DEPARTMENT: Administration BY: Rick Benson

PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:
Approve the amendments to the Excess Workers’ Compensation and Excess Liability (GLI) Program Memorandums of Understanding (MOU) and authorize the County Administrative Officer to sign the MOUs. The Excess Insurance Authority (EIA) approved these amendments at the October 6, 2006, Board of Directors meeting. The amendments are primarily a result of the EIA restructure to incorporate the public entity membership, and to clean up the document and create uniformity with other EIA documents. Attached for your review are the clean versions and the redlined and strikethrough versions of the MOUs.

The EIA is requiring each participating member to return a signed copy of the MOU by June 30, 2007. Failure to execute the amended MOU by this date will be tantamount to sending notice of withdrawal effective October 1, 2007.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On February 21, 2006, the Board adopted Resolution 06-69, approving an amendment to the California State Association of Counties (CSAC) EIA Joint Powers Agreement (JPA) to consolidate the California Public Entity Insurance Authority (CPEIA) with the EIA.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not approve the amendments to the MOUs and do not authorize the County Administrative Officer to sign the amendments. The County will need to find another organization or firm to provide Workers’ Compensation and Liability insurance.

Financial Impact? ( ) Yes (X) No Current FY Cost: $
Budgeted in Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $
Additional Funding Needed: $
Source:
Internal Transfer
Unanticipated Revenue 4/5’s vote
Transfer Between Funds 4/5’s vote
Contingency 4/5’s vote
( ) General ( ) Other

List Attachments, number pages consecutively

EWC Program MOU
GLI Program MOU

CLERK’S USE ONLY:
Res. No.: 06-537 Ord. No. _____
Vote – Ayes: ____ Noes: ____
Absent: ______
Approved
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ___________
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: _____________________________
Deputy

COUNTY ADMINISTRATIVE OFFICER:
Requested Action Recommended ___ No Opinion
Comments:

Signature:

CAO:

Revised Dec. 2002