

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
IN AND FOR THE COUNTY OF CURRY, OREGON**

In the Matter of an Order Accepting)
Insurance Proposals for the 2023-2024) ORDER NO. 23269
Fiscal Year)

WHEREAS, the County duly advertised for and obtained an insurance agent of record; Abel Insurance; and

WHEREAS, Abel Insurance has provided the County with proposals for SAIF Premium & Assessment and CIS Property and/or Liability.

NOW, THEREFORE, IT IS HEREBY ORDERED THAT the Director of Operations is shall proceed with accepting the proposals for SAIF Premium and Assessment in the sum of ~~\$155,993.74~~ and CIS Property and/or Liability in the sum of ~~\$774,015.90~~

DATED this 28th day of June, 2023.

BOARD OF CURRY COUNTY COMMISSIONERS



John Herzog, Chair

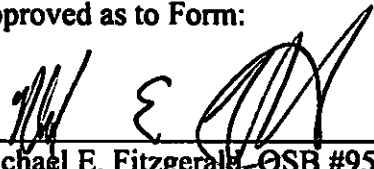


Brad Alcorn, Vice Chair

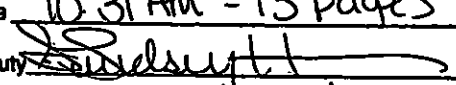


Jay Frost, Commissioner

Approved as to Form:



Michael E. Fitzgerald, OSB #950738
Curry County Legal Counsel

CT 2023-164
Curry County Clerk, Shelley Denney
Filed Date 6 30 23
Time 10:31 AM - 13 Pages
Deputy 
S. Lindsey Harris

**Curry County****Premium estimate for Guaranteed Cost****Period:** 07/01/2023 - 07/01/2024**Policy:** 486686**Plan:** Version #1**Rating period:** 07/01/2023 to 07/01/2024**Location 1:** Curry County

Classification description	Class	Subject payroll	Rate	Premium
Weed Control Incl Dr	0050	\$49,955.00	3.9	\$1,948.25
Computer Dev-Instl/Inspec/Ser/Repr	5191	\$0.00	0.68	\$0.00
Street/Rd Const-Fnl	5506	\$546,364.00	4.29	\$23,439.02
Grad/Pve/Rep/Dr				
Street or Road Construction-Rock	5507	\$0.00	2.98	\$0.00
Excavation & Drivers				
Diving-State Act Exposure Only	6876	\$0.00	2.54	\$0.00
Vol Diver-State Act Exposur Only	6876	\$0.00	2.54	\$0.00
Vessels-NOC-State Act	7024	\$95,081.00	2.71	\$2,576.70
Diving-Marine	7395	\$0.00	2.58	\$0.00
Vol Diving-Marine	7395	\$0.00	2.58	\$0.00
Police Officers & Dr	7720	\$2,917,475.00	2.3	\$67,101.93
Vol Comm Emergency Resp Team	7720	\$0.00	2.3	\$0.00
Mbr				
Vol Police Interns	7720	\$0.00	2.3	\$0.00
Inmates	7720	\$4,120.00	2.3	\$94.76
County Search And Rescue-	7720	\$11,300.00	2.3	\$259.90
Volunteer				
Service Station-Dr	8380	\$112,668.00	1.87	\$2,106.89
Vol Picmn @ 800/Mo Ea	8411	\$148,320.00	1.04	\$1,542.53
Field Representatives	8742	\$328,879.00	0.2	\$657.76
Office Clerical	8810	\$1,004,765.00	0.1	\$1,004.77
Vol Office Clerical	8810	\$0.00	0.1	\$0.00
Attorney & Cler/Messenger/Dr	8820	\$502,654.00	0.1	\$502.65
Vol Care/Feed Animals-Dr	8831	\$0.00	0.93	\$0.00
Physician & Clerical	8832	\$0.00	0.26	\$0.00
Vol Medical Office Assistant	8832	\$0.00	0.26	\$0.00
Vol Adult Care Service	8835	\$0.00	1.73	\$0.00
Buildings-Operation By Owner Or	9015	\$120,200.00	2.54	\$3,053.08
Lessee & Drivers				
County Fairs/Dr	9016	\$60,737.00	1.96	\$1,190.45
Vol Fairgrounds Booth Worker	9016	\$0.00	1.96	\$0.00
Vol Fairgrounds Clerical	9016	\$0.00	1.96	\$0.00
Park NOC-All Employees & Dr	9102	\$78,482.00	2.74	\$2,150.41
Street Cleaning-Dr	9402	\$0.00	4.03	\$0.00
Building Inspectors	9410	\$174,836.00	1.21	\$2,115.52
Municipal/Twn/Cnty/State Emp-NOC	9410	\$866,532.00	1.21	\$10,485.04
Vol Building Inspectors	9410	\$0.00	1.21	\$0.00
Total manual premium		\$7,022,368.00		\$120,229.66

Description	Basis	Factor	Premium
EL Increased Limits premium (Part II)	\$120,229.66	1.004	\$480.92
Total subject premium			\$120,710.58

Curry County**Notice of Election for Guaranteed Cost Plan****Period:** 07/01/2023 - 07/01/2024**Policy:** 486686**Plan:** Version #1**Agency:** Abel Insurance Agency
Producer: Wendy Abel-Hatzel**Total estimated premium and assessments:** \$155,993.77**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 06/25/2023: \$155,993.77

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 06/18/2023

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

SAIF use only	D: \$0	I: \$155,994	
Date received _____	Amount received _____	Check no. _____	
Bond Company _____	Bond no. _____		



Curry County

Plan description for Guaranteed Cost Plan

Period: 07/01/2023 - 07/01/2024

Policy: 486686

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.

Prepay discount

SAIF Corporation offers additional savings in exchange for paying premiums in advance. A 3.00 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 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.



Curry County

Premium estimate for Guaranteed Cost

Period: 07/01/2023 - 07/01/2024

Policy: 486686

Plan: Version #1

Policyholder Option to Reimburse SAIF Corporation for Medical Expenses (Nondisabling Claims Reimbursement Program): This policyholder has chosen to enroll in the Nondisabling Claims Reimbursement program with Quarterly claim evaluation.

**Curry County****Premium estimate for Guaranteed Cost****Period:** 07/01/2023 - 07/01/2024**Policy:** 486686**Plan:** Version #1

Description	Basis	Factor	Premium
Experience Rating	\$120,710.58	1.45	\$54,319.76
Total modified premium			\$175,030.34

Description	Basis	Factor	Premium
Pre-pay credit	\$175,030.34	0.97	-\$5,250.91
Total standard premium			\$169,779.43

Description	Basis	Factor	Premium
Oregon Total Premium			\$169,779.43
Premium Discount	\$169,779.43	0.1672	-\$28,385.30
Terrorism Premium	\$7,022,368.00	0.005	\$351.12
Catastrophe Premium	\$7,022,368.00	0.01	\$702.24
DCBS Assessment	\$138,227.35	1.098	\$13,546.28
Total premium and assessment			\$155,993.77

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

Property and/or Liability Proposal Summary



citycounty insurance services
cisoregon.org

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

Proposal Date: 5/8/2023
Member Number: 20006
Effective Date: 7/1/2023
Termination Date: 7/1/2024

This is not an invoice. Information Only.

Coverage	Description	Amount	Total
General Liability (Retro Plan)	Contribution Limit: \$5,000,000	\$325,946.43	
	Aggregate/Retro Deductible Credit	(\$145,364.00)	
	Multi-Line Credit	(\$5,447.47)	
	Risk Management Allowance	(\$18,158.24)	
	Other GL Risk Exposure	\$1,000.00	
			\$157,976.71
Auto Liability	Contribution	\$36,463.08	
	Multi-Line Credit	(\$1,093.89)	
	Risk Management Allowance	(\$3,646.31)	
			\$31,722.88
Auto Physical Damage	Contribution	\$18,807.20	
	Multi-Line Credit	(\$564.22)	
	Risk Management Allowance	(\$1,880.72)	
			\$16,362.26
Property	Contribution	\$72,999.94	
	Multi-Line Credit	(\$2,190.00)	
	Risk Management Allowance	(\$7,299.99)	
			\$63,509.95
Optional Excess Liability	Not Purchased		\$0.00
Optional Excess Quake	Not Purchased		\$0.00
Optional Excess Flood	Not Purchased		\$0.00
Optional Excess Crime	Contribution	\$1,349.00	
	Risk Management Allowance	(\$134.90)	
			\$1,214.10
Optional Cyber Security	Contribution	\$3,600.00	
	Risk Management Allowance	(\$360.00)	
			\$3,240.00
Optional Excess Cyber Security	Not Purchased		\$0.00
Difference in Conditions	Not Purchased		\$0.00
Summary			
	Contribution	\$459,165.64	
	Aggregate/Retro Deductible Credit	(\$145,364.00)	
	Multi-Line Credit	(\$9,295.58)	
	Risk Management Allowance	(\$31,480.16)	
	Other GL Risk Exposure	\$1,000.00	

This is not an invoice. Information Only.

\$274,025.90

CIS Public Entity Liability Coverage Proposal



citycounty insurance services
cisoregon.org

Proposal Date: 5/8/2023

Coverage Period: 7/1/2023 to 7/1/2024

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

This Proposal Does Not Bind Coverage
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage*	Per Occurrence	Annual Aggregate	Per Occurrence Deductible / SIR*	Agg/Retro Deductible
Public Entity Liability Coverage (Including Auto Liability) as described in CIS General & Auto Liability Coverage Agreement	\$200,000	\$600,000	NONE	\$290,727

Forms Applicable: CIS General & Auto Liability Coverage Agreement - CIS GL/AL (7/1/2023)

Coverage*	Per Occurrence	Annual Aggregate		
Excess Public Entity Liability Coverage as described in the CIS Excess Liability Coverage Agreement (limits shown are excess of primary coverage limits)	\$4,800,000	\$14,400,000		

Forms Applicable: CIS Excess Liability Coverage Agreement - CIS XS/GL (7/1/2023)

Coverage*	Per Occurrence	Annual Aggregate		
Additional layer of Excess Liability (General and Auto Liability)	Not Purchased	Not Purchased		

*Refer to the CIS General & Auto Liability Coverage Agreement and CIS Excess Liability Coverage Agreement and endorsements (if any) for detailed coverages, special deductibles, limits, sublimits, exclusions, and conditions that may apply.

Excess Liability Coverage does not provide Uninsured Motorist coverage.

Coverage	Contribution
General Liability	\$326,946.43
Auto Liability	\$36,463.08
Excess Liability	\$0.00
Liability Total	\$363,409.51

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by:

Authorized Representative / Agent

Date:

06/28/2023

Auto Physical Damage Coverage Proposal



citycounty insurance services
cisoregon.org

Proposal Date: 5/8/2023

Coverage Period: 7/1/2023 to 7/1/2024

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

This Proposal Does Not Bind Coverage
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Autos Covered*	Coverage Limit	Comprehensive Deductible	Collision Deductible	Contribution
Scheduled Autos	Per Schedule**	Per Schedule**	Per Schedule**	\$18,807.20
Rented or Leased Autos (60 days or less)	ACV Not to Exceed \$100,000	\$100	\$500	Included
Newly Acquired Autos	Included	\$100	\$500	Included

*This represents only a brief summary of coverages. Please refer to CIS Auto Physical Damage Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

Total Contribution:

\$18,807.20

Forms Applicable:

CIS Auto Physical Damage Coverage Agreement - CIS APD (7/1/2023)

**Current CIS Auto Schedule

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by:

Authorized Representative / Agent

Date:

06/28/2023

Property Coverage Proposal



citycounty insurance services
cisoregon.org

Proposal Date: 5/8/2023

Coverage Period: 7/1/2023 to 7/1/2024

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

This Proposal Does Not Bind Coverage
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Limits (Per Occurrence):*

Building and Contents and PIO	Per current CIS Property Schedule
Mobile Equipment	Per current CIS Mobile Equipment Schedule
Earthquake	\$5,000,000
Excess Earthquake - Coverage applies only if coverage limit is shown.	None
Flood	\$5,000,000
Excess Flood - Coverage applies only if coverage limit is shown.	None
Combined Loss of Revenue and Rental Value	\$1,000,000
Combined Extra Expense and Rental Expense	\$1,000,000
Property in Transit	\$1,000,000
Hired, Rented or Borrowed Equipment	\$150,000
Restoration/Reproduction of Books, Records, etc.	\$100,000
Electronic Data Restoration/Reproduction	\$250,000
Pollution Cleanup	\$25,000
Crime Coverage	\$50,000
Police Dogs (if scheduled)	\$15,000
Off Premises Service Interruption	\$100,000
Miscellaneous Coverage	\$50,000
Personal Property at Unscheduled Locations	\$15,000
Personal Property of Employees or Volunteers	\$15,000
Unscheduled Fine Arts	\$100,000
Temporary Emergency Shelter Restoration	\$50,000
Difference in Conditions - Earthquake & Flood (if any):	\$0
Extra Items (if any):	

*This represents only a brief summary of coverages. Please refer to CIS Property Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

Locations Covered: Per current CIS Property Schedule.

Perils Covered: Risks of Direct Physical Loss subject to the terms, conditions and exclusions contained in the coverage forms listed below under Forms Applicable.

Deductibles: \$25,000 Per occurrence except as noted and as follows (if any).
\$25,000 Per occurrence on scheduled mobile equipment items.
Earthquake and Flood: Special deductibles and restrictions per Section 2 of the CIS Property Coverage Agreement.

