



President
Ms. Rachel Ancheta
City of Dixon

Vice President
Ms. Jen Leal
City of Auburn

Treasurer
Ms. Jen Lee
City of Rio Vista

Secretary
Ms. Tricia Cobey
City of Galt

NORTHERN CALIFORNIA CITIES SELF INSURANCE FUND CLAIMS COMMITTEE MEETING AGENDA

DATE / TIME: Thursday, March 26, 2026, at 8:30 a.m.

A - Action
I - Information

LOCATION: Zoom Teleconference
Call-in Number: 669-900-7843
Meeting ID: 929 8596 7343 Passcode:235592

1 - Attached
2 - Hand Out
3 - Separate
Cover
4 - Verbal

Zoom Link:

<https://alliantinsurance.zoom.us/j/92985967343?pwd=wj5mIcEIMvxUED8szUZ9zCx1BgIvta.1>

This Meeting Agenda shall be posted at the address of the teleconference locations shown below with access for the public via phone/speaker phone.

1. City of Auburn- 1225 Lincoln Way, Auburn, CA 95603
2. City of Colusa- 425 Webster St. Colusa, CA 95932
3. City of Galt- 380 Civic Center Dr. Galt, CA 95632
4. City of Gridley- 685 Kentucky St. Gridley, CA 95948
5. City of Rocklin- 3970 Rocklin Rd, Rocklin, CA 95677
6. City of Yuba City- 1201 Civic Center Blvd. Yuba City, CA 95993

MISSION STATEMENT

The Northern California Cities Self Insurance Fund, or NCCSIF, is an association of municipalities joined to protect member resources by stabilizing risk costs in a reliable, economical and beneficial manner while providing members with broad coverage and quality services in risk management and claims management.

- A. CALL TO ORDER**
- B. ROLL CALL**
- C. PUBLIC COMMENTS**



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This time is reserved for members of the public to address the Committee on matters pertaining to NCCSIF that are of interest to them.

- pg. 4 **D. CONSENT CALENDAR** **A 1**
All matters listed under the consent calendar are considered routine with no separate discussion necessary. Any member of the public or the Committee may request any item to be considered separately.
- pg. 5 1. Claims Committee Meeting Minutes - September 25, 2025
pg. 7 2. Claims Committee Special Meeting Minutes – November 6, 2025
pg. 9 3. Claims Committee Special Meeting Minutes – December 15, 2025
pg. 11 4. Claims Committee Special Meeting Minutes – January 13, 2026
- E. COMMITTEE BUSINESS**
- 1. CLAIMS POLICY AND PROCEDURE REVISIONS** **A 1**
The Committee will review and may approve updates to the list of approved liability counsel and rates, per the items below:
- pg. 13 a. Revisions to Policy and Procedure C-L4
pg. 22 b. Revisions to Policy and Procedure C-WC1
pg. 41 c. Revisions to Policy and Procedure C-7, C-7A, and C-7B
- 2. LIABILITY PROGRAM CLAIMS AUDIT AND SEDWICK RESPONSE** **A 1**
The Committee will review the most recent Liability Program claims audit conducted by RMS in 2025 and the response from Sedgwick to accept and file.
- pg. 77 **F. CLOSED SESSION TO DISCUSS PENDING CLAIMS** **A 2**
(Per Governmental Code Section 54956.95)
- Liability:
1. Townsend v. City of Colusa
 2. Castillo v. City of Dixon
 3. James/James v. City of Lincoln
 4. Williams v. City of Marysville
- Workers’ Compensation
1. 2496600144 v. City of Anderson
 2. 1996610088 v. City of Auburn
 3. 0996610162 v. City of Corning
 4. 2396600166 v. City of Elk Grove



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- 5. 2396600203 v. City of Red Bluff
- 6. 2296610629, 2496600334 v. City of Red Bluff

G. REPORT FROM CLOSED SESSION **I 4**
The Committee will announce any reportable action taken in closed session

pg. 78 **H. ROUND TABLE DISCUSSION** **I 4**
This is an opportunity for Committee members to ask questions or raise issue on risk exposures common to the members.

I. ADJOURNMENT

UPCOMING MEETINGS

- Risk Management Committee Meeting - April 16, 2026
- Board of Directors Meeting - April 16, 2026
- Police Risk Management Committee Meeting - May 7, 2026
- Claims Committee Meeting - May 21, 2026
- Executive Committee Meeting - May 21, 2026

Per Government Code 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 Jenna Wirkner at Alliant Insurance Services at (916) 643-2741.

The Agenda packet will be posted on the NCCSIF website at www.nccsif.org. Documents and material relating to an open session agenda item that are provided to the NCCSIF Claims Committee less than 72 hours prior to a regular meeting will be available for public inspection and copying at 2180 Harvard Street, Suite 460, Sacramento, CA 95815.

Access to some buildings and offices may require routine provisions of identification to building security. However, NCCSIF does not require any member of the public to register his or her name or to provide other information, as a condition of attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.



BACK TO AGENDA

**Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026**

Agenda Item D.

CONSENT CALENDAR

ACTION ITEM

ISSUE: The Claims Committee reviews items on the Consent Calendar, and if any item requires clarification or discussion a Member should ask that it be removed for separate action. The Committee should then consider action to approve the Consent Calendar excluding those items removed. Any items removed from the Consent Calendar will be placed later on the agenda in an order determined by the Chair.

RECOMMENDATION: Adoption of the Consent Calendar after review by the Committee.

FISCAL IMPACT: None.

BACKGROUND: Routine items that generally do not require discussion are regularly placed on the Consent Calendar for approval.

ATTACHMENT(S):

1. Claims Committee Meeting Minutes - September 25, 2025
2. Claims Committee Special Meeting Minutes – November 6, 2025
3. Claims Committee Special Meeting Minutes – December 15, 2025
4. Claims Committee Special Meeting Minutes – January 13, 2026



**MINUTES OF THE
NCCSIF CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
SEPTEMBER 25, 2025**

COMMITTEE MEMBERS PRESENT

Ishrat Aziz-Khan, City of Colusa
Rachel Ancheta, City of Dixon
Melissa Rojas, City of Elk Grove
Trica Cobey, City of Galt
Pati Taverner, City of Gridley
Tameka Usher, City of Rocklin
Sheleen Loza, City of Yuba City

COMMITTEE MEMBERS ABSENT

Jen Leal, City of Auburn

CONSULTANTS & GUESTS

Marcus Beverly, Alliant Insurance Services
Jenna Wirkner, Alliant Insurance Services
Brian Davis, Sedgwick

Stacey Horban, LWP
Alyssa Reese, Sedgwick
Dor Zumwalt, Sedgwick

A. CALL TO ORDER

Chair Rachel Ancheta called the meeting to order at 9:00a.m.. A roll call was made, and the above-mentioned members were present constituting a quorum.

B. PUBLIC COMMENTS

C. CONSENT CALENDAR

1. Claims Committee Meeting Minutes - May 22, 2025
2. Claims Committee Meeting Minutes- June 26, 2025
3. Special Claims Committee Meeting Minutes- July 29, 2025
4. Special Claims Committee Meeting Minutes- August 14, 2025

A motion was made to approve the Consent Calendar as presented.

Motion: Melissa Rojas

Second: Ishrat Aziz Khan

Motion Carried

Ayes:

Nays: None

D. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at 9: 03a.m to discuss the following claims:



Workers' Compensation:

2496600338 v. City of Yuba City*

Liability:

- 1.Parks v. City of Rocklin
- 2.Hoetger v. City of Yuba City*

F. REPORT FROM CLOSED SESSION

The Committee reconvened to open session at 9:45 a.m.

Chair Rachel Ancheta indicated that Committee met and provided direction on the above claims, but no reportable action was taken.

H. Liability Legal Counsel List Update

Members discussed revisions to the liability counsel lists rates.

A motion was made to approve the Liability Legal Counsel List Rate increases and the addition of David Newdorf.

Motion: Tameka Usher

Second: Melissa Rojas

Motion Carried

Ayes: Ancheta, Aziz-Khan, Rojas, Cobey, Taverner, Loza

Nays: None

I. ROUND TABLE DISUCSSION

Members discussed playground safety training. Members also discussed working with members to mitigate claims and forming a sub-committee.

J. ADJOURNMENT

The meeting was adjourned at 9:37 a.m.

Respectfully Submitted,

Tricia Cobey, Secretary

Date



**MINUTES OF THE
NCCSIF SPECIAL CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
November 6, 2025**

COMMITTEE MEMBERS PRESENT

Jen Leal, City of Auburn
Ishrat Aziz-Khan, City of Colusa
Melissa Rojas, City of Elk Grove
Tricia Cobey, City of Galt
Patricia Taverner, City of Gridley
Sheleen Loza, City of Yuba City

COMMITTEE MEMBER ABSENT

Tameka Usher, City of Rocklin

CONSULTANTS & GUESTS

Marcus Beverly, Alliant Insurance Services
Dori Zumwalt, Sedgwick
Stacey Horban, LWP

Jenna Wirkner, Alliant Insurance Services
Brian Davis, Sedgwick
Alyssa Reese, Sedgwick

A. CALL TO ORDER

Chair Jennifer Leal called the meeting to order at 2:02p.m.

B. ROLL CALL

A roll call was made, and the above-mentioned members were present constituting a quorum.

C. PUBLIC COMMENTS

No public comments.

D. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at a.m. to discuss the following claims:



Liability:

1. Romero v. City of Colusa*
2. Gibson v. City of Red Bluff*
3. Hann v. City of Rocklin*
4. Jones v. City of Rocklin*
5. Melchor v. City of Yuba City*

Alyssa Reese, Brian Davis and Dori Zumwalt left the call at 2:34p.m.

Workers Compensation:

1. 2496600262 v. City of Anderson*
2. 2296610284 v. City of Elk Grove*
3. 2496600328 v. City of Nevada City*
4. 2196610112 & 2096610291 v. City of Rocklin*

E. REPORT FROM CLOSED SESSION

The meeting resumed to open session at Chair Leal indicated no reportable action was taken as direction was given to the Program and Claims Administrators for the claims referenced above.

F. ROUND TABLE DISCUSSION

No discussion held

G. ADJOURNMENT

The meeting was adjourned at

Respectfully Submitted,

Tricia Cobey, Secretary

Date



**MINUTES OF THE
NCCSIF SPECIAL CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
December 15, 2025**

COMMITTEE MEMBERS PRESENT

Jen Leal, City of Auburn
Ishrat Aziz-Khan, City of Colusa
Melissa Rojas, City of Elk Grove
Patricia Taverner, City of Gridley
Tameka Usher, City of Rocklin
Sheleen Loza, City of Yuba City

COMMITTEE MEMBER ABSENT

Tricia Cobey, City of Galt

CONSULTANTS & GUESTS

Jenna Wirkner, Alliant Insurance Services
Stacey Horban, LWP
Alyssa Reese, Sedgwick

Evan Washburn Alliant Insurance Services
Brian Davis, Sedgwick

A. CALL TO ORDER

Chair Jennifer Leal called the meeting to order at 11:02a.m.

B. ROLL CALL

A roll call was made, and the above-mentioned members were present constituting a quorum.

C. PUBLIC COMMENTS

No public comments.

D. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at a.m. to discuss the following claims:



Liability:

1. 4A2401Q2J5J-0001. v. City of Folsom*
2. Phillips v. City of Rio Vista*

Alyssa Reese and Brian Davis left the call at 11:21a.m.

Workers Compensation:

1. 2296610183 v. City of Elk Grove*
2. 2596600062 & 2496600061 v. City of Folsom*
3. 9596610256 v. City of Red Bluff*
4. 2296610594 v. Town of Paradise*

E. REPORT FROM CLOSED SESSION

The meeting resumed to open session at Chair Leal indicated no reportable action was taken as direction was given to the Program and Claims Administrators for the claims referenced above.

F. ROUND TABLE DISCUSSION

Members discussed sidewalk repairs.

Patricia Taverner left the meeting at 11:49a.m.

G. ADJOURNMENT

The meeting was adjourned at 11:54a.m.

Respectfully Submitted,

Tricia Cobey, Secretary

Date



**MINUTES OF THE NCCSIF SPECIAL CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
January 13, 2026**

COMMITTEE MEMBERS PRESENT

Jen Leal, City of Auburn
Ishrat Aziz-Khan, City of Colusa
Tricia Cobey, City of Galt
Patricia Taverner, City of Gridley
Tameka Usher, City of Rocklin
Sheleen Loza, City of Yuba City

COMMITTEE MEMBER ABSENT

CONSULTANTS & GUESTS

Jenna Wirkner, Alliant Insurance Services	Marcus Beverly, Alliant Insurance Services
Stacey Bean, LWP	Brian Davis, Sedgwick
Alyssa Reese, Sedgwick	Evan Washburn, Alliant Insurance Services

A. CALL TO ORDER

Chair Jennifer Leal called the meeting to order at 3:00 p.m.

B. ROLL CALL

A roll call was made, and the above-mentioned members were present constituting a quorum.

C. PUBLIC COMMENTS

No public comments.

D. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at a.m. to discuss the following claims:



Liability:

1. 4A23123L7CN-0001 v. City of Folsom*

Brian Davis and Alyssa Reese left the call at 3:08p.m.

Workers Compensation:

1. 1996610198 v. City of Elk Grove*
2. 1696610221, 2396600173 v. City of Galt*
3. 2496600403 v. City of Galt*
4. 1096610215 & 1596610265 v. City of Oroville*

Evan Washburn joined the call at 3:33p.m.

5. 2296610563 & 2296610315 v. City of Placerville*
6. 0596610386 & 0396610361 v. City of Yuba City*
7. 2396600052 v. City of Yuba City*

E. REPORT FROM CLOSED SESSION

The meeting resumed to open session at Chair Leal indicated no reportable action was taken as direction was given to the Program and Claims Administrators for the claims referenced above.

F. ROUND TABLE DISCUSSION

Members discussed sidewalk repairs.

G. ADJOURNMENT

The meeting was adjourned at 3:56 p.m.

Respectfully Submitted,

Tricia Cobey, Secretary

Date _____



BACK TO AGENDA

**Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026**

Agenda Item. E.1.a.

CLAIM POLICY AND PROCEDURE REVISIONS : C-L4:

ACTION ITEM

ISSUE: Attached please find a red-lined draft of the following NCC Policy and Procedure for review and recommendation to the Board.

C-L4: Updated the Liability Litigation Management Plan to add a policy statement, update references to other related policies after recent reorganization, include counsel recommendations from others, and align the reporting requirements with those of CJPRMA. Also added is a requirement for the claims administrator to report to CJPRMA per their newly attached report form and reporting requirements.

RECOMMENDATION: Review and recommend changes as presented, revised or provide direction.

FISCAL IMPACT: No fiscal impact expected from this item.

BACKGROUND: The Program Administrators regularly review and update NCC policies and procedures as needed.

ATTACHMENT(S): C-L4 – redlined draft



LIABILITY CLAIM POLICY AND PROCEDURE #C-L-4

SUBJECT: LIABILITY LITIGATION MANAGEMENT PLAN

Policy Statement: It is the policy of the Northern California Cities Self Insurance Fund (NCCSIF) to manage covered claims and litigation in a professional and efficient manner, using best practices in coordination with applicable excess coverage standards. The following criteria are to be used for managing covered litigation.

A. Panel Counsel & Investigators

In accordance with Policy and Procedure (P&P) A-9C-7, Selection and Use of Defense Counsel & Employment Practices Investigators~~Selection~~, an Approved List of recommended ~~law~~ firms and personnel is periodically reviewed and approved by the Claims Committee and Executive Committee with recommendations from the Claims Administrator.

As per P&P C-7A-9, it is assumed that the use of legal counsel (including city staff), other than those on the Approved List, shall not be approved. In special cases, ~~other~~ defense counsel not on the Approved List may be used for their particular expertise, or where a conflict of interest may arise. Exceptions shall be reviewed and approved on a case-by-case basis by the Executive Claims Committee.

Adding or deleting an attorney to or from the defense panel is based on a will require recommendation by a Member City, the Program Director, or Claims Administrator. -The Claims Administrator will review the recommended firm and/or individual per P-&P A-9C-7 and submit a written recommendation to the Claims Committee and subsequently the Executive Committee for approval.

B. Assignment

After consultation and approval from the Member City, the Claims Administrator shall assign and direct defense counsel from the Approved List. The counsel selected must agree to abide by these policies and procedures.

Partners, Associate Attorneys and paralegals working with an attorney on the Approved List may work on a case assigned to the attorney. NCCSIF will not pay for training time or duplicative work, but other attorneys/paralegal working directly with an attorney from the Approved List may be utilized on a case if such use is necessary and an efficient way to provide legal services. Attorneys assigned cases shall notify the Claims Administrator of the name of the attorney/paralegal who will be assisting on the case. In no event shall a case be handled at trial or arbitration by any attorney except the assigned attorney without the written consent of the Claims Administrator and the Member City.



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Corporate Insurance License No. 0C36861*



The defense counsel assigned shall send an acknowledgement of assignment letter to the Claims Administrator within seven (7) calendar days of receiving the case assignment.

C. Conflicts

The defense counsel selected and the law firm to which he/she belongs must disclose any ethical or legal conflicts which would in general disqualify them from representing any of the Member City defendants.

~~Finally, T~~they shall also agree to disclose any special facts which would or could potentially disqualify them from representation of a particular Member City, commensurate with, or shortly after the case assignment, or immediately upon discovery.

D. Communication

Copies of all correspondence, pleadings and notice of depositions, trials, arbitrations and hearings shall be provided to the Claims Administrator and others as designated by the Claims Administrator. Copies of all status reports shall be provided to the Member City.

Defense counsel will promptly respond to all letters or phone calls from the Claims Administrator, and keep him or her fully advised as to the progress of each case. Defense counsel will cooperate with the Claims Administrator in all other aspects of this Litigation Management Program including providing copies of all motions and pleadings on electronic media, and completing expert witness and plaintiff counsel evaluations as requested by the Claims Administrator.

E. Case Analysis and Litigation Budget

Within 30 days of retention in each case selected defense counsel shall complete and return a case evaluation and analysis as requested in the case assignment letter from the Claims Administrator.

Defense counsel shall obtain written approval from the Claims Administrator prior to retaining experts or making changes in the litigation plan set forth in their initial case evaluation and analysis. Defense counsel shall obtain written approval from the Claims Administrator prior to incurring any costs or fees in excess of the approved litigation budget.

MANDATORY STATUS REPORTS

Status reports are mandatory every 90 days or as soon as possible following any significant event in the case. Defense counsel shall report **only** on new developments since the last report. The reporting diary can be extended if the Claims Administrator is notified of defense counsel's intention to put the file on an extended diary.

The attorney handling the case should prepare the status reports. Status reports should include the following:

- The ongoing strategy for defense or resolution of the case, including a factual analysis of issues related to liability and damages;
- A description of planned discovery with a time table for completion;



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- A brief synopsis of the discovery completed since the last report;
- Court dates including, but not necessarily limited to, mandatory settlement conferences, trial setting conferences, arbitration and trial dates, hearings on discovery, etc.;
- New settlement demands; and
- Any anticipated changes in the litigation budget.

Furthermore, no later than 630 days prior to trial (or binding arbitration) or as requested by the Claims Administrator, the defense trial attorney will provide a trial/binding arbitration report, which shall include:

TRIAL/ARBITRATION REPORTS

No later than 630 days prior to trial (or binding arbitration), the defense trial attorney will provide a report, which shall include:

1. an assessment of the City's liability;
2. an assessment of plaintiff's injuries or damages;
3. an assessment of legal defenses (and probability of prevailing);
4. an assessment of the chances of prevailing at trial;
5. the verdict value assuming full liability
6. an assessment of any other factors affecting the items above, including demeanor or credibility of important witnesses, evidentiary disputes, tendencies or local juries, the judge or opposing counsel, liability and solvency/coverage of co-defendants, or similar important issues;
7. an appraisal of settlement value, considering verdict value and chances of prevailing
8. the status of settlement discussions
9. estimated future fees and costs through trial (since last billing)

A daily oral report is expected during trial, unless the City is present. The attorney will keep the excess carrier/excess pool advised of status, where applicable. Immediately following any trial/arbitration, a brief trial report should be sent to the City outlining the results.

F. Settlements

Defense counsel shall not settle any litigation by way of any monetary offering without the prior approval of the Member City, the Claims Administrator and the Claims Committee or the Board of Directors if the proposed settlement is in excess of the Member City's Self Insured Retention. All settlement demands shall be communicated to the Claims Administrator and the Member City immediately.

G. Fees and Billings

All bills for legal services and related costs shall be submitted to the Claims Administrator every sixty (60) days. All bills submitted shall describe the services and costs provided during the previous billing period. Bills shall include the following information to which such services or costs pertain:



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- The name of the matter;
- A brief description of services performed;
- The date the services were performed;
- The number of hours, or fraction thereof, spent for each service and by whom;
- The hourly or project rate for the services;
- A brief description of any costs incurred; and
- Copies of invoices for all advanced costs.

The following expenses are to be approved by the Claims Administrator prior to being incurred:

- Experts - whether investigative (consulting) or testimonial;
- Independent medical examinations (IMEs);
- Outside investigators;
- More than one attorney at meetings, interviews, depositions, hearings, appearances or other like engagements;
- Travel out-of-town or outside designated area for investigation - e.g., for depositions, meetings with expert witnesses, etc.;
- Filing of cross-complaint, counter-claims; and
- Co-defendant cost sharing agreements.

Defense counsel assigned to the case is responsible for the content of the bill and will work directly with the Claims Administrator in resolving any problems or answering any questions related to such billing.

H. Performance Evaluation

The Claims Administrator shall review the performance of the panel members with the Claims Committee annually.

I. Excess Reorting

The Claims Administrator shall report claims to the excess coverage provider(s) as required in the attached CJPRMA loss notice and Mandatory Case Reporting Policy.

Attachments:

CJPRMA Notice of General Liability Claim and Claim Reporting Requirements
CJPRMA Mandatory Case Reporting Policy

Effective Date: September 15, 2000
Revised: October 15, 2015

California Joint Powers Risk Management Authority

Mandatory Case Reporting Policy

Pursuant to Section VII (Conditions) of the Memorandum of Coverage, the following rule is applicable to all cases reported to CJPRMA.

The Authority shall be entitled to complete access to the covered party's claim file, the defense attorney's complete file, and all investigation material and reports, including all evaluations and information on negotiations. The covered party shall be responsible to report the progress of the litigation and any significant developments at least quarterly to the Authority, and to provide the Authority with simultaneous copies of all correspondence provided to the covered party by its defense attorneys and/or its agents.

In addition, the CJPRMA Board of Directors has adopted the following mandatory case reporting standards:

- 1) Defense counsel is expected to provide a written analysis of liability and exposure in any reported claim no later than ninety days following receipt of the file from the member agency. CJPRMA understands that the liability picture may develop as discovery is ongoing, but this does not excuse the responsibility of providing an early, objective analysis of the file, subject to later developments. An early analysis not only permits the JPA member to set an accurate reserve level, but also permits the member entity to decide whether to actively litigate the case, try to settle the case, or limit discovery based upon the exposure.
- 2) The initial status report should provide, at a minimum, a brief synopsis of the facts giving rise to the lawsuit; the status of the pleadings, including any discussions of demurrers or motions to dismiss, or cross-complaints; a summary and analysis of plaintiff's injuries, damages and exposures in the case; an initial impression of liability; any requests for additional investigation; a brief outline of the discovery planned; and an evaluation of anticipated litigation costs. The report need not be lengthy, and typically might not exceed three to five pages, but must address the issues directly and in a straightforward manner so that the member entity and CJPRMA can set cost and loss reserves as necessary.
- 3) Defense counsel is responsible to report, in writing, the setting of a trial date, settlement conference date, hearing date on motion for summary judgement or similar dispositive motion in any litigated case, within one week of the date on which a court establishes such date.

- 4) Defense counsel is responsible to report, in writing, all settlement demands or offers within one week of the time the offer is made or the demand is received.
- 5) Defense counsel is responsible to report, in writing, on the substance of all depositions taken in the case. This need not be a multi-page deposition summary, but must, at a minimum, include a concise report of major events occurring at the deposition, and an evaluation of the effect of the deposition testimony on the case.
- 6) Finally, no later than sixty days before the date set for trial in any case, defense counsel is responsible to report, in writing, on (1) an assessment of liability in the case, (2) the adverse potential exposure if liability is found, (3) a concise summary of injuries sustained and/or claims, (4) an assessment of any other factors (such as local jury tendencies, appearance of important witnesses, etc.) that may affect the liability analysis or exposure assessment, and (5) an opinion on the settlement value of the case.
- 7) All status reports from defense counsel must be copied to the CJPRMA Board member whose entity is involved in the claim.

Please send all documents to:

Marinda@cjprma.org or Shawn@cjprma.org

**CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY
3201 Doolan Road, Suite 285
Livermore, CA 94511-7570
(925) 837-0667
(925) 290-1543 Fax**



CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY
NOTICE OF GENERAL LIABILITY CLAIM

MEMBER:	JPA SUB-MEMBER:
DATE OF LOSS:	DATE OF CLAIM:
CLAIMANT NAMES:	
CLAIM DESCRIPTION:	
MEMBER CLAIM #: _____ Has claim been entered into Risk Console? _____	

CLAIMANT'S ATTORNEY		DEFENSE COUNSEL
NAME:		
FIRM:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
EMAIL:		

X PLEASE INDICATE THE DOCUMENTS THAT ARE BEING SUBMITTED WITH THIS NOTICE			
	CLAIM/AMENDED CLAIM		SUMMONS & COMPLAINT/AMENDED COMPLAINT
	REQUEST FOR LEAVE TO PRESENT A LATE CLAIM		ANSWER
	NOTICE OF INSUFFICIENCY / RETURNED AS UNTIMELY		DEFENSE COUNSEL STATUS REPORT(S)
	NOTICE OF REJECTION / DENIAL LETTER		T.P.A. STATUS REPORT(S)
	POLICE / FIRE / CORONER'S REPORT		OTHER: _____

	PAID TO DATE:	OUTSTANDING RESERVES:
BI	\$	\$
PD	\$	\$
EXPENSE	\$	\$
LEGAL	\$	\$
TOTALS	\$	\$

Submitted by:	
Name: _____	- For CJPRMA Use Only -
Title: _____	
Date: _____	
	Date Received: _____
	Claim #: _____

CLAIM REPORTING REQUIREMENTS

Pursuant to the requirements of Section VII (Conditions) of the Memorandum of Coverage:

“The covered party shall notify the Authority within 30 days upon receipt of notice of a claim, or the setting of a reserve on any claim or suit including multiple claims or suits arising out of one occurrence, such claim or reserve amounting to fifty percent or more of the retained limit; Title 42 USC 1983 cases in which a complaint has been served and the plaintiff is represented by legal counsel or with reserves of fifty percent or more of the retained limit; or regardless of reserve, any claim involving:

- 1) one or more fatalities;
- 2) loss of a limb;
- 3) loss of use of any sensory organ;
- 4) paralysis;
- 5) third degree burns involving ten percent or more of the body;
- 6) serious facial disfigurement; or
- 7) vegetative state/coma.

“Written notice containing particulars sufficient to identify the covered party and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of the covered party and of available witnesses, shall be given by or for the covered party to the Authority or any of its authorized agents as soon as possible.”

“The covered party shall notify the Authority within 30 days upon receipt of lawsuit containing allegations involving employment practices liability, fatalities, paralysis, or Title 42 USC 1983 cases in which plaintiff is represented by legal counsel. Where any lawsuit is reported after the 30-day period as required by this provision, all defense costs incurred prior to the date of late reporting will not constitute covered ultimate net loss eroding the self-insurance retention. The covered parties shall cooperate in an early review of employment practices liability claims or suits with counsel appointed by the Authority at the expense of the Authority.”

Complete the Notice of Claim form in its entirety and send with case file to:

Email: NewClaims@cjprma.org
Or mail: CJPRMA, 3201 Doolan Rd, Suite 285, Livermore, CA 94551

If you have any questions, please call our office at (925) 837-0667.

Revised: 07/01/2024



BACK TO AGENDA

**Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026**

Agenda Item. E.1.b.

CLAIM POLICY AND PROCEDURE REVISIONS : C-WC1

ACTION ITEM

ISSUE: Attached please find a red-lined draft of the following NCC Policy and Procedure for review and recommendation to the Board.

C-WC1: Updated the Workers' Compensation (WC) General Guidelines policy language to be more concise and in line with the more detailed WC Claims Management Procedures and Guidelines that are included in the contract with LWP. The biggest change to the general guide is a reduction from three days to one day for contact with the employee and employer.

RECOMMENDATION: Review and recommend changes as presented, revised or provide direction.

FISCAL IMPACT: No fiscal impact expected from this item.

BACKGROUND: The Program Administrators regularly review and update NCC policies and procedures as needed.

ATTACHMENT(S):

1. C-WC1- redlined draft
2. WC Claims Management Procedures and Guidelines – redlined draft



WORKERS' COMPENSATION POLICY AND PROCEDURE #C-W1

SUBJECT: WORKERS' COMPENSATION CLAIMS ADMINISTRATION GENERAL GUIDELINES AND STANDARDS

Policy Statement:

It shall be the policy of the Northern California Cities Self-Insurance Fund to ensure that Worker's Compensation claims are administrated by the following general guidelines and standards. Please refer to the NCCSIF Claims Management Procedures and Guidelines as well as the Excess Coverage Workers' Compensation Claims Administration Standards for more detailed information.

Processing:

1. All files will be created, reserved and assigned the proper code number and entered into the computer within five working days following the receipt of the First Report of Inquiry.
2. A diary system will be established so that each case is reviewed ~~at least every thirty (30) days~~ regularly based on the facts of the claim, prioritizing injured workers on temporary disability, post medical-legal exam or surgery, and any significant change in medical condition.
3. Payments will be made promptly as required by State code. All payments for Labor Code 4850 benefits will be made by accounting entry or voucher instead of a check from NCCSIF funds. NCCSIF does not cover 4850 benefits of any kind.
4. No penalties shall be paid by the member city unless it can be shown that late filing of the report is the reason for the penalty. Late filing is when the claim administrator has not received the first report within five (5) days of knowledge of injury or disability by the employer.
5. All payments, reserve revisions and file closing will be promptly entered into the computer system.
6. The reserve will take into consideration all potential payments, including "allocated expenses."

File Documentation:



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1. The basis for all initial reserves, reserve revisions and payments will be clearly explained in the file.
2. Specific direction on the investigation and handling of all indemnity cases will be established with ten (10) working days of receipt of the First Report and clearly evidenced in the file. ~~The extent of the direction will be clearly~~ based upon the seriousness or complexity of the case.
3. An initial file summary will be completed on all indemnity cases involving disability payments within fifteen (15) days of receipt of the First Report.
4. Updated case analysis summaries will be completed and placed in any indemnity file at least every thirty (30) days after completion of the initial summary unless an extended diary up to ninety (90) days is warranted. This will include ~~any and~~ all information that ~~related~~relates to the direction and value of the case, as well as further work to be done and a target day for completion.
5. All phone conversations, discussions and meetings held on the case will be clearly documented in each file.

Investigation:

1. Within ~~three (3)~~one (1) working days of receipt of the First Report, contact will be made with the member agency in order to determine if compensability is to be acknowledged or questioned when not self-evident ~~on member in~~ the member city's report.
2. On all questionable indemnity cases, informative statements will be obtained from anyone who may have knowledge of the injury, including the claimant, witnesses and supervisor within ten (10) calendar days of receipt of the First Report, unless the file reflects a reasonable explanation for a delay in obtaining same.
3. The medical facility will be contacted prior to making the initial indemnity payment to establish the extent of injury, length of disability, and causal relationship of the injury to the job or alleged work-related incident.
4. A medical report will be requested within twenty (20) days of the first day of lost time and as often as needed thereafter to justify continuing indemnity payments.
5. Personal contact on non-litigated indemnity cases will be maintained with the injured employee on a periodic, ongoing basis (initial, within ~~three (3)~~one (1) working days of receipt of First Report and follow up within every thirty (30) days thereafter until return to work) to control their medical progress and timely return to work.



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6. Where the length of disability is questioned and upon prior approval by the member, a field activity check/surveillance will be conducted on the injured employee in order to determine if there is any work capability. All investigations will be coordinated with appropriate member city personnel on a case-by-case basis.
7. Where medical evaluation is questioned, an independent medical examination will be scheduled with a qualified physician, providing to the physician any relevant medical and job information that will assist the physician in making an objective evaluation. Copies of medical evaluations will be provided to the member city.
8. Any medical bills received will be reviewed prior to payment with regard to causal relationship to the accident/work-related injury.
9. Where needed, rehabilitation and/or retraining will be ~~recommended~~recommended, and ~~the progress~~progress will be closely monitored and controlled. The first evaluation as to the appropriateness of rehab will take place according to Workers' Compensation State requirements.
10. Subrogation will be promptly recognized and investigated.
11. All reserves will be evaluated for accuracy, based on information at hand, every time the case is handled and/or reviewed.
12. All "medical only" cases will be reviewed for closing at least every ninety (90) days.
13. Settlement evaluation will be made promptly, based on information included in the file, as well as other criteria by which a value may be based.
14. Where warranted, settlement will be pursued in a timely and aggressive manner, and all negotiations will be handled or managed internally by the claims person assigned ~~to~~to the case or qualified attorney under direction of the Claim Administrator.
15. Settlement authority will be granted in accordance with the policy established by NCCSIF.

Medical Control

1. Recommend ~~the composition of~~ medical facilities and panels in conjunction with ~~the members~~agencies.
2. Maintain close liaison with doctors ~~and assure maximum efficiency~~ in the management of claims and ~~compliance with State laws regarding provision of job descriptions to determine~~ return to work possibilities by obtaining current work restrictions.



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3. Review every Doctor's First Report and initiate the proper ~~procedure in each claim response~~.
4. ~~Review and adjust~~ All medical bills ~~are reviewed and adjusted~~ to the applicable Fee Schedule.
5. Provide each member ~~city~~ with copies of medical evaluations as requested ~~by the member~~.

Litigation Management

1. ~~Legal counsel~~ ~~Good judgment~~ will be used ~~as in deciding on the~~ needed in consultation with the member, for legal counsel.
2. Within three (3) working days of ~~referral of~~ referring the case to defense counsel, a letter will be directed to the attorney, with a copy to the agency outlining the case status, work to be done, by whom and in what time frame.
3. Defense counsel will not do anything that could be accomplished just as effectively and ; efficiently ~~, and economically~~ by the Claim Administrator.
4. Within thirty (30) days after receipt of the case, defense counsel's written opinion as to compensability, value and settlement/defense strategy will be obtained. A copy will be provided to the member city.
5. Itemized legal bills will be solicited and reviewed for payment at least quarterly ~~, or more frequently, if appropriate.~~

Reporting Requirements

1. Monthly loss runs shall be provided to the NCCSIF Program Administrator, the member city and the excess insurance carrier.
2. As to any claim:
 - reserved at \$15,000 and above, and/or
 - involving serious injury (death, heart attack, back problems involving surgery, serious burns, brain damage, or any other extreme permanent injury), and/or
 - in litigation



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- a. An initial written captioned report will be completed and submitted to the member city within thirty (30) days after the defined reporting condition is met.
 - b. Supplemental written status reports will be completed and submitted to the agency at least every ninety (90) days following the initial report and should include any pertinent information that could reasonably affect the ultimate value of the claim.
3. Within ten (10) days from a reserve increase of an amount designated by the member, a written notification of the fact of the increase and the basis for it will be sent to the member ~~agency, and agency and~~ notice of increases of \$100,000 or more will be sent to the Program Administrator.
 4. Obtain ~~monthly, or more frequently, if appropriate,~~ itemized billings from outside adjusters/investigators and legal counsel for payment consideration.
 5. Report as appropriate to the NCCSIF Program Administrator, the Excess Insurance carrier, and the member agency necessary information on the current status of claims as required by the excess carrier.
 6. Reconciliation of bills paid on a frequency determined by NCCSIF.

Communications

1. Open communications will exist and be maintained bilaterally between NCCSIF members and the Claims Administrator. Phone calls will be returned promptly.
2. The Claim Administrator will provide NCCSIF with notices dealing with changes or proposed changes in Workers' Compensation administrative procedures and laws.

Review Procedures

1. NCCSIF, its Program Administrator, and its member agencies shall have the right to audit any and all of its claim files during normal business hours and/or to employ an outside auditor for the purpose, providing such auditor is not employed by a competitor of the Claim Administrator.

Self Insured Annual Report

Prepare on behalf of each member agency, the Public Self Insurer's Annual Report in accordance with current State requirements.



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THE ABOVE STANDARDS AND GUIDELINES ARE INTENDED TO PROVIDE A GENERAL IDEA AS TO THE LEVEL OF SERVICE THAT IS DESIRED. COMMUNICATION IS EXTREMELY IMPORTANT, AS IS THE ABILITY TO PROVIDE QUALITY SERVICE.

REGARDLESS OF THE ABOVE STANDARDS AND GUIDELINES, THE STATE WORKERS' COMPENSATION LAWS SHALL ALWAYS TAKE PRECEDENCE IN THE ADMINISTRATION OF CLAIMS.

Effective Date: June 28, 1991

Revised: June 12, 2014

Reviewed: April 18, 2024

Revised: TBD 2026

DRAFT



APPENDIX A

NORTHERN CALIFORNIA CITIES SELF INSURED FUND (NCCSIF)

WORKERS' COMPENSATION CLAIMS MANAGEMENT

PROCEDURES & GUIDELINES

In the event of a Workers' Compensation occurrence likely to involve NCCSIF, written or verbal notice regarding the occurrence shall be given by the Member to the NCCSIF Third Party Administrator (TPA) no later than five calendar days from the date of the Member's knowledge. Such notice shall include the Employer's First Report of Occupational Injury or Illness (Form 5020). Be sure to include circumstances of the occurrence, and the names and addresses of any injured parties, and witnesses.

Failure to report occurrences as required may be cause for denial of coverage if NCCSIF is prejudiced due to the lack of timely reporting. The following will serve as the NCCSIF Workers' Compensation Program procedures and guidelines and are based upon the current TPA contract.

Claim Reporting Procedures

The Members report all claims to TPA within five calendar days of notice as required by California Statute by completion of a Form 5020. After an initial investigation, the Claims Examiner decides to enter the claim as a record only, first aid, medical only or indemnity.

Indemnity claims will be managed by a Claims Examiner. Medical, Future Medical and First Aid Only-only claims will be managed by a Medical Only Examiner. Medical Only claims are defined as claims estimated at less than \$3,000 in medical costs, no anticipated permanent disability and with no loss of work.

Record only claims will be closed by the Claims Examiner as soon as all the appropriate claim information is completed.

All new claims will be reviewed by the supervisor within five working days of assignment.

Initial Investigation

The Claims Examiner will conduct a thorough investigation to determine compensability immediately upon receipt of the claim. The Claims Examiner makes all the initial contacts necessary to make this determination and will follow the question format provided by TPA management which outlines the information to be requested for each of the contacts. TPA will contact the workers' compensation claim Member Contact at the Member organization, the injured worker, the supervisor, and the physician. Physician contact is not necessary if a Doctor's First Report of Occupation Injury or Illness (Form 5021) is in the file, there is no lost time, and there are no disputes.

3-Point Contact – Employee, Employer and Physician

The Claims Examiner will make 3-Point Contact on all “pending” claims within one business day after receiving notice of the claim. Communication with the injured employee will be available in the employee’s primary language or with translation upon request.

Notice of claim is defined as:

- Notice of a pending claim in TPA’s Claims Management System (CMS)
- Notice of claim reported through Company Nurse
- Phone call, fax, or e-mail from the Member Contact (Form 5020)
- Doctor’s First Report of Occupational Injury or Illness (Form 5021)
- Notice of Representation (no contact with injured worker)
- Application of Adjudication of Claim (no contact with injured worker)
- DWC-1 Claim Form

If TPA receives the first notice of claim, TPA will notify the workers’ compensation claim Member Contact at the Member organization (the Member Contact) of the details of the claim, request additional information from the Member Contact as needed and set up the claim in TPA CMS. The Member Contact will complete the Form 5020.

If it is determined after initial contact that a claim is a Record Only or a First Aid, the claim will be closed. If later a bill is received, the file will be reopened for payment of the bill and closed.

If the Claims or Med Only Examiner is unable to complete all the initial contacts, the Claims Examiner will continue contact attempts for three days. Should the contact attempts be unsuccessful a [“Call Me Card” or e-mail contact me letter](#) will be sent to ~~contact~~ the respective party. All attempts at communication will be documented in the claim file.

Assistance from the Member Contact must be requested if contact with the injured employee cannot be made after three unsuccessful attempts. The work and home telephone number of the injured employee is a required field for a “pending” claim and therefore needs to be made available to the Claims Examiner. Alternative contact numbers, email addresses or a mailing address can be requested if the Claims Examiner is unable to make contact.

No claim will be accepted without completion of the 3-point contact unless there is concurrence from the Member Contact.

The supervisor will review all new claims ~~within~~ five days to ensure that contact is completed and documented. The supervisor will document the contacts that need completion and require that the Claims Examiner continue contacts until all have been completed. The supervisor will keep the file on close diary until all contacts are made.

Acceptance/Denial Issues

If the Claims Examiner determines that a claim should be denied, the Claims Examiner will notify the Member Contact of the investigation results and recommendation to deny benefits prior to notifying the injured employee. All recommendations for denials must be approved by the TPA

supervisor and documented in the claim. All denied claims will have a reason for the denial entered in the claim system.

If the injured worker does not pursue a claim, TPA will not delete the claim. The Claims Examiner will notify the employee in writing of TPA's confirmation and understanding that the employee does not wish to pursue the claim. The claim will be coded with an appropriate claim type (e.g., Record Only, Medical Only, Indemnity, etc.).

The Claims Examiner has fourteen (14) days to determine if a claim will be delayed. Medical treatment will continue to be provided during the ninety-day discovery period up to a limit of \$10,000, per labor code statute, or until the case is denied.

The Claims Examiner has up to ninety days to make a compensability decision, [or 75 days for presumptive claims](#). The ninety days starts with the employer's knowledge of injury. The Examiner will make a determination regarding compensability once enough information is received to reasonably do so.

Initial Documents

Unless First Aid or Record Only, the DWC-1, 5020 and 5021 forms are required documents in the claim file. If the DWC-1 is not in the file, evidence of attempts to solicit the DWC-1 form must be in the file. All are required in every claim file prior to closure.

If the Claims Examiner does not have the DWC-1 form when completing set-up of the claim, a claim form will be forwarded to the employee's home address immediately upon receipt of the notice of injury ~~unless it is noted that a DWC-1 claim form was not provided by the Member organization~~.

If the DWC-1 is not received within sixty days, the Claims Examiner will notify the Member Contact via email. This process applies to accepted claims only.

A copy of the 5020 and the DWC-1 will be retained in each claim file. The 5021 will also be in the file or, if a 5021 has not been submitted, the file must contain a copy of a request for the 5021.

A claim must not be closed without these documents, or proof that the DWC-1 was provided to the employee, in the claim file.

Medical Releases

TPA will request Medical Releases within five working days of claim receipt. If the signed release is not returned within fourteen days, and the injury has not ~~resolved~~been resolved (such as in a Medical Only claim), the Claims Examiner will contact the Member Contact and request assistance. The process applies to Indemnity files as well as Medical Only files where treatment is continuing beyond ~~the~~fourteen days.

