DEPARTMENT: Risk Management  
By: Jeffrey G. Green  
PHONE: 209/966-3222

RECOMMENDED ACTION AND JUSTIFICATION: Policy Item: Yes ( )  No(X)

Authorize the Chair to sign an addendum to the Agreement with Ross and Castillo, the County’s Workers’ Compensation Claims Administrator for a three-year period, i.e., July 1, 2000 through June 30, 2003. Frank Ross of Ross and Castillo is requesting a three-year extension with a fee increase of $1,250 per year over the next three years. The current fee for administration of the County’s claims is $16,750 annually; this increase would bring the total to $18,000 per year.

There have been no increases since the County executed an Agreement with Ross and Castillo eight years ago. According to Mr. Ross, the cost of doing business has increased substantially over the past eight years.

The County continues to receive excellent service from his agency in the handling of the County’s Workers’ Comp claims.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board originally entered into an Agreement with Ross and Castillo on July 1, 1992 and it has been renewed annually since that time.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

→ Approve this action as proposed.
→ Do not approve this action. Seek out other agencies with competitive rates to handle the County’s claims, however, there are risks of finding one with lower rates, i.e., a disreputable agency.

<table>
<thead>
<tr>
<th>COSTS:</th>
<th>( ) Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Budgeted current FY</td>
<td>$18,000</td>
</tr>
<tr>
<td>B. Total anticipated costs</td>
<td>$</td>
</tr>
<tr>
<td>C. Required additional funding</td>
<td>$</td>
</tr>
<tr>
<td>D. Internal transfers</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE:</th>
<th>( ) 4/5ths Vote Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Unanticipated revenues</td>
<td>$</td>
</tr>
<tr>
<td>B. Reserve for contingencies</td>
<td>$</td>
</tr>
<tr>
<td>C. Source description:</td>
<td>Balance in Reserve for Contingencies, if approved:</td>
</tr>
</tbody>
</table>

SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:

Addendum to Agreement.

CLERK’S USE ONLY.

Vote - Ayes:  
Noes:  
Abstained:  
Denied:  
Approved:  
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  
Deputy  

ADMINISTRATIVE OFFICER’S RECOMMENDATION:

This item on agenda as:

☑ Recommended  
☐ Not Recommended  
☐ For Policy Determination  
☐ Submitted with Comment  
☐ Returned for Further Action

Comment:  

A.O. Initials:  

Action Form Revised 5/92