.ca.gov

Type of Public Entity (check one):

City and/or County     School District     Police and/or Fire District     Hospital District     Joint Powers Authority

Other (describe): \_\_\_\_\_

Type of Application (check one):

New Application     Reapplication due to Merger or Unification     Reapplication due to Name Change

Other (describe) Stand Alone Self Insured Agency - leaving CJPIA (self insured JPA member)

Date Self Insurance Program will begin: January 1, 2016

CURRENT PROGRAM FOR WORKERS' COMPENSATION LIABILITIES

Currently Insured with State Compensation Insurance Fund, Policy Number:

Policy Expiration Date: \_\_\_\_\_ Yearly Premium: \$ \_\_\_\_\_

Current Yearly Incurred (paid & unpaid) Losses: \$ \_\_\_\_\_ (FY or CY)

Currently Self Insured, Certificate Number: 5009-002

Name of Current Certificate Holder: California Joint Powers Insurance Authority (City of Calexico - Member)

Other (describe): California Joint Powers Insurance Authority

JOINT POWERS AUTHORITY

Will the applicant be a member of a workers' compensation Joint Powers Authority for the purpose of pooling workers' compensation liabilities?

Yes No If yes, then complete the following:

Effective date of JPA Membership: \_\_\_\_\_ JPA Certificate No.: \_\_\_\_\_

Name and Title of JPA Executive Officer:

Name of Joint Powers Authority Agency:

Mailing Address of JPA:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

PROPOSED CLAIMS ADMINISTRATOR

Who will be administering your agency's workers' compensation claims? (check one)

JPA will administer, JPA Certificate No.: \_\_\_\_\_

Third party agency will administer, TPA Certificate No.: 132-10

Public entity will self administer Insurance carrier will self administer

Name of Individual Claims Administrator:

Name of Administrative Agency:

York Risk Services Group

Mailing Address:

313 East Foothill Blvd.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Upland, CA 91786-3952

Telephone Number: 90/942-4884 FAX Number: 866/548-2637

Number of claims reporting locations to be used to handle the agency's claims: 1

Will all agency claims be handled by the administrator listed on previous page?  Yes  No

**AGENCY EMPLOYMENT**

Current Number of Agency Employees: 173

Number of Public Safety Officers (law enforcement, police or fire): 68

If a school district, number of certificated employees: \_\_\_\_\_

Will all agency employees be included in this self insurance program?  Yes  No

If no, explain who is not included and how workers' compensation coverage is to be provided to the excluded agency employees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INJURY AND ILLNESS PREVENTION PROGRAM**

Does the agency have a written Injury and Illness Prevention Program?  Yes  No

Individual responsible for agency Injury and Illness Prevention Program:

Name and Title:

Nick Fenley, Acting City Manager

Company or Agency Name:

City of Calexico

Mailing Address:

608 Heber Avenue

City:

State:

Zip + 4:

Calexico, CA 92231-2840

Telephone Number: 760/768-2110

**SUPPLEMENTAL COVERAGE**

Will your self insurance program be supplemented by any insurance or pooled coverage under a standard workers' compensation insurance policy?  Yes  No

If yes, then complete the following:

Name of Carrier or Excess Pool: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Will your self insurance program be supplemented by any insurance or pooled coverage under a specific excess workers' compensation insurance policy?  Yes  No

If yes, then complete the following:

Name of Carrier or Excess Pool: CSAC EIA

Policy Number: \_\_\_\_\_

Effective Date of Coverage: 1/1/16

Retention Limits: \_\_\_\_\_

Will your self insurance program be supplemented by any insurance or pooled coverage under an aggregate excess (stop loss) workers' compensation insurance policy?  Yes  No

If yes, then complete the following:

Name of Carrier or Excess Pool: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Retention Limits: \_\_\_\_\_

**RESOLUTION OF GOVERNING BOARD**

See Attached Resolution-Page 5

**CERTIFICATION**

The undersigned on behalf of the applicant hereby applies for a Certificate of Consent to Self Insure the payment of workers' compensation liabilities pursuant to Labor Code Section 3700. The above information is submitted for the purpose of procuring said Certificate from the Director of Industrial Relations, State of California. If the Certificate is issued, the applicant agrees to comply with applicable California statutes and regulations pertaining to the payment of compensation that may become due to the applicant's employees covered by the Certificate.

Signature of Authorized Official:

Date:

\_\_\_\_\_

\_\_\_\_\_

Typed Name:

Nick Fenley

Title:

Acting City Manager

Agency Name:

City of Calexico

Seal

(Emboss seal above or Notarize signature)

RESOLUTION NO.: \_\_\_\_\_ DATED: \_\_\_\_\_

A RESOLUTION AUTHORIZING APPLICATION  
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA  
FOR A CERTIFICATE OF CONSENT TO SELF INSURE  
WORKERS' COMPENSATION LIABILITIES

At a meeting of the Board of \_\_\_\_\_  
(enter title)

of the \_\_\_\_\_  
(enter name of public agency, district)

a \_\_\_\_\_ organized and existing under the laws of  
(enter type of agency)

the State of California, held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the

following resolution was adopted:

**RESOLVED, that the** \_\_\_\_\_  
(enter position titles)

**be and they are hereby severally authorized and empowered to make application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities on behalf of the**

\_\_\_\_\_  
(enter name of district)

**and to execute any and all documents required for such application.**

I, \_\_\_\_\_, the undersigned \_\_\_\_\_  
(enter name) (enter title)

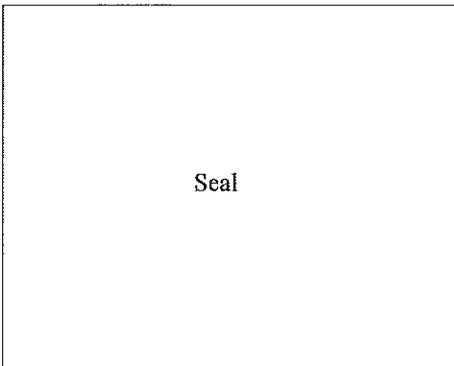
of the Board of the said \_\_\_\_\_  
(enter name of agency)

a \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_  
(enter type of agency) (enter title)

of said \_\_\_\_\_, that the foregoing is a full, true and correct copy of the resolution duly  
(enter type of agency)

passed by the Board at the meeting of said Board held on the day and at the place herein 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 MY NAME AND AFFIXED THE SEAL OF THIS**



\_\_\_\_\_  
(enter type of agency)

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature)