AGENDA
Board of Directors Meeting
Strathmore Public Utility District
Thursday, October 8, 2026 – 6:30 P.M.
19626 Orange Belt Drive, Strathmore, CA 93267
P.O. Box 425 Strathmore, CA 93267

Meeting in person at:
Strathmore Public Utility District Office: 19626 Orange Belt Dr. Strathmore, CA 93267

ATTENDEES:

QUORUM? Y___ N___

1. **CALL TO ORDER:_____P.M.**

2. **PUBLIC COMMENT:**
Members of the public may comment at this time. The Board President may set a time limit for the public comment period, as well as time limits for individual customer comments. This is the only time during the meeting that members of the public may make direct comments to the Board.

3. **APPROVAL OF MINUTES:**
a. Review of minutes from the Board meeting on Thursday, September 10, 2026.
Motion to approve minutes: _____ Second: _____

4. **FINANCIAL REPORT:**
Presented by MRS. SANCHEZ.

5. **APPROVAL OF BILL AND PAYROLL PAYMENTS:**
Review of District bills and payroll through November 1, 2026.
Motion: _____ Second: _____

6. **TERMINATION AND/OR ABANDONMENT OF SERVICES:**
(a) Review of extensions or waivers of payments requested in writing by delinquent customers.

Account #_____
Motion to grant or deny customer request: _____ Second: _____
Description (if customer request granted):
_____

(b) Review list of customers with delinquent accounts.
Motion to terminate services: _____ Second: _____

(c) Review of accounts eligible for initiation of abandonment proceedings.
Account No._____
Motion to initiate abandonment proceedings: _____ Second: _____

7. **INITIATION OF ABANDONMENT PAID ACCOUNTS:**
Property 19523 Wallace Road, account #30080-00, and property 19651 Road 232, account #40055-00 have paid their past due amounts to avoid abandonment of water and wastewater services.
Motion: _____ Second: _____

8. **WATER USAGE/SUPPLY 2025-2026 & WATER FORECAST 2026-2027:**
Monthly usage: ___ acre feet ___ Year-to-date: acre feet.
Engineer Keller will update the Board with the water supply forecast for the upcoming year 2026-2027 and the disposition of the Cross Valley Canal water.

9. **BILLING SOFTWARE PURCHASE:**
Utility Star has provided their annual support and maintenance fee for the year in the amount of $3,515.00. Current Billing has provided an estimate to change billing software programs in the amount of $6,100.00. The board can motion to remain with Utility Star or change to Current Billing.
Motion: _____ Second: _____

10. **FRIANT-KERN CANAL DEWATERING:**
Manager Ordonez has been in contact with Friant-Kern Canal and City of Porterville to schedule the install of the temporary dam. Friant-Kern has given a date of November 18 for the install but can be as early as November 12. City of Porterville will be doing the install of the temporary dam and accruing all cost associated with the install.

11. **PORTERVILLE CITRUS:**
PCI had a board meeting on September 17, 2026 for final approval. They have purchased 3 more properties and are still moving forward. Manager Ordonez mentioned the District is working on a draft agreement with Strathmore PUD, PCI and Lindmore irrigation and will send a copy to the parties once the draft agreement is ready for review.

12. **FEE SCHEDULE:**
District staff has reviewed and made changes to the Fee Schedule for the board to review. The board may or may not approve the Fee Schedule.
Motion: _____ Second: _____

13. **WASTEWATER TREATMENT PLANT:**
Manager Ordonez spoke with Kirk Koester from P&P and they are still waiting for a reply from the State in regards to funding for the project.
Motion: _____ Second: _____

14. **TOWERPOINT WATER TOWER PURCHASE:**
TowerPoint is currently working on assessing the physical condition of the water tower. Counsel Lew will update the board with any information.

15. **SAFE AND AFFORDABLE DRINKING WATER FUND:**
The State Water Resources Control Board is accepting comments on the Draft Fiscal Year 2026-27 Fund Expenditure Plan for the Safe and Affordable Drinking Water Fund. Comments are due no later than 12:00 pm on Friday, October 30, 2026. Please see attached information packet.
Motion: _____ Second: _____

16. **PROPERTY/LIABILITY INSURANCE PROPOSAL:**
Munich RE has provided a proposal for property/liability insurance to the district in the amount of $41,772.06. The Board may or may not approve the proposal.
Motion: _____ Second: _____

17. **WORKER'S COMPENSATION PROPOSAL:**
State Compensation Insurance Fund has provided a proposal for renewal of worker's compensation insurance in the amount of $13,320.35. The board may or may not approve the proposal for renewal.
Motion: _____ Second: _____

18. **AMORTIZATION REQUEST ACCOUNT 10169M-00**:
Santiago Lupian, property 22733 Ave 198, has requested an agreement for amortization of his past due amount. The Board may or may not approve the amortization terms.
Motion: _____ Second: _____

19. **UPDATE/ REPORTS:**

20. **CLOSED SESSION ITEM:**
Time in: Time out:

CONFERENCE WITH LEGAL COUNSEL CONCERNING SIGNIFICANT EXPOSURE TO LITIGATION. [GC 54956.9(d)(2): one case, facts not known to potential plaintiff

CONFERENCE WITH LEGAL COUNSEL CONCERNING POTENTIAL INITIATION OF LITIGATION. [GC 54956.9(d)(4)] Three cases.

CONFERENCE WITH REAL PROPERTY NEGOTIATORS [GC 54956.8]
Property: Water Tower, Strathmore California.
Agency Negotiator: Adrian Ordonez and Julia Lew. Negotiating Parties: Strathmore Public Utility District and TowerPoint.
Under Negotiation: Terms for purchase agreement.

Action taken: _____

21. **ADJOURNMENT:**
Motion: _____ Second: _____
Time: _____ p.m.

Note: California Government Code § 54957.5 requires all public agencies to make available to the public any documents provided to at least a majority of the agency's elected officials or distributed to those officials within seventy-two hours of a regular meeting. Copies of such documents shall be made available to the public no later than the time they are distributed at the following address: 19626 Orange Belt Drive, Strathmore, CA 93267.

MINUTES
Board of Directors Meeting
Strathmore Public Utility District
Thursday, September 10, 2026 – 6:30 P.M.
19626 Orange Belt Drive, Strathmore, CA 93267
P.O. Box 425 Strathmore, CA 93267

Meeting in person at:
Strathmore Public Utility District Office: 19626 Orange Belt Dr. Strathmore, CA 93267

ATTENDEES:
Christina Lightner, President
Nicholas Martinez, Vice President
Adrian Ordonez, Board Clerk/Manager
Adele Sanchez, Bookkeeper/Secretary
Dennis Keller, District Engineer
Julia Lew, District Counsel
Naomi Rodriguez

Absent: Allaney Briggs - treasurer

QUORUM? Yes

1. **CALL TO ORDER: 6:33 P.M.**

2. **PUBLIC COMMENT:**
No public comment.

3. **APPROVAL OF MINUTES:**
a. Review of minutes from the Board meeting on Monday, August 13, 2026.
Motion to approve minutes: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

4. **FINANCIAL REPORT:**
Presented by MRS. SANCHEZ.

5. **APPROVAL OF BILL AND PAYROLL PAYMENTS:**
Approval of District bills and payroll through October 1, 2026.
Motion: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

6. **TERMINATION AND/OR ABANDONMENT OF SERVICES:**
(a) Review of extensions or waivers of payments requested in writing by delinquent customers.

(b) Review list of customers with delinquent accounts.
Motion to terminate services: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

(c) Review of accounts eligible for initiation of abandonment proceedings.

Account No. 30080-00, 40055-00

Motion to initiate abandonment proceedings: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

7. **ABANDONMENT APN# 215-141-014-000**

TIME IN _____ TIME OUT _____

Property 19522 Road 230, APN# 215-141-014-000, abandonment of water and waste / water services motion to approve or deny. Customer paid to restore service. Motion to release abandonment.

Motion: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

8. **WATER USAGE/SUPPLY 2025-2026 & WATER FORECAST 2026-2027:**

Monthly usage: **45** acre feet **239** Year-to-date: acre feet.

Engineer Keller updated the Board with the water supply forecast for the upcoming year 2026-2027 and the disposition of the Cross Valley Canal water. The allotment from the Westside has increased from 20% to 25%. The water will be able to be pumped into the San Luis Reservoir next month. Transfer approvals will be needed to move the water into the District.

9. **CROSS-CONNECTION CONTROL PROGRAM SERVICES:**

The board may or may not adopt the Cross-Connection Control Program. Motion to authorize Manager Ordonez to sign the Cross-Connection Control Plan and submit the plan to the State.

Motion: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

10. **STRATHMORE PUD INCLUSION TO WASTEWATER NEEDS ASSESMENT LIST:**

The State Water Resources Control Board has provided a letter to the District notifying that they have identified Strathmore PUD as a district to be included in the Wastewater Needs Assessment List.

11. **PORTERVILLE CITRUS:**

PCI will be having a board meeting on September 17, 2026 for final approval. They have purchased 2 more properties and are still moving forward. Manager Ordonez mentioned the District is working on a draft agreement with Strathmore PUD, PCI and Lindmore irrigation and will send a copy to the parties once the draft agreement is ready for review.

12. **STAND-BY FEE REQUEST:**

Various customers have inquired about a stand-by fee for services not being utilized. The Board can discuss the possibility of making the requested changes. Engineer Keller provided a breakdown of fixed cost for a proposed water and sewer stand-by fee. Based on calculations, the proposed fees would be: Water $87.01 Sewer $30.96 a total stand-by fee of $107.97. This amount is above the current base rate of water $55.00 and sewer $38.84.

13. **WASTEWATER TREATMENT PLANT:**

Manager Ordonez spoke with Kirk Koester from P&P and they are still waiting for a reply from the State in regards to funding for the project.

14. **RESOLUTION FOR PAYMENT FROM WATER TO SEWER:**

Resolution No. 2026-7-20-13 to pay back sewer from water for payment of monies borrowed. The board may or may not authorize the payment. Water owes Sewer $109,485.98. Motion to hold of repayment until the January 2027 meeting.

Motion: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS

15. **WATER TREATMENT PLANT STORAGE TANK REPAIR:**
Engineer Keller is requesting direction on searching for financial help to make repairs or replacement of the storage tank at the water treatment plant. Engineer Keller has drafted the letter for technical assistance request to the State. The letter has been signed and mailed to the State.

16. **22903 AVENUE 196 STANBY-FEE REQUEST:**
Customer Kukar Harbans is requesting a stand-by fee for a second building not being utilized on the property.
No action taken. Please refer to item 12 for additional information.

17. **LEASE AGREEMENT FEE:**
District staff is requesting direction for late lease agreement payment penalty fees. The Board can discuss and direct staff if fees should or should not be assessed. District Counsel Lew will research if a late fee can be assessed to commercial lease properties.

18. **HIRING OF OFFICE ASSISTANT:**
District staff has interviewed and selected candidates for the office position. The board can review and give direction for hiring of an office assistant. Starting pay rate $20.00/hr to 24.00/hr depending on experience.
Action taken in closed session

19. **UPDATE/ REPORTS:**

20. **CLOSED SESSION ITEM:**
Time in: 7:27 p.m. Time out: 7:51 p.m.

CONFERENCE WITH LEGAL COUNSEL CONCERNING SIGNIFICANT EXPOSURE TO LITIGATION. [GC 54956.9(d)(2): one case, facts not known to potential plaintiff

CONFERENCE WITH LEGAL COUNSEL CONCERNING POTENTIAL INITIATION OF LITIGATION. [GC 54956.9(d)(4)] Three cases.

CONFERENCE WITH REAL PROPERTY NEGOTIATORS [GC 54956.8]
Property: Water Tower, Strathmore California.
Agency Negotiator: Adrian Ordonez and Julia Lew. Negotiating Parties: Strathmore Public Utility District and TowerPoint.
Under Negotiation: Terms for purchase agreement.

Action taken: Reportable action taken, Motion by LIGHTNER Seconded by Martinez to authorize hiring Anayeli Tapia for the office assistant position with a starting rate of $20.00 which will be reevaluated at the 3 month mark.

21. **ADJOURNMENT:**
Motion: LIGHTNER Second: MARTINEZ 2-0 PASSED UNANIMOUS
Time: 7:52 p.m.

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SEPTEMBER 2026
Financial Report

Previous Month Bank / Cash Balance		$837,805.45
Deposits		
Water & Sewer Service Income & Misc.	99,762.41	
Interest Income	55.23	
Property Tax Revenue	0.00	
Total Deposits		99,817.64
Withdrawals		
Checks	80,143.79	
BANK CARD FEE	0.87	
EVOLV BANK CARD FEE	39.95	
		(80,184.61)
Bank Balance End of Month		857,438.48

Bank / Cash Balances

Cash on Hand	250.00
LAIF	4,081.68
Cash at County	0.00
Checking Citizens Business Bank	181,060.30
Money Market Account (Citizens Business Bank)	672,046.50
Total	857,438.48

Available for Use

Total End of Month Balance	857,438.48
Reserve Funds balance	588,202.60
Available for Use	269,235.88

Difference	0.00

FINANCIAL REPORT
ITEM #4
09/10/20206

Strathmore Public Utility District
Check/Payment Register Report (BK3030)

From Bank Code [1020] To [1020]
From Payment Date [9/1/2026] To [9/30/2026]

Payment Number	Payment/ Reversal Date	Rec. Status	Payee Name		Bank Payment Amount
Bank:	1020 - Citizens Bank Checking				
Payment Type:	Check				
32826	9/10/2026	CL	BRIGGS ALLANEY	WAGES DIRECTOR	204.86
32827	9/10/2026	CL	LIGHTNER CHRISTINA	WAGES DIRECTOR	182.10
32828	9/10/2026	CL	MARTINEZ NICHOLAS I	WAGES DIRECTOR	182.10
32829	9/15/2026	CL	Mc ELHANEY MARK A	WAGES	1,617.45
32830	9/15/2026	CL	ORDONEZ ADRIAN I	WAGES	3,123.88
32831	9/15/2026	CL	SANCHEZ ADELAIDA	WAGES	2,203.49
32832	9/15/2026	CL	VALLES ROMAN	WAGES	1,427.87
32833	9/15/2026	CL	AT&T Mobility	CELL & IPAD SERVICE	197.53
32834	9/15/2026	CL	Internal Revenue Service	PAYROLL TAX	3,301.67
32835	9/10/2026	CL	ANTHEM BLUE CROSS	EMPLOYEE INSURANCE	5,447.96
32836	9/10/2026	CL	BSK Associates	LAB FEES	1,786.53
32837	9/10/2026	CL	CAL.NET INC	WATER PLANT INTERNET SERVICE	82.91
32838	9/10/2026	CL	CENTRAL VALLEY BUSINESS FORMS	BILLING CARDS	849.08
32839	9/10/2026	CL	Cline's Business Equipment, Inc	MAINTENANCE CONTRACT	94.58
32840	9/10/2026	CL	DENNIS R. KELLER CONSULTING CIV	ENGINEERING MAY, JUNE, JULY 2026	21,176.35
32841	9/10/2026	CL	JACK GRIGGS INC	FUEL / DIESEL VEHICLE & EQUIPMENT	869.03
32842	9/10/2026	CL	LOWE'S	JANITORAL	65.13
32843	9/10/2026	OS	McCormick, Kabot & Lew	JUNE & JULY LEGAL SERVICE	5,478.46
32844	9/10/2026	CL	National Bank of Arizona	OFFICE SUPPLIES	131.80
32845	9/10/2026	CL	PROSPERITY AIR CONDITIONING	SERVICE AC UNITS	352.36
32846	9/10/2026	CL	San Joaquin Pest Control	PEST CONTROL	91.00
32847	9/10/2026	CL	Southern California Edison	SEWER, WTP, WELLS LIGHT	8,375.61
32848	9/10/2026	CL	Stop Alarm Inc	SEWER PLANT REPLANCE BATTERY	68.50
32849	9/15/2026	CL	TCERA	EMPLOYEE RETIREMENT 10/15/2026	2,973.90
32850	9/30/2026	OS	TCERA	EMPLOYEE RETIREMENT 10/30/2026	2,973.90
32851	9/10/2026	CL	Waste Management	TRASH SERVICE	295.52
32852	9/10/2026	CL	BSK Associates	LAB FEES	301.40
32853	9/10/2026	CL	CALPERS	SOCIAL SECRITY ANNUAL FEE	40.00
32854	9/10/2026	CL	PROSPERITY AIR CONDITIONING	SERVICE WTP AC UNIT	591.59
32855	9/10/2026	CL	So Cal Gas	UTILITY GAS	22.61
32856	9/30/2026	CL	Mc ELHANEY MARK A	WAGES	1,339.17
32857	9/30/2026	CL	ORDONEZ ADRIAN I	WAGES	3,182.25
32858	9/30/2026	CL	SANCHEZ ADELAIDA	WAGESS	1,923.23
32859	9/30/2026	CL	Tapia Anayeli	WAGES	296.64
32860	9/30/2026	OS	VALLES ROMAN	WAGES	1,427.87
32861	9/30/2026	CL	Employment Development Department	PAYROLL TAX, EDD	1,335.78
32862	9/30/2026	CL	Internal Revenue Service	PAYROLL TAX	3,014.02
32863	9/23/2026	CL	PRINCIPAL LIFE INSURANCE COMPAI	EMPLOYEE DENTAL/VISION	396.19
32864	9/23/2026	CL	CHARTER COMMUNICATIONS	INTERNET SERVICE	10.30
32865	9/23/2026	CL	State Water Resources Control Board	LOAN CANAL STORAGE	2,531.72
32866	9/29/2026	OS	JASON ORDONEZ	WAGES	177.45
			Total for Payment Type:		**80,143.79**

Strathmore Public Utility District
Balance Sheet
September 30, 2026

FINANCIAL REPORT
ITEM #4

ASSETS

	Total	Water	Sewer	WTP	Unallocated
Cash & Cash Equivalents					
Cash on Hand	250.00	162.50	87.50	0.00	0.00
Citizen's Business Bank Checking	177,427.31	95,329.09	37,499.25	44,598.97	0.00
Local Agency Investment Fund	4,081.68	4,081.68	0.00	0.00	0.00
Investment Accounts	672,046.50	260,113.02	407,873.40	4,060.08	(0.00)
Total Cash & Cash Equivalents	853,805.49	359,686.29	445,460.15	48,659.05	(0.00)
Other Current Assets					
Accounts Receivable Utility Star	17,041.80	8,196.55	8,845.25	0.00	0.00
Accounts Receivable LSID	15,769.04	0.00	0.00	15,769.04	0.00
Receivable	(227.77)	(155.26)	(72.51)	0.00	(0.00)
Prepaid Insurance	16,251.56	5,090.83	5,444.49	5,716.24	0.00
Clearing Transfers to/from Other Services	0.00	1,486,542.94	109,485.98	(1,596,028.92)	0.00
Total Other Current Assets	48,834.63	1,499,675.06	123,703.21	(1,574,543.64)	(0.00)
Fixed Assets					
Land	56,204.54	46,798.00	9,406.54	0.00	0.00
Buildings	383,135.82	168,222.92	214,912.90	0.00	0.00
Disposal Plant	142,561.00	0.00	142,561.00	0.00	0.00
Sewer Main	409,184.96	0.00	409,184.96	0.00	0.00
Water Tank	111,570.00	111,570.00	0.00	0.00	0.00
Pumps & Sand Traps	87,535.00	8,655.25	78,879.75	0.00	0.00
Meters	7,202.52	7,202.52	0.00	0.00	0.00
Water Mains	919,949.15	919,949.15	0.00	0.00	0.00
Wells / Well Pipes & Casing	70,527.00	70,527.00	0.00	0.00	0.00
Office Equipment	44,521.24	25,626.16	18,895.08	0.00	(0.00)
Furniture & Fixtures	9,122.77	4,964.39	4,158.38	0.00	0.00
Canal Storage Project	704,545.00	704,545.00	0.00	0.00	0.00
Autos, Trucks & Trailers	104,004.80	57,285.08	46,719.72	0.00	0.00
Shop Equipment	186,116.17	19,664.00	153,177.17	13,275.00	0.00
Landscaping	1,999.83	999.92	999.91	0.00	0.00
Water Treatment Plant	3,210,481.92	3,142,222.13	0.00	68,259.79	0.00
Community Development	1,390.03	695.02	695.01	0.00	0.00
Waterline Project	1,317,484.40	1,317,484.40	0.00	0.00	0.00
Accumulated Depreciation	(5,022,461.97)	(4,255,052.40)	(744,805.79)	(22,603.78)	0.00
Total Fixed Assets	2,745,074.18	2,351,358.54	334,784.63	58,931.01	0.00
Other Assets					
Cross Valley Capacity Rights	76,000.00	40,280.00	35,720.00	0.00	0.00
Cross Valley Capacity Rights	37,194.10	37,194.10	0.00	0.00	0.00
Total Other Assets	113,194.10	77,474.10	35,720.00	0.00	0.00
Total Assets	3,760,908.40	4,288,193.99	939,667.99	(1,466,953.58)	0.00