Upon receipt of the medical release, TPA will order appropriate medical records as needed.

Medical Direction and Control

The Claims Examiner is responsible for coordinating the provision of prompt, appropriate and effective medical treatment for Member employees. The Examiner is responsible for authorizing treatment and notifying medical treaters of NCCSIF's custom Utilization Review criteria.

The Claims Examiner will exercise all reasonable efforts to obtain current physician reports in accordance with California Code of Regulations (CCR) 9785 on all claims where medical treatment is active.

Within fourteen calendar days of notification of change of treating physician, the Claims Examiner will send the complete medical file with CCR 9785 notification to the treating physician.

If the injured employee is absent from work, the Examiner will request physical restrictions from the treating physician. Notification of the Member organization's return to work policy and the injured worker's job description, if necessary, will be sent to the treating physician. ~~Request~~Requests will be documented in the claim file and repeated as needed during temporary disability.

A copy of CCR 9785 will be sent to the treating physician within five working days upon any request made by the workers' compensation Member Contact.

The Claims Examiner will request updated medical reports on Future Medical (FM) claims where treatment is being sought. On non-active FM claims, the Claims Examiner will monitor for possible administrative closure based on no treatment for two years with no future treatment reasonably anticipated.

The Claims Examiner will document requests for authorization of treatment procedures in the claim file. The Claims Examiner will respond to requests for authorization of treatment and surgery on accepted cases in accordance with NCCSIF's custom Utilization Review guidelines and requirements.

The treatment plan and next treatment date will be documented in the TPA's claim file. The Claims Examiner will document any medication, by name, which has been authorized or denied by the physician for the employee in the claim file. → Updated status reports will be requested as medication changes.

No agreement to utilize an AME will be made without the approval of the Claims Examiner. In litigated cases, the Claims Examiner will notify the defense attorney of this requirement.

All bills will be paid or objected to within thirty calendar days from date-stamp receipt.

Documentation

TPA will caption all entries using appropriate CMS defined headings. All entries will contain documentation with appropriate detail, identify the issues of the claim, and describe the plan of action being taken to resolve these issues. An Action Plan will be documented in the CMS within the first fourteen (14) days of receipt and at least every ninety (90) days on Indemnity files and every one hundred eighty (180) days on Future Medical files.

Medically authorized restrictions will be documented in the CMS and updated every time the restrictions are modified by the physician.

Medical records that are received via medical release or subpoena must be summarized in the CMS.

Diary

Continuous claim file diary and review based on the facts of the claim, prioritizing injured workers on temporary disability, post medical-legal exam or surgery, and any significant change in medical condition. POA for indemnity claims at 45 days not to exceed 60 days.

INDEMNITY CLAIMS EXAMINER DIARY

Every active non-future medical indemnity file will be reviewed at least once every thirty (30) days. Diary activity will include contact with unrepresented injured employees, at minimum, every sixty (60) days

Claims with ongoing temporary disability benefits will be reviewed every fourteen (14) calendar days. Review includes ~~a phone call to the treating physician to determine return to work capability~~contact with the medical provider if no current work status has been received. Contact with non-represented injured workers will be completed and documented at a minimum of every 30 days while off work. Documentation of the review and verification of disability will appear in the claim file.

Future medical diary is no less than one hundred eighty (180) days or as warranted by activity on the claim. Future Medical cases are defined as claims where the only benefit obligations are the payment of awarded permanent disability and undisputed future medical care.

Follow-up telephone and/or email contact will be made with unrepresented injured employees who are losing time from work every fourteen (14) calendar days. Follow-up telephone contact with all other unrepresented injured employees must occur at a minimum every sixty (60) days (Future Medical file excluded).

MEDICAL ONLY CLAIMS EXAMINER DIARY

Medical Only claims will be reviewed at minimum at sixty days. At ninety (90) days, the Examiner will review for conversion to Indemnity or closure.

SUPERVISOR DIARY

Supervisor will review all new claims five (5) days after set-up. At that time, the supervisor will re-set a diary on each new claim as appropriate depending on the severity of the issues or medical treatment. Delayed claims will be reviewed at thirty (30), sixty (60) and ninety (90) day intervals. All denials will be reviewed and approved by the supervisor. Active cases will be reviewed every ninety (90) days (or sooner if requested). Caseloads for each claim examiner assigned to NCCSIF will be reviewed by the supervisor every ninety (90) days. These reviews will be documented as Management Review in the claim system.

Supervisors will effectively manage assignments to Examiners to ensure caseloads are meeting the claims handling standards. A count of Future Medical Claims will be kept for each Claims Examiner's caseload.

Temporary Disability

Temporary disability is paid every two weeks.

Verification of the employee's disability is the responsibility of the Claims Examiner. The Claims Examiner must verify with the treating physician confirming that the employee is unable to work

his/her customary job duties, or able to return to work in a modified position, by obtaining the employee's work restrictions.

The Claims Examiner should contact the physician ~~every two weeks~~ **based on the current diagnosis and prognosis to address work restrictions and return to work**. Potential for return to work must be discussed and documented. Restrictions will be clarified and discussed with the Member Contact for return to work possibilities.

Litigation

TPA is to utilize approved Member defense counsel in every case. The Claims Examiner will make the selection of counsel on each claim in coordination with the Member Contact. Supervisors must approve referrals. TPA requires that defense counsel adhere to NCCSIF's Defense Counsel Guidelines. These guidelines will be included with each litigation referral.

TPA will notify the Member Contact upon receipt of a Notice of Representation or an Application for Adjudication of Claim within five (5) working days.

TPA will assign claims to Counsel within five days after receipt of notice of approval from the Member Contact. TPA will notify the Member Contact by telephone or email of assignment to Counsel on a claim and confirm by sending the Member a copy of the letter to the selected Counsel confirming engagement.

Case analysis is to be provided by counsel within thirty days of referral. A copy of the initial case analysis will be sent to the Member Contact and documented in the TPA's CMS. The Claims Examiner will follow up with the defense attorney if a case analysis is not received within thirty (30) calendar days from date of referral. Subsequent reports will be sent to TPA and the Member Contact depending on the activity of the claim, but no less frequently than ninety (90) days.

The Claims Examiner will continue to manage the file, including performing administrative tasks, such as **setting confirming** medical appointments, appointment letters and medical record requests. These tasks are to be completed by TPA staff with few exceptions.

The Claims Examiner will audit all attorney bills for appropriateness of payment.

The Claims Examiner and the Member Contact will determine who should attend hearings.

Mandatory Settlement Conference at WCAB

Upon notification of the Mandatory Settlement Conference (MSC) date, the following procedure will occur:

In litigated cases, a request for authority will be sent to NCCSIF thirty (30) days prior to defense counsel filing a Declaration of Readiness to proceed, or five (5) days after receipt of the Declaration of Readiness to proceed from applicant's counsel. Thirty (30) days prior to defense counsel filing a Declaration of Readiness to Proceed, TPA will provide NCCSIF and Member with a comprehensive case review and/or SAR (settlement authorization request).

TPA will attend an MSC as deemed necessary.

Subrogation will be pursued when appropriate unless otherwise indicated by the Member Contact. If any legal action must be filed in any court other than the Workers' Compensation Appeals Board on behalf of the Member organization, TPA must have approval from the Member.

Communications

TPA Supervisor and Examiner will utilize professional, courteous, and effective communication skills at all times and will respond to telephone and email inquiries within one (1) working day. All email communications that are pertinent to a particular claim are stored in the CMS claim file.

Index System

TPA will index all disputed or lost time injury claims at claim setup and ~~annually~~ as needed thereafter relying on TPA account number with the Index System

Reserving

The initial reserve will be set up within five (5) working days of the receipt of the claim. Claims are to be reserved on a “most probable ultimate cost” basis from the date the claim is set up. Reserve amounts will be evaluated and adjusted on a regular basis, but at a minimum, within thirty (30) days of any event or change in medical prognosis that will affect the ultimate outcome of the claim. Reserves should also be reviewed ~~concurrent~~ concurrently with Diary and Action Plan review. “Stair-stepping” is to be avoided. All reserve calculations will be clearly reflected in the claim file.

TPA Claims Supervisors will review all reserve changes above the authority of each Claims Examiner.

Reserves will be reviewed with each action plan.

Investigations

TPA recommends use of outside investigators as required by their claim investigation criteria and best practices. In addition to supervisor approval, assignment of an outside investigator requires prior contact, approval and coordination with the Member Contact.

Cal/OSHA Reporting

The members bear the responsibility to complete a Cal/OSHA log as required by California law. The TPA will provide an annual record of claims in Cal/OSHA Log formats (Forms 300 and 301) by January 15 each year to assist members in posting the Form 300A by February 1.

Resolution

Upon receipt of any permanent and stationary report, the Claims Examiner will determine if the disability described in the report is appropriate for the circumstances of the injury. The Claims Examiner may self-rate if the disability is clear or submit to independent rater or DEU within five business days. If not clear, NCCSIF prefers that the Claims Examiner solicit an independent rating prior to issuing advances. Based on what is learned from the rating, additional clarification may be needed from the physician. The Claims Examiner will seek clarification from the physician or object as appropriate.

Upon receipt of the supplemental report with the clarifying information, the Claims Examiner may need to solicit an additional independent rating in order to ensure that the Claims Examiner is confident of the total value of permanent disability. If the dollar amount of the rating and/or the dollar value of the total amount of permanent disability advance to be made exceed(s) \$25,000, the Permanent Disability Benefit letter requires approval from a supervisor.

~~Within five (5) calendar days after the Claims Examiner has determined that the report is appropriate, the Claims Examiner will submit the report to the Disability Evaluation Unit (DEU) for a Summary Rating.~~

A Settlement Authority Request (SAR) must be submitted to the TPA Supervisor, Member and/or the NCCSIF Claims or Executive Committee, depending on the level of the settlement value requested. ~~This requires timeliness in getting the independent rating in order to avoid penalties for not issuing a timely permanent disability advance.~~

Upon receipt of a Summary Rating from the Disability Evaluation Unit (DEU), the Claims Examiner will verify the rating used in the SAR and amend the SAR, if necessary.

If the claim is litigated, the Claims Examiner must notify the defense attorney that negotiations cannot begin without authority. The Claims Examiner is responsible for getting that authority to the attorney within two (2) working days of receipt of authority. If applicant's attorney files the Declaration of Readiness to Proceed (DOR) for settlement purposes, the SAR must be submitted within five (5) days of receipt of the notification.

Settlement Authority

Settlement authority requests for stipulations that include statutory benefits may be approved at the member level. Any request that exceeds statutory benefits, involves a dispute, or is considered out of the ordinary must be approved by the appropriate authority levels. Additionally, members may request that a settlement authority be reviewed by the appropriate committee level(s).

All settlement authority request for compromise and release must be approved by the member and the appropriate committee level(s).

Various levels of settlement authority have been established as respects this NCCSIF coverage.

These levels are as follows:

1. \$0 to \$100,000 (or Member's Banking Layer) - Member with the Claims Administrator (TPA)

The TPA, with the approval of the member, shall have authority to settle claims up to and including \$100,000 per occurrence.

2. \$100,000 to ~~Shared Risk Layer Limit (currently \$500,000)~~ \$250,000— NCCSIF Claims Committee

If the ultimate net loss is or will be in excess of the Member's Banking Layer, the Claims Committee has authority to authorize claims settlement up to \$250,000 per occurrence.

- ~~3. \$250,000 to Shared Risk Layer Limit (currently \$500,000)—NCCSIF Executive Committee~~

~~The Executive Committee has authority to approve settlements up to the Shared Risk Layer limit per occurrence.~~ The excess carrier will be involved as needed in accordance with the policy reporting and settlement requirements.

All of the foregoing notwithstanding, if time is of the essence for a specific claim, the President and Claims Committee Chairperson, on the advice of the Claims Administrator, shall have the authority to approve settlement, subject to \$100,000 limitation within the Shared Risk Layer. If the President or Chairperson's City is involved in the claim, then the authority is delegated to two non-involved Members of the Claims Committee.

Authority requests must be presented using a Settlement Authority Request (SAR) form.

The SAR must be complete and thorough. It must include a brief history of the injury, a description of the permanent disability and its dollar value, the medical prognosis and its dollar value, and any other costs that are included in the proposed settlement. It must include a complete outline of all issues and defenses. All ratings, both applicant and defense must be stated. It must state the Claims Examiner opinion regarding settlement by stipulations or compromise and release.

Claims Supervisors must approve all requests for authority.

If a response from the authorizing body is not received in thirty (30) days, the Claims Examiner will notify the Program Manager via email. If timing is *urgent*, this will be indicated in the email along with a deadline date and followed up with voicemail.

[All settlements that will reach the excess layer must be approved by the excess layer and documented in the claim file.](#)

Return to Work Issues

The Claims Examiner will provide all information to the Member Contact regarding return to work restrictions and permanent modifications immediately upon knowledge.

Excess Carrier Reporting and Settlement Requirements

Any claim that meets the criteria for excess reporting must be reported by TPA to the appropriate excess carrier immediately, but in no event later than ten (10) calendar days from the date the TPA is notified or becomes reasonably aware of such accident or disease which may involve the excess carrier or includes any of the following:

- a. Injuries to spinal cord (including Cauda Equina), paraplegia, or quadriplegia;
- b. Fatality;
- c. Amputation of a major extremity;
- d. Blindness;
- e. Second degree burns on 25% or more of the body or third degree burns on 10% or more of the body
- f. Serious head or brain injuries (including skull fracture);
- g. Multiple fractures – involving more than one member or any nonunion of any part of the body;
- h. Nerve damage causing paralysis and loss of sensation in arm and hand (brachial plexus nerve damage);
- i. Massive internal injuries affecting body organs;
- j. Any occurrence which causes serious injury or death to two or more employees
- k. Any occurrence, which results in disability exceeding one (1) year.

- l. Any occurrence that results in permanent and total disability 100% - (including but not limited to 100% by statute: loss of both eyes/sight, loss of both hands (or the use thereof), “practically total paralysis,” brain injury resulting in incurable imbecility or insanity.
- m. Any occurrence that involves unusual exposure to the coverage—examples include sexual molestation, HIV, AIDS, rape, class actions and bad faith allegations, or other serious violation, which may involve excess;
- n. Total incurred in excess of 50% of the Self-Insured Retention (currently \$500,000)

Attachments to the first report will include:

- Face sheet to include summary of case, pertinent claimant information such as claim number, date of injury, date of birth, date of hire, average weekly wages, TTD, and PD rate. The Claims Examiner must list all the issues and the ~~plan of action recommended~~ recommended plan of action in order to resolving the ~~se issues~~. Any subrogation aspects must be described and discussed.
- Reserve breakdown
- Printout of all payments, sorted by category
- AME, QME, P&S and/or current medical reports advising status of claim (AME = Agreed Medical Evaluator; QME = Qualified Medical Evaluator; P&S= Permanent and Stationary)
- Copies of all Applications filed, Workers’ Compensation Appeals Board (WCAB) Awards & Findings & Awards (F&As)
- Defense attorney evaluation
- Copies of investigation reports
- All notices and legal papers relating to the claim or suit
- Any other pertinent data

Subsequent reports will be made on a quarterly basis (unless excess carrier advises otherwise).

Attachments to the subsequent reports will include:

- Face sheet to include summary of case, pertinent claimant information such as claim number, Date of Injury, Date of Birth, Date of Hire, Average Weekly Wage, Total Temporary Disability and Permanent Disability Rate. The report must provide the status of the case and the steps proposed to resolve all the remaining issues.
- Reserve breakdown
- Printout of all payments, sorted by category
- Current medical report(s)
- Any of the prior reporting requirements that occur subsequent to the initial excess report.

The Claims Supervisor will review and authorize all excess reports. The reports will be submitted to the Excess carrier with a copy of all attachments.

The process is the same for interim status reports and final reporting.

The Claims Examiner will document confirmation of receipt and requests for information from the Excess Carrier.

If the employee files a Serious and Willful claim, defense costs *directly* related to such claim may be covered by NCCSIF under the claim however may not be reimbursable by the Excess Carrier. If counsel is solely completing defense work for the Serious and Willful and it is clear the charges are for the S&W only, then PRISM has not reimbursed those defense costs. Requests for reimbursement should separate these costs where they are clearly identifiable.

Fraud Claims

Suspected fraudulent activity (material misrepresentation by the employee) must be reviewed with the Claims Supervisor and Manager and the Member Contact to determine the merits of the case and further action. Assignment to SIU, Sub Rosa or other special investigation must be approved by the member and TPA. The case will be prepared for submission to the District Attorney and Department of Insurance if a decision to refer the case to the authorities has been made.

Balance Sheet

TPA will complete a Balance Sheet to reconcile disability payments on all open files at one year semi-annually and at the end of benefits being paid, from date of injury, annually at the anniversary of claim set up, at SAR evaluation, and at closing of the claim. The Balance Sheet will be kept in Correspondence or a hard copy in the claims file.

Escrow Fund

The TPA administers a trustee account on behalf of NCCSIF from which benefit payments and expenses will be made. The TPA's Claims Accounting Department will issue all checks and prepare monthly bank reconciliations.

Checks issued over \$100,000 require funding verification. Such requests should be forwarded to the NCCSIF Accountant, along with supporting documentation.

TPA will submit replenishment requests **monthly or as needed.**

Check Issuance

All checks are issued by TPA. NCCSIF staff are not authorized to sign checks. There will be no manual checks under any circumstances.

Reports

The TPA will provide a monthly report of TPA and NCCSIF penalties no later than the 10th of each month.

TPA will also provide reports to the Member Contact for each Member as follows:

Monthly Reports

- New Claims
- Open Claims
- Closed Claims
- Incurred Changes
- Payment Register

Quarterly claim summary reports with rolling three-year data for comparison and trending

Ad hoc reports by member request

Financial & Regulatory Reports

1099 Reports

Medicare Reporting

OSIP Annual Report

Managed Care Reports

CLIENT CONTACT(S): LIST PROVIDED BY PROGRAM ADMINISTRATOR

Program Administrator

<p>Marcus Beverly Marcus.Beverly@alliant.com (916) 643-2704 (916) 660-2725 Alliant Insurance Services 2180 Harvard St. Ste 460 Sacramento, CA 95815</p>	<p>Jenna Wirkner Jenna.Wirkner@alliant.com (916) 643-2741 Alliant Insurance Services 2180 Harvard St. Ste 460 Sacramento, CA 95815</p>
<p>Banking/Accounting Contact James Marta & Company LLP Certified Public Accountants 701 Howe Avenue, STE E3 Sacramento, CA 95825 Phone: 916-993-9494 Extension 111</p>	



BACK TO AGENDA

**Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026**

Agenda Item. E.1.c.

POLICY AND PROCEDURE REVISIONS : C-7, C-7A and C-7B

ACTION ITEM

ISSUE: Attached please find a red-lined draft of the following NCC Policy and Procedure for review and recommendation to the Board.

C-7: Selection and use of Defense Counsel and Employment Practices Investigators – minor changes with added reference to Attachments for Liability, Work Comp, and EPL approved lists.

C-7A: Addition of Maire, Perrine, Powell, Werner law firm, based on recommendation from former claims manager for SCORE JPA. Firm is located in the Redding area, and one partner recently was appointed to the Shasta County bench.

C-7B: Workers' Compensation Approved List, several deletions and one addition, for Richard Gilbert of the Lenahan firm. The updated list and his bio are attached.

RECOMMENDATION: Review and recommend changes as presented, revised or provide direction.

FISCAL IMPACT: No fiscal impact expected from this item.

BACKGROUND: The Program Administrators regularly review and update NCC policies and procedures as needed.

ATTACHMENT(S):

1. C-7, C-7A, C-7B, redlined drafts
2. Richard Gilbert Bio
3. Maire, Perrine, Powell, Werner Firm Bios



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ADMINISTRATIVE CLAIM POLICY & PROCEDURE #C-7

**SUBJECT: SELECTION AND USE OF DEFENSE COUNSEL
& EMPLOYMENT PRACTICES INVESTIGATORS**

The following Policy and Procedure is established to govern the selection of defense counsel and employment practices recommended investigators.

DEFENSE COUNSEL SELECTION

1. The NCCSIF Claims Committee shall recommend, and the Executive Committee shall approve, all attorneys who are authorized to defend liability and Workers' Compensation cases against a Member City. The Claims Committee shall also recommend, and the Executive Committee shall approve, employment practice investigators authorized to conduct investigations arising out of employment complaints. Following approval, the attorneys and investigators are identified on the NCCSIF Approved List of Counsel and Investigators (Approved List). The Executive Committee may also remove attorneys and investigators from the Approved List. Any Member City may nominate attorneys or investigators for consideration of placement on the Approved List. The Approved List of Attorneys is attached to this Policy and Procedure as "Attachment A" for Liability defense attorneys, "Attachment B" for Workers' Compensation defense attorneys and "Attachment C" for Employment Practices Investigators.

2. Qualifications of Attorneys and Investigators shall be reviewed by the Claims Administrator and the Claims Committee. Approved attorneys and investigators shall have the requisite experience and billing rates generally consistent with other attorneys and investigators on the Approved List. The Claims Committee may approve billing rates that are higher than those on the Approved List, but only in cases where specialized knowledge, experience or other factors support the higher billing rate.

3. The Claims Administrator shall recommend and assign, with the concurrence of the Member City, defense counsel in cases requiring legal representation. Attorneys and investigators must be on the Approved List prior to assignment. If a Member City wishes to use an attorney or investigator who is not on the Approved List, it may request that the case be assigned to another qualified attorney or investigator provided the Member City shall be responsible for the costs if the attorney or investigator is not subsequently approved as described in this Policy, and may be responsible for any amounts by which the billing rates are higher than those on the Approved List, unless a higher rate is approved by the Claims Committee.

Notwithstanding the above, in specialized cases, defense counsel not on the Approved List may be used where particular expertise is required or where a conflict of interest may arise. Exceptions shall be reviewed and approved on a case-by-case basis by the Executive Committee.

The Member City may request a change of defense attorneys for good cause, provided the matter is assigned to an attorney on the ~~NCCSIF~~ Approved List ~~of counsel~~ or to an attorney who qualifies based on special circumstances as outlined above.

The Claims Administrator, with the approval of the Member City and Executive Committee, may approve other qualified defense counsel to handle claims on a limited basis to determine if the attorney should be considered for approval on the Approved List. If time does not permit approval by the Executive



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Committee, the Administrator may authorize assignment of a case(s) and shall report the assignment to the Claims Committee and Executive Committee at their next committee meetings.

4. The Claims Administrator shall be responsible for case coordination, direction of counsel and approval of expenditures. The Member City may direct the level of involvement that it wishes to have on its cases and shall be consulted in all key decisions and settlement approvals.

5. City Attorneys, or a contract City Attorney and attorneys in his/her firm, shall not be approved to handle cases for cities for whom they act as the City Attorney, however an attorney on the Approved List may provide defense to another City in NCCSIF to whom the attorney or a member of his/her firm is not the City Attorney.

6. Partners, Associate Attorneys and paralegals working with an attorney on the Approved List may work on a case assigned to the attorney. The Claims Administrator shall notify any attorney assigned to defense of a case for a Member City that NCCSIF will not pay for training time or duplicative work, but other attorneys/paralegal working directly with an attorney from the Approved List may be utilized on a case if such use is necessary and an efficient way to provide legal services. Attorneys assigned cases, shall be notified of their obligation to inform the Claims Administrator of the name of the attorney/paralegal who will be assisting on the case. In no event, shall a case be handled at trial or arbitration by any attorney except the assigned attorney without the written consent of the Claims Administrator and the Member City.

EMPLOYMENT PRACTICE INVESTIGATORS

Employment ~~Practice~~-practice investigations arise with in Member Cities and should be investigated by the City or by utilizing outside qualified Employment Practice Investigators. Promptly investigating complaints or employment practice incidents can reduce liability exposure.

1. Where the claim or potential claim may give rise to a claim covered under the NCCSIF Memorandum of Coverage the investigator may be paid through NCCSIF and the Member City's banking layer. Only Employment Practice Investigators on the Approved List may conduct Employment Practice investigations paid for through NCCSIF.

2. The Claims Administrator shall recommend, but the Member City shall have final approval of outside investigators for Employment Practices claims.

3. Where applicable and in the discretion of the Member City, a written report should be prepared of the Investigation and should be directed to the Member City's City Attorney, protected by the attorney-client privilege.

PAYMENT FOR ATTORNEYS PRE-LITIGATION AND PENDING A COVERAGE DECISION

1. From time to time, incidents will occur where it is prudent to assign defense counsel to assist the Member City with evaluation of the potential claim, prepare for the later defense of a claim or suit, engage expert witnesses, or to assist with early settlement. Member Cities are encouraged to work with the Claims Administrator to engage legal counsel at the earliest possible time to assist the Claims Administrator and the Member City. Legal and other expenses are paid through the Member City's banking layer in the same manner as if the case arose through litigation.



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2. In some cases, a claim will arise where coverage under the NCCSIF Memorandum of Coverage is disputed between the Member City and NCCSIF. Where the claim seeks damages but may be subject to an exclusion, a Member City may utilize the services of attorneys from the Approved List and legal expenses shall be paid from the Member City's banking layer. Upon a final determination by Coverage Counsel, the Claims Committee or the Board, as provided in the Memorandum of Coverage, that coverage and/or payment of defense costs do not apply, then no further legal expenses shall be paid by NCCSIF and the Member City shall thereafter pay for and determine if it wishes to continue with the assigned attorney or select other counsel.

In no case shall legal expenses in a disputed coverage case be paid by NCCSIF after the banking layer has been expended. Expenditures in a disputed coverage case after the banking layer is expended are the responsibility of the Member City. If it is determined after the banking layer is expended that 1) defense coverage does apply under the Memorandum of Coverage and 2) the Member City has incurred legal expenses with counsel qualifying under this policy, then NCCSIF will reimburse the Member City for its actual expenditures for counsel, up to the approved rates. A Member City may not be reimbursed for its expenditures for counsel who is not on the Approved List unless approved by the Board of Directors, up to the approved rates.

3. This Policy is intended to explain and set forth procedures as provided herein and does not modify or amend the Memorandum of Coverage. In the event of a conflict between this Policy and Memorandum of Coverage, the Memorandum of Coverage shall control.

ATTACHMENTS:

C-7A: Attachment A – Liability Approved List of Counsel

C-7B: Attachment B – Workers' Compensation Approved List of Counsel

C-7C: Attachment C: Employment Practices Approved List of Investigators

Effective Date: October 15, 2015 Reviewed/Revised 2026 TBD



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NCCSIF ADMINISTRATIVE POLICY & PROCEDURE #C-7A
ATTACHMENT A - LIABILITY
Approved List of Counsel

Name of Law Firm	Attorneys	Areas of Expertise
Angelo, Kilday & Kilduff 601 University Avenue, Suite 150 Sacramento, CA 95825 (916) 564-6100	Bruce A. Kilday Carolee Kilduff Serena Warner Kevin Dehoff Derick Konz	Police Liability, General Liability, Auto, Personnel, Heavy Trial Ex- perience
Ayres & Associates 930 Executive Way, Suite 200 Redding, CA 96002 (530) 229-1340	William Ayres	Dangerous Condition, Auto, Gen- eral Liability, Environmental Lia- bility
Bertrand, Fox, Elliott et al 2749 Hyde Street San Francisco, CA 94109 (415) 353-0999	Eugene Elliott	
Caulfield Law Firm 1101 Investment Blvd., Suite 120 El Dorado Hills, CA 95762 (916) 933-3200	Rich Caulfield Andrew Caulfield Joseph Little	Same as above, with Construction Defect, Heavy to Medium Trial Experience
Donahue Davies LLP 1 Natoma Street Folsom, CA 95630 (916) 817-2900	Robert E Davies	
Gregory P. Einhorn 48 Hanover Lane, Suite 2 Chico, CA 95973 (530) 898-0228	Gregory P. Einhorn <i>Use for Willows as needed</i>	Employment Law, General Liabil- ity, Municipal



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Name of Law Firm	Attorneys	Areas of Expertise
Kronick, Moskovitz Tiedemann & Girard 400 Capitol Mall, 27 th Floor Sacramento, CA 95814	Christopher Onstott Bruce A. Scheidt * David W. Tyra Mona G. Ebrahimi Kevin A. Flautt Olivia R. Clark	Civil Rights, California Fair Employment and Housing, Tort Claims, California Public Records Employment Practices
Lewis Brisbois Bisgaard & Smith LLP	Tony Sain, Partner	Police, Civil Rights, Extensive Trial Experience
Liebert Cassidy Whitmore 135 Main St #7 San Francisco, CA 94105	Richard Bolanos	Employment Law, Labor Relations & Collective Bargaining, Public Safety, Wage & Hour, Retirement, Health and Disability
Peters, Habib, McKenna Juhl-Rhodes & Cardoza, LLP P.O. Box 3509 Chico, CA 95927 (530) 342-3593	Mark Habib Jim McKenna Lia Juhl	Dangerous Condition, Police Liability, General Liability, Auto, Good Trial Experience
Porter Scott P.O. Box 255428 Sacramento, CA 95865 (916) 929-1481 Fax: (916) 927-3706	John Whitefleet Carl L. Fessenden Will Camry David Norton Derek Haynes	Police, Civil Rights, Dangerous Condition, Inverse Condemnation, Auto, General Liability, Heavy to Light Trial Experience
Matheny Sears Linkert & Jaime, LLP 3638 American River Drive Sacramento, CA 95864 (916) 978-3434 Fax: (916) 978-3430	Matthew Jaime Douglas Sears Richard Linkert	
Ruben Escobedo 731 S. Lincoln St. Santa Maria, CA 93458	Ruben Escobedo	Labor & Employment
The Law Office of Justin N. Tierney 2000 U Street Sacramento, CA 95814	Justin N. Tierney	Dangerous Condition, Auto, Medium Trial Experience



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Name of Law Firm	Attorneys	Areas of Expertise
<p>The Law Office of James A. Wyatt 2130 Eureka Way Redding, CA 96001 (530) 244-6060 P.O. Box 992338 Redding, CA 96099-2338</p>	<p>James A. Wyatt</p>	<p>Dangerous Condition, Civil Rights, Police, Wrongful Termination, Auto Liability, Labor Law, Heavy Trial Experience</p>
<p>Murphy, Campbell, Alliston & Quinn, PLC. 8801 Folsom Boulevard, Suite 230 Sacramento, CA 95826 (916) 400-2300</p>	<p>Stephanie L. Quinn</p>	<p>Auto, Wrongful Deaths, Slip and falls, Fire and Trespassing Experience</p>
<p>Cota Cole LLP 2261 Lava Ridge Court Roseville, CA 95661 (916) 780-9009</p>	<p>Dennis Cota Derek Cole Daniel King</p>	<p>Land Use, civil rights, environmental issues.</p>
<p>Allen, Glaessner, Hazelwood, Werth 180 Montgomery Street, Ste. 1200 San Francisco, CA 94104 (415) 697-2000</p>	<p>Dale Allen Mark Hazelwood Steve Werth</p>	<p>Police liability, ADA, sidewalk, employment practices, general municipal liability</p>
<p>Arthofer and Tonkin, Attorneys At Law 1267 Willis Street Redding, CA 96001 (530) 722-9002</p>	<p>Kenneth Arthofer Griffith Tonkin</p>	<p>Public entity, injury, real estate</p>
<p>Randall Harr 44282 Highway 299 East McArthur, CA 96056 (530) 336-5656 rlh@randallharlaw.com</p>	<p>Randall Harr</p>	
<p>Lenahan, Lee, Slater, Pearse & Majernik LLP 2542 River Plaza Drive Sacramento, CA 95833 (916) 443-1030</p>	<p>Charleton S. Pearse Benjamin D. Oram, Esq. Adam Ambrozy</p>	<p>Dangerous Condition and Vicarious Liability cases</p>



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Name of Law Firm	Attorneys	Areas of Expertise
Lynberg & Watkins 1100 Town & Country Rd., Ste. 1450 Orange, CA 92868 (714) 937-1010	Melissa D. Culp Courtney L. Hylton Norman J. Watkins	
Roy C. Santos	Roy C Santos Michelle Sassano	
SWINGLE, VAN EGMOND & HEITLINGER 1207 I Street Modesto, CA 95354	Bradley J. Swingle	Public entity defense, insurance defense, personal injury, business litigation
David D Newdorf 630 Thomas L. Berkley Way #103 Oakland, CA 94612	David Newdorf	
<u>Maire, Perrine, Powell, Werner</u> <u>2851 Park Marina Drive, Ste. 300</u> <u>Redding, CA 96001-2813</u> <u>(530) 246-6050</u>	<u>Tracey Werner</u> <u>Wayne Maire</u> <u>David Perrine</u>	<u>Local Trial Counsel</u> <u>Insurance Defense</u> <u>Municipal Defense</u>

* Bruce A. Scheidt will be used only as respects the Eaton vs. Rocklin litigation.

- Revision Date: March 28, 2020
- Revision Date; March 24, 2022
- Revision Date; May 23, 2023
- Revision Date: September 19, 2024
- Revision Date: April 17, 2025
- Revision Date: September 25, 2025

Revision Date: TBD



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NCCSIF ADMINISTRATIVE POLICY & PROCEDURE #C-7B

**ATTACHMENT B - WORKERS' COMPENSATION
 Approved List of Counsel**

Name of Law Firm	Attorneys
Law Offices of Tim Huber 935 University Ave. Sacramento, CA 95825 (916) 929-6400	Tim Huber
Hanna, Brophy, et al P.O. Box 255267 Sacramento, CA 95825 (916) 929-9411	
Laughlin, Falbo, Levy & Moresi LLP 250 Hemsted Drive, Suite 300 Redding, CA 96002 (530) 222-0268	
Hanna, Brophy, et al P.O. Box 491720 Redding, CA 96049	
Lenahan, Lee, Slater, & Pearse, LLP 2542 River Plaza Drive Sacramento, CA 95833 (916) 443-1030	Yolanda S.G. Tuckerman Christine M. Green Colin S. Connor Ira Clary Charles S. Templeton Joel E. Kautz Adam Ambraozy (Subrogation only) Courtney Aldrich Reed Wickham Tiffany Cornoa MonRichard Gilbert
Mullen & Filippi 1335 Buenaventura Blvd #106 Redding, CA 96001 (530) 243-1133	



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Matthew Brueckner Law Firm 608 29 th Street Sacramento, CA 95816 (916)448-8816	Matthew Brueckner
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Name of Law Firm	Attorneys
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Mullen & Filippi, LLP 1435 River Park Drive, Suite 300 Sacramento, CA 95815 (916) 442-4503 Email: oshin@mulfil.com skarapetian@mulfil.com	Ohnmar M. Shin, Senior Partner Serineh Karapetian, Associate Partner Issac Escobedo
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Mullen & Filippi, LLP 196 Cohasset Road, Suite 240 Chico, CA 95926 (530) 243-1133 Email: mbeauchane@mulfil.com oharo@mulfil.com	Medy F. Beauchane, Managing Partner Oscar L. Haro, Associate
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Revision Date: May 18, 2017
Revision Date: May 25, 2023
Revision Date: TBD 2026

DRAFT

Richard K. Gilbert Bio

Mr. Gilbert was born in Tokyo, Japan, where he lived for twelve years. He then moved to Utah and eventually attended Brigham Young University, graduating in 2002 with a B.A. in International Politics. Following college, Mr. Gilbert relocated to California and worked as a Khmer (Cambodian) language court interpreter in state and federal courts. Working in the legal system confirmed his desire to attend law school, and in 2005, Mr. Gilbert moved to Sacramento to attend the University of the Pacific, McGeorge School of Law. During law school he was a member of the McGeorge Law Review and Willem C. Vis International Arbitration Moot Court team. In 2009, he graduated With Great Distinction and was elected to the Order of the Coif.

Mr. Gilbert began his law career as a transactional and corporate attorney but eventually transitioned to workers' compensation defense, which he has been practicing since 2014. He has represented a wide variety of clients including public entities, self-insured employers, and insurance carriers. He has also successfully defended Labor Code § 132a and serious and willful claims. In 2018, Mr. Gilbert joined Lenahan, Slater, Pearse & Majernik. His current practice is heavily focused on the defense of presumptive public safety officer claims. He also has considerable experience defending cases involving psychiatric injuries, traumatic brain injuries, and retroactive home health care demands.

In addition to fluency in Khmer and a basic knowledge of Japanese, Mr. Gilbert is also semi-fluent in Thai. Outside of work he enjoys skiing, mountain biking, traveling (especially to Asia), and spending time with friends and family.



2851 Park Marina Drive, Suite 300
Redding, CA 96001-2813
(530) 246-6050 (Ph.) / (530) 246-6060 (Fax)
www.maire-law.com

A Law Corporation

PRACTICE AREAS:

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FEES (current as of March 2026):

Our current rates for public entities are \$265/hour (partners), \$245/hour (associates), \$150/hour (paralegals).

FIRM LAWYERS

WAYNE H. MAIRE (Partner): DOB: 12/27/1953. Admitted to Bar, 1979. Education: Brigham Young University B.A. 1976; University of Santa Clara, School of Law, J.D. 1979. Member: State Bar of California; U.S. District Court, Northern and Eastern Districts of California; U.S. Court of Appeal, Ninth District; Association of Defense Counsel of Northern California and Nevada, Board of Directors (1988-1991), (1996-2003); Association of Defense Counsel of Northern California and Nevada (President, 2002); California Defense Counsel, Board of Directors (1998-2006); California Defense Counsel (President, 2006); American Board of Trial Advocates (ABOTA); Defense Research Institute (member Board of Directors 2004-2007); International Association of Defense Counsel; and the Shasta-Trinity Counties Bar Association. Appointed by Chief Justice of California Supreme Court, Blue Ribbon Panel of Experts on the Fair and Efficient Administration of Civil Cases (2003). Recognized by Law and Politics as one of California's "Super Lawyers" since 2005 and one of the Best Lawyers in America since 2010.

DAVID S. PERRINE (Partner): DOB: 6/18/1965. Admitted to the bar, December 1992. Education: UC Davis and earned his Juris Doctor from Golden Gate University. Mr. Perrine has over 30 years of experience as a trial attorney, practicing primarily in insurance defense. He has represented a wide variety of clients including homeowner and commercial property owners, lumber companies, private manufacturers of high-end coaches and municipal buses, farmers, hospitals, and

municipalities. He is experienced in litigating a diverse range of matters including large loss auto accidents, premises liability, general liability, real estate disputes, construction defect cases, as well as general contractual disputes. Mr. Perrine is admitted to practice in all four California federal district courts. Mr. Perrine is a member of The American Board of Trial Advocates, and the Association of Defense Counsel of Northern California and Nevada.

JOHN R. POWELL (Partner): DOB: 03/02/1990. Admitted to Bar March 13, 2018. Education: California State University, Sacramento with a major in Government. Mr. Powell earned his Juris Doctor from Western State College of Law, where he also earned a Witkin Award in Civil Procedure. While in law school, Mr. Powell worked with clients pro bono at the Western State College of Law Immigration Clinic. After his graduation from law school, Mr. Powell practiced civil litigation, serving clients primarily in the construction industry of Los Angeles and Orange Counties. Mr. Powell joined Maire & Deedon in 2018, where he continues to work as a civil litigator in public entity representation and insurance defense. He is a member of the U.S. District Court Northern and Eastern Districts as well as the State Bar of California and the Shasta-Trinity County Bar Association.

TRACEY A. WERNER (Partner): DOB: 10/02/1987. Admitted to Bar June 23, 2017. Education: Cal Poly, San Luis Obispo, with a major in History and a minor in Law and Society. While at Cal Poly, she participated in Mock Trial, the Phi Alpha Theta Academic Honors Fraternity, and the Sigma Kappa Sorority. Ms. Werner earned her Juris Doctor from Cal Northern School of Law in Chico, California, graduating as the Salutatorian and earning a Witkin award in both Torts and Contracts. Ms. Werner is a member of the State Bar of California, the Association of Defense Counsel of Northern California and Nevada, DRI, the Federal Bar Association, the Association of Defense Trial Attorneys, the California Lawyers Association, and the California Force Instructors Association. Ms. Werner served on the Board of the Shasta-Trinity Counties Bar Association from 2018-2023, including two years as President. She is a graduate of Leadership Redding, and the inaugural classes of both the Redding Police Department Citizen Academy, and the Redding Fire Department Citizen Academy. Ms. Werner has been a member of the DRI Young Lawyer Steering Committee since 2022, and currently serves as the Young Lawyer Liaison to the Government Liability Substantive Law Committee. Ms. Werner has presented for DRI on e-discovery and defending municipalities in Monell claims, and for Trindel Insurance Fund on the Heck Doctrine and PC 69/148 convictions. Ms. Werner is admitted to practice in California's Eastern and Northern Districts, the U.S. Ninth Circuit Court of Appeals, and the United States Supreme Court.

CRAIG P. BINGHAM (Associate): DOB: Admitted to the California bar, February 2022. He has been a member of the Kentucky Bar Association since 2002 and the Oregon Bar Association since 2022 (status inactive/pending). Formerly, he was also a member of the Indiana Bar Association (2015). Education: University of Louisville. Craig P. Bingham is a senior associate at Maire Perrine Powell & Werner with nearly twenty-five years of courtroom experience. Mr. Bingham has a diverse legal background, working for state, county, and city governments. Throughout his career, Mr. Bingham has gained experience working in various fields, including: social security disability, workers' compensation, criminal defense and prosecution, family law, and personal injury. Mr. Bingham also worked as a City Attorney and Assistant County Attorney in Kentucky. Since joining the firm in 2021, he has handled a high volume of cases involving insurance defense and public entity defense. While at the University of Louisville, he was a recipient of the McConnell Scholarship for Political Leadership, a Trustees' Scholar and Alumni Scholar at the Louis D. Brandeis School of Law where he earned his Juris Doctor. He has presented Continuing Legal Education regarding

social security disability in Indiana. In 2008, he was awarded the Horton Award by the Kentucky Department of Public Advocacy for achievements in criminal defense. He has tried and won multiple jury and bench trials and made hundreds of appearances in a wide variety of litigation venues across the United States. He has been admitted to multiple Federal District Courts in those jurisdictions.

DEVON H.A. NISHIMURA (Associate): DOB 8/23/1995. Admitted to the bar, November 21, 2025. Education: Associate in Science degree in Agriculture Science from Woodland Community College. Juris Doctor from Cal Northern School of Law, where he earned the Academic Excellence Awards for Legal Research and Remedies. Mr. Nishimura was elected to the Dixon City Council and served from 2016-2020. During his term, Mr. Nishimura was a proud member of California Local Elected Officials and the Asian Pacific Islander Caucus of the League of California Cities. While in law school, Mr. Nishimura had a clerkship with the Office of the Tehama County Counsel where he worked on Public Records Act, Brown Act, and Property Tax Appeals Board issues among other topics. His time on the city council and his passion for efficient local government inspired his decision to attend law school, and his public entity background continues to inform his work in public entity tort defense. Mr. Nishimura's non-legal background working for his family's farm, and in the oil and gas industry, likewise inform his work on insurance defense, employer defense, and business litigation cases. He is a member of the Association of Defense Counsel of Northern California and Nevada and DRI.

ALEXIS R. PALMA (Associate): DOB 10/02/1999. Admitted to the bar, December 1, 2025. Education: graduated magna cum laude from California State University- Chico, with a Bachelor of Arts in Political Science and a minor in Business Administration. While at Chico State, Ms. Palma earned her paralegal certificate, volunteered for the Community Legal Information Clinic, studied abroad in Verona, Italy, and was a member of the Gamma Phi Beta sorority. Ms. Palma earned her Juris Doctor from Santa Clara University School of Law in May 2025. During law school, Ms. Palma externed for the Honorable Lori E. Pegg of the Santa Clara County Superior Court, worked as a law clerk at Foran Glennon in San Jose, California, worked as a summer intern at Maire & Deedon, and as an immigration assistant at a law firm in Santa Clara, California. Ms. Palma is a member of the Association of Defense Counsel of Northern California and Nevada, the California Lawyers Association, and DRI.

JERRALD K. PICKERING II (Associate, Part-time): DOB: 04/16/1956. Admitted to Bar, 1982. Education: University of the Pacific, major in pre-law; University of the Pacific, McGeorge School of Law, J.D., LL.M. Business and Taxation – Transnational Practice. Member: State Bar of California; U.S. District Court, Northern, Eastern, Central, and Southern Districts. He has served as an arbitrator for the State Bar Fee Dispute Arbitration Program and currently serves as a Code Enforcement Hearing Officer for Trinity County. Most recently, he attended a forty (40) - hour class at the Pepperdine University, Strauss Institute for Dispute Resolution, Mediating the Litigated Case. After completing a graduate law program in international law, Mr. Pickering worked overseas in both the Republic of Taiwan and the Peoples' Republic of China. Upon returning to the United States, he has handled a wide variety of matters including business, complex business litigation, insurance defense, real estate, construction, and construction defect litigation. He has represented many different clients, both public and private, including cities and special districts, corporations, private individuals, and insurance carriers including Farmers, Allstate, United States Fidelity &

Guaranty, Liberty Mutual, and Nationwide. He also worked as staff counsel for United States Fidelity & Guaranty. His practice currently emphasizes insurance defense, complex business litigation, real estate, and construction related matters. He has handled multiple jury and court trials.

PAUL A. BRISSO (of counsel): Admitted to the bar, November 1978. Education: Mr. Brisso graduated from Humboldt State University in 1973 magna cum laude with a B.A. in journalism and worked for the Times-Standard in Eureka as a reporter 1973-1975. In 1978, Mr. Brisso graduated from University of the Pacific, McGeorge School of Law, “with great distinction” (highest honors), ranked No. 4 in a day division class of over 200 students and inducted as a lifetime member of the school’s Traynor Legal Honor Society. Mr. Brisso served as a judicial staff attorney to Justice George N. Zenovich, California Fifth District Court of Appeal (Fresno) 1978-1979. In 1979, Mr. Brisso joined Mitchell Dedekam & Angell as an associate. Mr. Brisso earned partner status at the firm, which changed names twice before becoming The Mitchell Law Firm. From 1979-2018, Mr. Brisso worked at the firm primarily in the areas of civil litigation and general public entity representation. During that time, he handled hundreds of civil litigation cases and tried over 100 jury trials, primarily in Humboldt and Del Norte Counties and Federal District Court for Northern District of California. His practice focused on defending personal injury/wrongful death, dangerous condition of property, civil rights/harassment/discrimination claims, real estate disputes, contracts, employment disputes, and some medical malpractice cases. Over his career, he handled hundreds of civil litigation cases in the state courts of various Northern California counties and in the U.S. District Courts for the Northern and Eastern District of California, including over 100 jury trials. Rated by Martindale-Hubbel as “AV” “preeminent” for over 25 years and named by San Francisco magazine as one of Northern California’s “Super Lawyers” each year 2005 through 2020. Mr. Brisso was elected as a fellow in American College of Trial Lawyers (one of only four in Humboldt County history so honored), and is also former longtime member of the American Board of Trial Advocates (ABOTA). Mr. Brisso is admitted to the California State Bar and federal district courts for Northern and Eastern Districts of California.

PARALEGALS:

The firm employees three paralegals: Eric Maire, Aletia Thompson, and Ayonecseli Mendoza.

SUPPORT STAFF:

Office Manager – Debbie Brown
Lisa Morrison – Legal Assistant
Linda Newell – Legal Assistant
Irene Schmitz – Legal Assistant
Bryan Morrison – Records Clerk
Terry Rannie – Billing
Carmella Bilyeu – Billing
Cynthia Scott – File Clerk
Sydney Deedon – File Clerk
Zoey Deedon – File Clerk



Maire Perrine Powell & Werner

About the Firm

Firm Overview and Identity

▶ **Boutique Insurance Defense Firm**

Wayne Maire founded the law firm over 40 years ago in Redding, California. Since its inception, the firm has specialized in representing businesses, employers, and public entities in all manner of civil litigation matters. Our firm enjoys and protects a long-standing reputation for producing high-quality legal defense work with professionalism and integrity.

▶ **Local and Experienced Defense Counsel**

Our attorneys have extensive trial and courtroom experience in a broad spectrum of practice areas. The team at MPPW operates primarily in-office, as opposed to remotely. We prioritize and value in-person collaboration – with our clients, with plaintiffs and opposing counsel, and with witnesses. We prefer in-person meetings and live depositions whenever possible. In our experience, our location has been advantageous in allowing us to foster closer relationships with the people and entities we represent. Those relationships provide us with helpful knowledge and context of the issues and claims we are defending, and greater access to information that makes investigation and defense of claims less burdensome and more efficient.

▶ **Strategic Northern California Location**

The firm's location in Redding, California, enables effective representation in rural areas stretching throughout the far-Northern California region. With nine lawyers and three paralegals, we are the largest insurance defense firm north of Sacramento. We regularly practice in all counties from Sacramento to the Oregon border, and from the coast to the Sierras. Because we are locally based and hands-on, we bring practical familiarity with the courts, venues, and communities where our cases arise, while providing the responsiveness and accountability that clients expect from defense counsel. Despite our far northern location, our current senior partners and lead trial counsel have tried cases in every corner of the State.

▶ **Efficient Case Management**

As a small business ourselves, MPPW is aware of the high cost of running a business in California. We know how expensive litigation can be, and we help our clients manage that expense by being resolution-oriented and providing early and accurate case valuations. For the cases where early resolution is not practical or possible and a rigorous legal defense is required, we employ strategies and techniques to provide efficient, cost-effective, case handling that benefits our clients and helps insurers accurately predict legal fees and costs related to defense of their claims.

▶ **Client Communication and Collaboration**

We prioritize regular communication and collaborative management to ensure clients receive clear updates and make informed decisions.

Attorney Profiles

Wayne H. Maire

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Wayne H. Maire is the founding principal of Maire Perrine Powell & Werner. The firm was originally founded in 1983 in Redding, California. Mr. Maire's practice emphasis at the present time is serving as a mediator and arbitrator. Historically his practice focused on complex commercial litigation, public entity litigation, personal injury litigation, casualty and surety law.

Mr. Maire received his Bachelor of Arts degree at Brigham Young University in 1976 and his law degree at University of Santa Clara, School of Law in 1979. He was admitted to the State Bar of California and the United States Northern and Eastern District Courts in 1979. In 1989, Mr. Maire received the "AV" designation by his peers for being considered in a class of attorneys who are "Very High to Preeminent" in their field.

In 2017 he was recognized by the National Association of Distinguished Counsel as being in the Nation's top 1% of litigation counsel and has been selected by Best Lawyers as the 2020 Lawyer of the Year for attorneys representing defendants in the Sacramento region. Mr. Maire has been recognized by Law & Politics as one of Northern California's "Super Lawyers" since 2005 and in Best Lawyers in America since 2010. In 2003 Mr. Maire was one of four California attorneys appointed by Chief Justice Ron George of the California Supreme Court to serve on the Blue Ribbon Panel of Experts on the Fair and Efficient Administration of Civil Cases.

Mr. Maire is a member of the Association of Defense Counsel of Northern California and Nevada, and served as its President in 2002. He is also a member of the California Defense Council, and served as its President in 2006. He has been a member of the American Board of Trial Advocates since 1999 and served on the Board of Directors of the Defense Research Institute from 2004 to 2007 as the Pacific Region Director for California, Arizona, Nevada, and Hawaii.

David S. Perrine

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David S. Perrine is a partner and shareholder at the firm. Mr. Perrine is an accomplished trial attorney with over 30 years of experience as an insurance defense litigator. He has taken cases to verdict in nearly every county from Bakersfield to the Oregon border.

David Perrine began his career with Wayne Maire at Maire & Simpson more than 30 years ago. Before re-joining Wayne Maire in January 2026 at Maire Perrine Powell & Werner, Mr. Perrine was a partner with the nationwide firm of Freeman, Mathis & Gary. Throughout his career, Mr. Perrine has represented a wide variety of clients including homeowner and commercial property owners, lumber companies, private manufacturers of high-end coaches and municipal buses, farmers, hospitals, and municipalities. He is experienced in litigating a diverse range of matters including large loss auto accidents, premises liability, general liability, real estate disputes, construction defect cases, as well as general contractual disputes.

Mr. Perrine graduated from UC Davis and earned his Juris Doctor from Golden Gate University. He was admitted to the State Bar of California in December 1992. Mr. Perrine is admitted to practice in all four California federal district courts. Mr. Perrine is a member of The American Board of Trial Advocates, and the Association of Defense Counsel of Northern California and Nevada.

John R. Powell

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John Powell is a partner and shareholder at Maire Perrine Powell & Werner, with a practice emphasis in civil litigation, probate and trust litigation, employment arbitration, construction defect cases, real estate disputes, and public entity defense.

Mr. Powell graduated from California State University- Sacramento, with a major in Government. He received his Juris Doctor from Western State College of Law, where he also earned a Witkin Award in Civil Procedure. While in law school, Mr. Powell worked with clients *pro bono* at the Western State College of Law Immigration Clinic. After being admitted to the California State Bar in March 2018, Mr. Powell practiced civil litigation, serving clients primarily in the construction industry of Los Angeles and Orange Counties.

Mr. Powell joined the firm in 2018, where he continues to work as a civil litigator. Mr. Powell's public entity defense experience includes defending local community service districts against government tort claims and property disputes, and representing school districts in employment matters.

Tracey A. Werner

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Tracey A. Werner is a partner and shareholder at Maire Perrine Powell & Werner, whose practice focuses on defending public entities and law enforcement in civil rights claims under 42 U.S.C. §1983, as well as general tort liability and premises liability matters.

Ms. Werner graduated from Cal Poly, San Luis Obispo, with a major in History and a minor in Law and Society. While at Cal Poly, she participated in Mock Trial, the Phi Alpha Theta Academic Honors Fraternity, and the Sigma Kappa Sorority. Ms. Werner earned her Juris Doctor from Cal Northern School of Law in Chico, California, graduating as the Salutatorian and earning a Witkin award in both Torts and Contracts.

Prior to joining the firm in 2017, Ms. Werner worked at a general practice firm where she did estate planning, as well as family law, workers' compensation, and civil litigation involving contract, business, and real property disputes.

Ms. Werner is a member of the State Bar of California, and admitted to practice in the Eastern and Northern District federal courts, U.S. Ninth Circuit Court of Appeals, and the United States Supreme Court. She is a member of the ADCNCN, FBA, ADTA, and the California Force Instructors Association. Ms. Werner served on the Board of the STCBA from 2018-2023, including two years as President. She is a graduate of Leadership Redding, the Redding Police Department Citizen Academy, and the Redding Fire Department Citizen Academy. Ms. Werner has been a member of the DRI Young Lawyer Steering Committee since 2022, and currently serves as the Young Lawyer Liaison to the Government Liability Substantive Law Committee.

Ms. Werner has presented for DRI on e-discovery and defending municipalities in Monell claims, and for Trindel Insurance Fund on the Heck Doctrine and PC 69/148 convictions. In her spare time, she enjoys “flamping” and exploring national parks with her husband and two young boys.

Craig Bingham

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Craig P. Bingham is a senior associate at Maire Perrine Powell & Werner with nearly twenty-five years of courtroom experience. He has been a member of the Kentucky Bar Association since 2002 and formerly, the Indiana Bar Association since 2015. Most recently, he was admitted to California and Oregon in 2022. He has been admitted to multiple Federal District Courts in those jurisdictions.

Mr. Bingham has a diverse legal background, working for state, county, and city governments. Throughout his career, Mr. Bingham has gained experience working in various fields, including: social security disability, workers' compensation, criminal defense and prosecution, family law, and personal injury. Mr. Bingham also worked as a City Attorney and Assistant County Attorney in Kentucky. Since joining the firm in 2021, he has handled a high volume of cases involving insurance defense and public entity defense.

While at the University of Louisville, he was a recipient of the McConnell Scholarship for Political Leadership, a Trustees' Scholar and Alumni Scholar at the Louis D. Brandeis School of Law where he earned his Juris Doctor. He has presented Continuing Legal Education regarding social security disability in Indiana. In 2008, he was awarded the Horton Award by the Kentucky Department of Public Advocacy for achievements in criminal defense. He has tried and won multiple jury and bench trials and made hundreds of appearances in a wide variety of litigation venues across the United States.

Outside of the courtroom, he enjoys competing on the tennis court and the golf course, and spending time with his family.

Devon H. A. Nishimura

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Devon H. A. Nishimura is a graduate of Cal Northern School of Law with a practice emphasis in civil litigation. Nishimura graduated with an Associate in Science degree in Agriculture Science from Woodland Community College before earning his Juris Doctor from Cal Northern School of Law. While at Cal Northern, Mr. Nishimura earned the Academic Excellence Awards for Legal Research and Remedies. He was admitted to the California State Bar in November of 2025.

Originally from Dixon, California, Mr. Nishimura was elected to the Dixon City Council and served from 2016-2020 before getting married, starting law school, and moving to rural Glenn County. During his term, Mr. Nishimura was a proud member of California Local Elected Officials and the Asian Pacific Islander Caucus of the League of California Cities.

While in law school, Mr. Nishimura had a clerkship with the Office of the Tehama County Counsel where he worked on Public Records Act, Brown Act, and Property Tax Appeals Board issues among other topics. His time on the city council and his passion for efficient local government inspired his decision to attend law school, and his public entity background continues to inform his work in public entity tort defense. Mr. Nishimura's non-legal background working for his family's farm, and in the oil and gas industry, likewise inform his work on insurance defense, employer defense, and business litigation cases. He is a member of the Association of Defense Counsel of Northern California and Nevada.

Mr. Nishimura and his wife attend Vespers Church in Chico. When not working, he is most likely spending time with his wife, playing with his dogs, performing do-it-yourself home renovations, or working on his classic truck.

Alexis R. Palma

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Alexis R. Palma is an associate with Maire Perrine Powell & Werner. Her practice currently focuses on defending public entities and school districts in a variety of general tort liability and employment matters.

Ms. Palma graduated magna cum laude from California State University- Chico, with a Bachelor of Arts in Political Science and a minor in Business Administration. While at Chico State, Ms. Palma earned her paralegal certificate, volunteered for the Community Legal Information Clinic, studied abroad in Verona, Italy, and was a member of the Gamma Phi Beta sorority. Ms. Palma earned her Juris Doctor from Santa Clara University School of Law in May 2025.

Prior to joining the firm in 2025, Ms. Palma externed for the Honorable Lori E. Pegg of the Santa Clara County Superior Court. While in law school, Ms. Palma gained valuable practical experience working as a law clerk at the nationwide firm of Foran Glennon in San Jose, California. Ms. Palma was a summer intern at the former Maire & Deedon in 2023, while living on her family's houseboat and enjoying the summer on Lake Shasta. Ms. Palma also has past experience as an immigration assistant at a law firm in Santa Clara, California.

Ms. Palma is a member of the Association of Defense Counsel of Northern California and Nevada, the California Lawyers Association, and DRI.

When she is not working, Ms. Palma enjoys visiting family and friends at home in Santa Cruz, and spending time with her boyfriend.

Jerrald K. Pickering, II

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Jerrald (“Jerry”) K. Pickering II was a partner with Maire & Deedon until his retirement in December 2025. Mr. Pickering continues to work part-time with the firm.

Mr. Pickering graduated from McGeorge School of Law with a Juris Doctor. After practicing for several years, he returned to McGeorge School of Law where he studied in the graduate law program, earning a LL.M. Business and Taxation – Transnational Practice. He worked overseas in both the Republic of Taiwan and the Peoples’ Republic of China, before returning to the United States.

Mr. Pickering has handled a wide variety of matters including business transactions, complex business litigation, insurance defense, real estate disputes, construction defect litigation, estate planning, and trust and probate litigation. He has represented many different clients, both public and private, including cities and special districts, corporations, private individuals, and insurance carriers. Mr. Pickering has worked as staff counsel for United States Fidelity & Guaranty. Mr. Pickering has handled multiple jury and court trials.

Mr. Pickering is admitted to the State Bar of California and the U.S. District Courts for the Northern, Eastern, Central, and Southern Districts. He has served as an arbitrator for the State Bar Fee Dispute Arbitration Program and as a Code Enforcement Hearing Officer for Trinity County. Mr. Pickering completed a forty– hour training course at the Pepperdine University, Strauss Institute for Dispute Resolution, Mediating the Litigated Case.

Outside of work, Mr. Pickering has been and is active in his church serving as an Usher Captain, Deacon, and Elder. He presently attends Neighborhood Church in Redding, California with his wife Terri. In his free time, he enjoys the outdoors including hiking, hunting and related activities.



After practicing as a civil litigator with The Mitchell Law Firm in Eureka, California, for over 40 years, and, later, as a mediator, Paul Brisso joined our firm in an “of counsel” status.

Over his career, he handled hundreds of civil litigation cases in the state courts of various Northern California counties and in the U.S. District Courts for the Northern and Eastern District of California, including over 100 jury trials.

Mr. Brisso graduated from Humboldt State University in 1973 *magna cum laude* with a B.A. in journalism and worked for the Times-Standard in Eureka as a reporter 1973-1975. In 1978, Mr. Brisso graduated from University of the Pacific, McGeorge School of Law, “with great distinction” (highest honors), ranked No. 4 in a day division class of over 200 students and inducted as a lifetime member of the school’s Traynor Legal Honor Society.

After law school, Mr. Brisso served as a judicial staff attorney to Justice George N. Zenovich, California Fifth District Court of Appeal (Fresno) 1978-1979. In 1979, Mr. Brisso joined Mitchell Dedekam & Angell as an associate. Mr. Brisso earned partner status at the firm, which changed names twice before becoming The Mitchell Law Firm. From 1979-2018, Mr. Brisso worked at the firm primarily in the areas of civil litigation and general public entity representation. During that time, he handled hundreds of civil litigation cases and tried over 100 jury trials, primarily in Humboldt and Del Norte Counties and Federal District Court for Northern District of California. His practice focused on defending personal injury/wrongful death, dangerous condition of property, civil rights/harassment/discrimination claims, real estate disputes, contracts, employment disputes, and some medical malpractice cases.

Rated by Martindale-Hubbel as “AV” “preeminent” for over 25 years and named by San Francisco magazine as one of Northern California’s “Super Lawyers” each year 2005 through 2020. Mr. Brisso was elected as a fellow in American College of Trial Lawyers (one of only four in Humboldt County history so honored), and is also former longtime member of the American Board of Trial Advocates (ABOTA). Mr. Brisso is admitted to the California State Bar and federal district courts for Northern and Eastern Districts of California.



**Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026**

Agenda Item. E.2.

LIABILITY PROGRAM CLAIMS AUDIT AND SEDGWICK RESPONSE

ACTION ITEM

ISSUE: Ken Maiolini of Risk Management Services completed a liability claims audit in November 2025, consisting of 60 open and 20 closed files. The Executive Summary by category is provided for review and discussion. Sedgwick’s response to the audit is also attached.

Overall, the claims management is done in a professional and competent manner that meets or exceeds industry standards and CAJPA criteria, with no recommendations. This is a notable achievement and follows the last audit in which only one claim had a recommendation to consider adjusting reserves.

Areas of strength include investigation and documentation. Litigation management is handled in a professional and competent manner, with well documented budgets, evaluations, experts and motions.

The adjusters recognize and attempt to resolve claims with merit in an economical manner, with file management, communication and documentation noted as strengths as well.

Sedgwick has reviewed and responded to the audit findings in the attached letter of March 13, 2026.

FISCAL IMPACT: None, already budgeted.

RECOMMENDATION: Review, accept and file audit and response.

BACKGROUND: Every other year NCCSIF conducts an audit of member Liability claims to ensure it is being managed according to NCCSIF standards and best practices.

ATTACHMENT(S):

1. General Liability Claims Audit Summary
2. General Liability Claims Audit Response from Sedgwick

NORTHERN CALIFORNIA CITIES SELF INSURANCE FUND (NCCSIF) CLAIMS AUDIT REPORT – 2025

An audit of the NCCSIF claims handling was conducted from November 4th to 7th, 2025. It consisted of a review of 60 OPEN files and 20 CLOSED files. An RMS Audit Review form was completed on each OPEN file, and the forms are included in this report as a confidential document. A Closed Claim Review outline is attached on the CLOSED files reviewed. The audit was conducted remotely using Sedgwick TPA ViaOne claims system.

The audit indicates the following findings and observations:

INVESTIGATION – The TPA conducts a timely and complete investigation that is well documented in the ViaOne claims system. The investigation is conducted using Member resources, independent investigation and Defense Counsel pre-litigation assignments. The investigation aides in developing a POA, setting reserves, identifying risk transfer issues, Excess reporting and determining statutory notice action. The solid investigation practice sets the tone for future handling and provides a good foundation should litigation develop.

RESERVES – The files indicate that both precautionary and ultimate reasonable value reserves are set timely with a rationalized basis. The reserves are regularly reviewed by the TPA Adjuster and Claims Supervisor and adjusted appropriately. The reserves provide the Pool and Excess with an accurate picture of the exposure both from an indemnity and expense perspective.

LITIGATION MANAGEMENT – The management of Defense Counsel and litigation in general is well done. TPA utilizes experienced and capable defense firms that provide a high level of legal representation. The cases are handled well in that budgets, evaluations, qualified retained experts and appropriate motions are well documented. Pre-litigation assignment of Defense Counsel is done regularly and provides assistance in the investigation, client/attorney privilege and a valuable resource to the Member and claims handling process. Overall, litigation management is conducted in a professional, competent and collaborative manner.

LIABILITY/DAMAGE EVALUATION – The files contain timely evaluation of the exposure and present a clear picture to the reader. These evaluations are from the Adjusters, Claims Supervisor and Defense Counsel. They are shared with the Member and Excess. The evaluations greatly assist in reserving, resolution planning and litigation strategy. Evaluations provide detailed information on liability issues and document potential damage claims.

FILE MANAGEMENT – The files are well managed and documented. The overall file management is done in a professional and competent manner – it includes:

- Timely and appropriate handling of statutory notices in concert with the Member, that protects all available claim defenses.
- Good tracking of financials.
- Timely reporting to Excess and follow-up cooperation.
- Effective use of the ViaOne system that has complete documentation, accurate notes, attachments and use of all available fields.
- Good communication with all stakeholders that is timely and complete.
- Efficient use of e-mail communication.
- Up to date and well managed diary.
- Regular Claims Supervisor review and input.
- Timely recognition of risk transfer opportunities and aggressive follow-up with good success.
- Coverage analysis when appropriate

NEGOTIATION PRACTICE – The TPA recognizes in the claim stage matters that have merit and attempts to resolve in an economic manner. On litigated cases there is good coordination in identifying early resolution opportunities and positioning the case in the best settlement posture. The negotiation practice is favorable to all stakeholders and results in low overall results.

CLOSED CLAIM REVIEW – The files reviewed in the Closed Claims Review are outlined in the attached document. The closed claims were found to be well handled and:

- Contained all appropriate closing documents.
- Closed timely and notice sent to all stakeholders.
- Financials were reconciled.
- Had a pattern of favorable results and total incurred.
- Claims handling practices were done well and documented.



The closed claims reviewed support the comments made in this report that claims are handled effectively, professionally and in a competent manner.

OVERALL – The claims audit would indicate that the NCCSIF Claims handling is done in a manner that meets or exceeds industry standards and CAJPA criteria. We found no issues that would impact the Pool or Excess and have no recommendations at this time.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Ken Maiolini', with a horizontal line extending to the right.

Kenneth R. Maiolini, ARM-P

Attachments: RMS Audit Review Forms (Confidential Document)
Closed Claims Review



NCCSIF Closed Claim Review – 2025

CLAIM #	CAUSE	TOTAL INCURRED
4A2408F78B9-0001	Storm Damage	\$0
NCGA08575A1	Personal Injury	\$83,620
NCGA08745A1	Personal Injury	\$132,933
NCGA08288A1	Personal Injury	\$55,572
NCGA08401A1	Civil Rights	\$317,151
NCGA08523A1	Civil Rights	\$44,604
4021104ABDG8-0001	Civil Rights	\$312,699
NCGA08912A2	Compensation	\$160,655
NCGA08852A1	Trip-and-Fall	\$45,970
NCGA08861A1	Trip-and-Fall	\$100,894
NCGA08993A1	Civil Rights	\$1,338
4A22031W3GD-0001	False Arrest	\$30,141
40200921D33-0001	MVA	\$9,389
4A2405Y0MLC-0001	Pipe Damage	\$0
4A22020TN2C-0001	Personal Injury	\$36,977
4A210925B29-0001	Personal Injury	\$55,235
4A2208K5X1H-0001	SAM	\$34,526
4A21063344F-0001	Civil Rights	\$397,150
4A24025LJP2-0001	Property Damage	\$0
4A24025LLBC-0001	Property Damage	\$0

March 13, 2026

Northern California Cities Self Insurance Fund
Rachel Ancheta, Board President

Marcus Beverly, Program Administrator
Alliant Insurance Services
2180 Harvard St, Suite 460
Sacramento, CA 95815

Re: Response to Audit Results for Northern California Cities Self-Insurance Fund GL Program

This letter will serve as a response to the November 2025 audit of the liability program conducted by Risk Management Services. Our response is designed to address performance strengths and auditor recommendations.

We are very pleased with the audit results. We want to assure you of our continued commitment to meet and exceed NCCSIF's expectations. We use these audits as an added tool to identify trends and implement processes to continue to achieve these great results.

There were 80 files selected for the audit specifically focused on claims handling activity through November 2025. We note the categories of Investigation, Reserves, Litigation Management, Liability/Damage Evaluation, File Management, and Negotiation Practices are all well-handled without any issues or recommendations indicated.

The auditor notes timely and complete investigation that is well documented. The reserves are set timely, regularly reviewed, and adjusted appropriately. The litigation management is well done and conducted in a collaborative manner. For the liability/damage evaluation, the files contain timely evaluation of exposure which are shared with the NCCSIF member and excess. File management is well documented in a professional and competent manner, including financial tracking, communication, and well managed diary. Claims with merit are negotiated to attempt resolution in an economic manner. There is good coordination on litigated claims with identifying early resolution and positioning cases in the best settlement posture.

The audit results indicate that NCCSIF's claims, and litigated files are handled in a manner that meets or exceeds industry standards and CAJPA criteria. Thank you for the opportunity to evaluate our administration and handling of NCCSIF's claims. We value our partnership with NCCSIF and remain committed to delivering exceptional claims handling and customer service.

Sincerely,

Dori Zumwalt

Dori Zumwalt
Client Services Director

cc (via email): Summer Simpson, Claims Director
Devora Brainard-DeLong, VP Client Services



BACK TO AGENDA

**Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026**

Agenda Item F.

CLOSED SESSION TO DISCUSS PENDING CLAIMS
(Per Governmental Code Section 54956.95)

ACTION ITEM

ISSUE: Pursuant to Government Code Section 54956.95, the Committee will hold a Closed Session to discuss the following claims:

Liability:

1. Townsend v. City of Colusa
2. Castillo v. City of Dixon
3. James/James v. City of Lincoln
4. Williams v. City of Marysville

Workers' Compensation

1. 2496600144 v. City of Anderson
2. 1996610088 v. City of Auburn
3. 0996610162 v. City of Corning
4. 2396600166 v. City of Elk Grove
5. 2396600203 v. City of Red Bluff
6. 2296610629, 2496600334 v. City of Red Bluff

FISCAL IMPACT: Unknown.

RECOMMENDATION: The Program Administrator cannot make a recommendation at this time, as the subject matter is confidential.

BACKGROUND: The Claims Committee meets as needed to provide settlement authority for claims within the NCC retained layer for both Liability and Workers' Compensation.

ATTACHMENT(S): None.



BACK TO AGENDA

Northern California Cities Self Insurance Fund
Claims Committee Meeting
March 26, 2026

Agenda Item H.

ROUND TABLE DISCUSSION

INFORMATION ITEM

ISSUE: The floor will be open to the Committee for discussion.

RECOMMENDATION: None.

FISCAL IMPACT: None.

BACKGROUND: This is an opportunity for Committee members to ask questions or raise issue on risk exposures common to the members.

ATTACHMENT(S): None.