

FROM (DEPT/ DIVISION): County Counsel

SUBJECT: Renewal of Liability and Workers' Compensation Insurance Coverage

<p>Background:</p> <p>The annual renewal of liability insurance and workers' compensation insurance is before the Board. The recommendation is to renew the current liability insurance policy with City County Insurance Services, and to renew the workers' compensation insurance coverage with SAIF Corporation through CCIS.</p>	<p>Requested Action:</p> <ol style="list-style-type: none"> <li>1) Continue current liability insurance coverage through City County Insurance Services</li> <li>2) Renew SAIF workers' compensation coverage through CCIS</li> <li>3) Authorize payment of premiums</li> </ol>
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ATTACHMENTS: SAIF Proposal

\*\*\*\*\*For Internal Use Only\*\*\*\*\*

Checkoffs:

- ( ) Dept. Head (copy)
- ( ) Human Resources (copy)
- ( X ) Legal (copy)
- ( ) (Other - List:)

To be notified of Meeting:  
Robert Pahl; Jennifer Blake  
Needed at Meeting:

\*\*\*\*\*

Scheduled for meeting on: June 1, 2022

Action taken:

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Follow-up:



**Workers' compensation insurance proposal for  
Umatilla County**

Jason Graybeal  
Graybeal Group Inc  
P: 541.567.5523  
F: 866.663.5643  
jason@graybealgroup.com



May 23, 2022

UMATILLA COUNTY  
216 SE 4TH ST  
PENDLETON, OR 97801-2692

JASON GRAYBEAL  
GRAYBEAL GROUP INC  
100 E GLADYS AVE STE A  
HERMISTON, OR 97838-1871

SAIF policy: 743288  
Policyholder: Umatilla County

This business's workers' compensation policy with SAIF Corporation renews on July 01, 2022. I authorized the rates and plan(s) shown on the enclosed premium estimate(s).

**To elect coverage**

Sign and return the Notice of Election before the effective date of July 01, 2022.

**To enroll or change frequency in the Nondisabling Claims Reimbursement Program**

Sign and return the form titled Employer Option for Reimbursement of Medical Expenses on Nondisabling Claims within 30 days of the policy inception date to establish participation at the start of the policy. If this form is received more than 30 days after the policy inception date, participation in the program will be on a prospective basis. For more information about this program, refer to the enclosed form.

**Prepay discount**

SAIF Corporation offers additional savings in exchange for paying premiums in advance. A 3.50 percent discount is offered for annual prepay plans.

SAIF uses estimated premium paid in advance during the policy year to calculate the prepay discount when the policy is bound and issued. The prepay discount does not change with adjustments in premium after the policy term is issued.

The terrorism premium, catastrophe premium, and the Department of Consumer and Business Services (DCBS) premium assessment will also be estimated and paid with your prepay installments. The prepay discount does not apply to the terrorism premiums or the DCBS premium assessment.

If SAIF does not receive your first installment in our office on or before the 25<sup>th</sup> day of the month preceding the new policy period, you will not receive the prepay discount. SAIF does not use postmark dates in determining date received.

**Installment payment terms**

Each installment will be the same amount based on the annual estimate divided into equal installments. Subsequent installments are due by the 25th day following the bill date of the installment.

Changes in your payroll or operations during the year can result in an adjustment to your policy premium. Please notify us of changes in your business to avoid a large reconciliation adjustment at the end of the year.

We will send a payroll report to you at the end of each reporting period. Return the completed payroll report to us by the indicated due date or you may go to [saif.com](http://saif.com) to submit payroll figures online where SAIF makes it easy by doing all the calculations for you.

SAIF adds interest at the rate of one percent per month to any past due balance.

Your final policy premium will be adjusted after you file your actual payroll on a report sent to you at the end of the policy period. To make it easy, SAIF will calculate the premium for you. You can file the report by going to **[saif.com](http://saif.com) / Employer Guide / File a payroll report**, or you may return the completed report to SAIF. SAIF will notify you by invoice of the adjustment in your premium based on the actual payroll you reported for the policy period.

#### **Verifiable time records**

Oregon Administrative Rules require you to report wages under the highest rated classification applicable to any part of the worker's duties if you choose not to keep verifiable time records.

In most instances, if you have more than one classification on your insurance policy and your workers shift duties between those classifications, you can use verifiable time records to separate the payroll of the workers and report it in more than one classification on the payroll report.

Verifiable time records must be supported by original entries from other records, including, but not limited to, timecards, calendars, planners, or daily logs prepared by the employee or the employee's direct supervisor or manager. Estimated percentages or ratios will not be accepted. For more information on how to keep verifiable time records, go to **[saif.com](http://saif.com) / Employer Guide/ Reporting payroll / Verifiable time records**.

#### **Prevent jobsite injuries**

Safety awareness and preparedness are key in preventing on-the-job injuries, which may keep workers' compensations costs down. Please go to **[saif.com](http://saif.com) / Safety and health** and also the Oregon OSHA website at [orosh.org](http://orosh.org) to obtain valuable information to prevent injuries.

SAIF Corporation strives to provide our customers with the best services available at the lowest possible cost. We appreciate your confidence in us and look forward to working with you. Please feel free to contact me whenever you need assistance.

Sincerely,

/s/ Tami Coxen  
Underwriting Lead  
P: 503.373.8129  
F: 503.584.8129  
TAMCOX@SAIF.COM

c: Jason Graybeal



**Umatilla County**

**Premium estimate for Guaranteed Cost**

**Period:** 07/01/2022 - 07/01/2023

**Policy:** 743288

**Group:** CIS - Services

**Plan:** Version #1

**Rating period: 07/01/2022 to 07/01/2023**

**Location 1: Umatilla County**

Classification description	Class	Subject payroll	Rate	Premium
Spraying-NOC-Dr	0050	\$132,629.00	3.86	\$5,119.48
Irrigation Works Operation & Dr	0251	\$0.00	3.22	\$0.00
Carpentry-NOC	5403	\$218,527.00	4.87	\$10,642.26
Street/Rd Const-Fnl	5506	\$1,268,437.00	3.95	\$50,103.26
Grad/Pve/Rep/Dr				
Street or Road Construction-Subsurface Work & Drivers	5507	\$0.00	2.85	\$0.00
Street or Road Construction-Rock Excavation & Drivers	5507	\$128,124.00	2.85	\$3,651.53
Vessels-NOC-State Act	7024	\$0.00	2.76	\$0.00
Police Officers & Dr	7720	\$6,114,404.00	2.45	\$149,802.90
Inmates	7720	\$3,073.00	2.45	\$75.29
County Search And Rescue-Volunteer	7720	\$24,937.00	2.45	\$610.96
Garages-NOC-Dr	8380	\$190,328.00	1.86	\$3,540.10
Vol Plcmn @ 0800/Mo Ea	8411	\$86,400.00	1.01	\$872.64
Public Relations/Sales/Promotion	8742	\$506,507.00	0.19	\$962.36
Vol Board Members	8742	\$0.00	0.19	\$0.00
Office Clerical	8810	\$4,406,139.00	0.09	\$3,965.53
Vol Office Clerical	8810	\$24,272.00	0.09	\$21.84
Attorney & Cler/Messenger/Dr	8820	\$1,529,314.00	0.09	\$1,376.38
Physician & Clerical	8832	\$3,190,212.00	0.25	\$7,975.53
Nurse-Home Health/Public-Trvl-Al Emp	8835	\$405,552.00	1.69	\$6,853.83
Buildings-Operation By Owner Or Lessee & Drivers	9015	\$360,053.00	2.62	\$9,433.39
County Fairs/Dr	9016	\$0.00	1.89	\$0.00
Park NOC-All Employees & Dr	9102	\$0.00	2.62	\$0.00
Snow Removal-Streets/Roads-Dr	9402	\$0.00	3.72	\$0.00
Municipal/Twn/Cnty/State Emp-NOC	9410	\$700,341.00	1.12	\$7,843.82
<b>Total manual premium</b>		<b>\$19,289,249.00</b>		<b>\$262,851.10</b>

Description	Basis	Factor	Premium
EL Increased Limits premium (Part II)	\$262,851.10	1.004	\$1,051.40
<b>Total subject premium</b>			<b>\$263,902.50</b>

Description	Basis	Factor	Premium
Experience Rating	\$263,902.50	0.78	-\$58,058.55
<b>Total modified premium</b>			<b>\$205,843.95</b>

Description	Basis	Factor	Premium
Pre-pay credit	\$205,843.95	0.965	-\$7,204.54



**Umatilla County**

**Premium estimate for Guaranteed Cost**

**Period:** 07/01/2022 - 07/01/2023

**Policy:** 743288

**Group:** CIS - Services

**Plan:** Version #1

**Total standard premium** **\$198,639.41**

Description	Basis	Factor	Premium
Oregon Total Premium			\$198,639.41
Premium Discount	\$198,639.41	0.1691	-\$33,580.09
Terrorism Premium	\$19,289,249.00	0.005	\$964.46
Catastrophe Premium	\$19,289,249.00	0.01	\$1,928.92
DCBS Assessment	\$167,339.05	1.098	\$16,399.23

**Total premium and assessment** **\$184,351.93**

Premium discount schedule		
First	\$5,000	0.00%
Next	\$10,000	10.50%
Next	\$35,000	16.50%
Over	\$50,000	18.00%

The experience rating modifier is tentative.

Part Two coverage at limits of \$1,000,000/\$1,000,000/\$1,000,000

**Policy Minimum Premium: \$500**

**Part Two Coverage Increased Limits Minimum Premium: \$120**

**Maritime Coverage Minimum Premium: \$0**

Your policy premium is based on your current estimated premium and may be prorated for policies in effect for less than a full year or adjusted based on actual payroll by classification.

Terrorism Premium is in addition to Policy Minimum Premium.

Catastrophe Premium is in addition to Policy Minimum Premium.

DCBS Premium Assessment excludes Part Two Coverage.

**Payroll Reporting Frequency: Annual**



## Umatilla County

### Plan description for Guaranteed Cost Plan

**Period:** 07/01/2022 - 07/01/2023

**Policy:** 743288

#### Guaranteed Cost Plan

SAIF Corporation's Guaranteed Cost Plan is a simple, no-risk plan that allows purchasers to know their insurance costs throughout the policy period. It may provide a premium discount based on volume.

#### Installment payment terms

Each installment will be the same amount based on the annual estimate divided into equal installments. Subsequent installments are due by the 25th day following the bill date of the installment.

Changes in your payroll or operations during the year can result in an adjustment to your policy premium. Please notify us of changes in your business to avoid a large reconciliation adjustment at the end of the year.

We will send a payroll report to you at the end of each reporting period. Return the completed payroll report to us by the indicated due date or you may go to **saif.com** to submit payroll figures online where SAIF makes it easy by doing all the calculations for you.

SAIF adds interest at the rate of one percent per month to any past due balance.

Your final policy premium will be adjusted after you file your actual payroll on a report sent to you at the end of the policy period. To make it easy, SAIF will calculate the premium for you. You can file the report by going to **saif.com / Employer Guide / File a payroll report**, or you may return the completed report to SAIF. SAIF will notify you by invoice of the adjustment in your premium based on the actual payroll you reported for the policy period.

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The terrorism premium, catastrophe premium, and the Department of Consumer and Business Services (DCBS) premium assessment will also be estimated and paid with your prepay installments. The prepay discount does not apply to the terrorism premiums or the DCBS premium assessment.

If SAIF does not receive your first installment in our office on or before the 25th day of month preceding the new policy period, you will not receive the prepay discount. SAIF does not use postmark dates in determining date received.

**Umatilla County**

**Notice of Election for Guaranteed Cost Plan**

**Period:** 07/01/2022 - 07/01/2023

**Policy:** 743288

**Group:** CIS - Services

**Plan:** Version #1

**Agency:** Graybeal Group Inc  
**Producer:** Jason Graybeal

**Total estimated premium and assessments: \$184,351.93**

**Payroll reporting frequency:** Annual

Please visit **saif.com** and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

**Initial installment due by 06/25/2022: \$184,351.93**

I, the undersigned, as a legal representative of the Company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

\_\_\_\_\_  
Authorized signature of insured

\_\_\_\_\_  
Date signed

**Please return this page with remittance. You may choose to pay online at saif.com, or write the quote or policy number indicated in this document on your check. Make check or money order payable to:**

**SAIF CORPORATION  
400 High St SE  
Salem, OR 97312-1000**

<b>SAIF use only</b>	D: \$0	I: \$184,352	Lyn L Zielinski- Mills
Date received _____	Amount received _____	Check no. _____	
Bond Company _____	Bond no. _____		



**Nondisabling Claims Reimbursement Program  
Enrollment Form**

Employers may choose to reimburse SAIF Corporation for medical expenses on accepted nondisabling claims up to the maximum reimbursement amount set annually by the Oregon Department of Consumer and Business Services. Reimbursement of claims is generally not recommended where the employer's annual premium is less than \$15,000, since the reimbursement claim costs may exceed any premium savings. For additional details about this program go to **saif.com\ndr**.

If you choose to enroll in this program, you must complete this form and return it to SAIF.

This reimbursement election will remain in effect until SAIF receives your written request to end it or your coverage is cancelled.

If you have any questions or need assistance, please contact your agent or SAIF representative.

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We elect to participate in the Nondisabling Claims Reimbursement program effective \_\_\_\_\_ and understand that reimbursement is optional under this program.

The evaluation frequency for policies with a cash flow retrospective rating plan will be quarterly. Policies with a guaranteed cost or regular retrospective rating plan must select a reimbursement frequency.

Evaluation frequency for guaranteed cost and regular retrospective rating plans:

Annual       Quarterly

Umatilla County  
Account Name

743288  
Policy

Signature of Authorized Representative

Date

Printed Name

Phone

Return form to: SAIF Corporation, 400 High St SE, Salem, OR 97312