Total Contribution: \$72,999.94 (Property) \$0.00 (Excess Earthquake)
\$0.00 (Excess Flood) \$0.00 (Difference in Conditions)

Forms Applicable: CIS Property Coverage Agreement - CIS PR (7/1/2023)

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by:

Authorized Representative / Agent

Date:

06/28/2023

Equipment Breakdown Coverage Proposal



citycounty insurance services
cisoregon.org

Proposal Date: 5/8/2023

Coverage Period: 7/1/2023 to 7/1/2024

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

This Proposal Does Not Bind Coverage
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Coverage Limits:

Property Damage	Per current CIS Property Schedule or \$100,000,000, whichever is less.
Rental Value/Rental Expense	Included in Property Damage
Extra Expense	Included in Property Damage
Service Interruption	Included in Property Damage
Drying out following a flood	Included in Property Damage
Course of Construction	Included in Property Damage
Computer Equipment	Included in Property Damage
Portable Equipment	Included in Property Damage
CFC Refrigerants	Included in Property Damage
Hazardous Substance	\$2,000,000
Data Restoration	\$250,000
Perishable Goods	\$2,000,000
Expediting Expense	\$2,000,000
Demolition	\$2,000,000
Ordinance or Law	\$2,000,000
Off Premises Property Damage	\$250,000
Contingent Rental Value/Rental Expense	\$250,000
Newly Acquired Locations	\$1,000,000 / 365 Days Max
Extended Period of Restoration	30 Days

*This represents only a brief summary of coverages. Please refer to CIS Equipment Breakdown Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

Locations Covered: Per current CIS Property Schedule.
Deductible: \$25,000 All Coverages: 24 hour waiting period applies for service interruption.
Contribution: Included
Forms Applicable: CIS Equipment Breakdown Coverage Agreement - CIS BM (7/1/2023)

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by:

Authorized Representative / Agent

Date:

06/28/2023

Excess Crime Coverage Proposal



citycounty insurance services
cisoregon.org

Proposal Date: 5/8/2023

Coverage Period: 7/1/2023 to 7/1/2024

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

This Proposal Does Not Bind Coverage
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Excess Crime Coverage

Coverage Limits excess of \$50,000 crime coverage provided under the CIS Property Coverage Agreement:

Employee Theft - Per Loss Coverage	\$500,000
Forgery or Alteration	Included
Inside Premises - Theft of Money & Securities	Included
Inside Premises - Robbery, Safe Burglary - Other	Included
Outside Premises	Included
Computer Fraud	Included
Money Orders and Counterfeit Paper Currency	Included
Funds Transfer Fraud	Included
Impersonation Fraud Coverage	Maximum recovery** \$250,000

**Recovery subject to lower limit purchased by member if under \$250,000

Additional Coverages:

Faithful Performance of Duty	Included
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*This represents only a brief summary of coverages. Please refer to the Excess Crime Policy for detailed coverages, exclusions, and conditions that may apply.

Locations Covered:

Per current CIS Property Schedule.

Contribution:

\$1,349.00

Forms Applicable:

National Union Fire Insurance/Excess Crime Policy

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by:

Authorized Representative / Agent

Date:

06/28/2023

Cyber Security Coverage Proposal



citycounty insurance services
cisoregon.org

Proposal Date: 5/8/2023

Coverage Period: 7/1/2023 to 7/1/2024

Named Member
Curry County
94235 Moore Street, Ste 123
Gold Beach, OR 97444

Agent of Record
Abel Insurance Agency
PO Box 1780
Coos Bay, OR 97420

This Proposal Does Not Bind Coverage
Refer to Coverage Forms for terms, conditions, and limitations of coverage

Cyber Security Coverage

Pool-wide aggregate limit per coverage year, \$5,000,000.

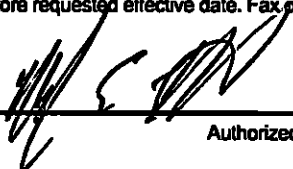
Total Coverage Limit*	\$50,000
Tier 1 Coverage Limit	\$50,000
Tier 2 Coverage Limit	Not Purchased
Tier 3 (Excess) Coverage Limit	Not Purchased
Notification Costs	Included
Third Party Liability	Included
Penalties	Included
Extortion	Included
Breach Coaching	Included
Public Relations Consulting	Included
Credit Monitoring	Included
Impersonation Fraud Coverage	Included

*This represents only a brief summary of coverages. Please refer to the CIS Cyber Security Coverage Agreement for detailed coverages, exclusions, and conditions that may apply.

Deductible: \$5,000
Contribution: Tier 1: \$3,600.00
Tier 2: \$0.00
Tier 3 (Excess): \$0.00
Total: \$3,600.00

Forms Applicable: CIS Cyber Security Coverage Agreement - CIS CYBER (7/1/2023)

To effect coverage, please sign, date and return this form before requested effective date. Fax or email is acceptable

Accepted by: 

Authorized Representative / Agent

Date: 06/28/2023