LIABILITIES AND EQUITY

Current Liabilities					
Accounts Payable	11,396.09	1,570.48	2,172.93	7,652.68	0.00
Payroll Taxes Payable	(133.33)	(22.00)	(67.48)	(43.85)	0.00
Accrued Expenses	62,418.02	33,526.78	28,891.24	0.00	0.00
Other Current Liabilties	407,307.22	216,957.22	190,350.00	0.00	0.00
Total Current Liabilities	480,988.00	252,032.48	221,346.69	7,608.83	0.00
Long-Term Liabilities					
Davis/Grunksky Loan	163,358.48	163,358.48	0.00	0.00	0.00
Waterline Project	158,025.00	158,025.00	0.00	0.00	0.00
Canal Storage	65,824.52	65,824.52	0.00	0.00	0.00
Total Long-Term Liabilities	387,208.00	387,208.00	0.00	0.00	0.00
Fund Balances					
Closing Account	60,280.76	349,393.47	(72,519.93)	(216,592.78)	(0.00)
Prior Year Adjustment	7,525.00	7,525.00	0.00	0.00	0.00
Invested in Capital Assets	1,906,996.28	1,518,161.14	361,089.18	27,745.96	(0.00)
Restricted for Plant Expansion	725,828.23	384,825.23	341,003.00	0.00	0.00
Unreserved, Undesignated	(25,304.16)	1,157,312.42	55,847.63	(1,238,464.21)	(0.00)
Restricted for Debt Service	120,372.44	120,372.44	0.00	0.00	0.00
Profit (loss) for period	97,013.85	111,363.81	32,901.42	(47,251.38)	(0.00)
Total Equity	2,892,712.40	3,648,953.51	718,321.30	(1,474,562.41)	(0.00)
Total Liabilities & Fund Balances	3,760,908.40	4,288,193.99	939,667.99	(1,466,953.58)	(0.00)

ITEM #4 FINANCIAL REPORT

Strathmore Public Utility District .....

Statement of Earnings - Accrual Basis

For The Period Ending September 30, 2026

	Month to Date				Year to Date			
	Total	Water	Sewer	WTP	Total	Water	Sewer	WTP
Revenues								
Service Income	72,616.56	45,657.28	26,959.28	0.00	215,394.61	134,102.56	81,292.05	0.00
Capacity Rights Fees	0.00	0.00	0.00	0.00	5,100.00	3,433.34	1,666.66	0.00
Penalty Income	1,891.15	1,195.83	695.32	0.00	5,457.59	3,418.38	2,039.21	0.00
Check Return Fee	0.00	0.00	0.00	0.00	25.00	16.25	8.75	0.00
Turn On/Turn Off Income	50.00	29.50	20.50	0.00	250.00	147.50	102.50	0.00
Hand Delivered Income Charges	250.00	147.50	102.50	0.00	850.00	501.50	348.50	0.00
Other Sales	5.00	5.00	0.00	0.00	45.00	45.00	0.00	0.00
Drought Violation	0.00	0.00	0.00	0.00	100.21	100.21	0.00	0.00
Legal Fees Billed	390.00	195.00	195.00	0.00	585.00	390.00	195.00	0.00
Billing Services for Plainview	0.00	0.00	0.00	0.00	2,400.00	2,400.00	0.00	0.00
Rental Income	10,597.11	2,269.12	8,327.99	0.00	31,791.33	6,807.36	24,983.97	0.00
LSID Water Treatment Reimb	11,325.35	0.00	0.00	11,325.35	29,754.35	0.00	0.00	29,754.35
Total Revenues	97,125.17	49,499.23	36,300.59	11,325.35	291,753.09	151,362.10	110,636.64	29,754.35
Salaries & Employee Benefits								
Wages	23,871.75	5,373.14	10,529.90	7,968.71	70,641.38	15,941.02	31,250.36	23,450.00
Director Fees	625.00	208.31	208.31	208.38	1,875.00	624.93	624.93	625.14
Payroll Taxes	5,190.90	1,199.95	2,278.43	1,712.52	8,944.44	2,058.66	3,922.78	2,963.00
Health Insurance	5,844.15	1,216.22	2,438.51	2,189.42	17,532.45	3,648.64	7,315.56	6,568.25
Retirement	4,324.20	931.33	1,841.96	1,550.91	12,832.74	2,766.75	5,470.68	4,595.31
Workers Compensation Ins	0.00	0.00	0.00	0.00	2,279.70	410.35	889.08	980.27
Total Salaries & Emp Ben	39,856.00	8,928.95	17,297.11	13,629.94	114,105.71	25,450.35	49,473.39	39,181.97
Services & Supplies								
Audit	0.00	0.00	0.00	0.00	8,000.00	2,666.67	2,666.66	2,666.67
Bank Charges	40.81	20.40	20.41	0.00	42.63	21.31	21.32	0.00
Computer Support	0.00	0.00	0.00	0.00	510.00	170.00	170.00	170.00
Computer Software	0.00	0.00	0.00	0.00	908.99	303.00	303.00	302.99
Contracted Services	177.45	177.45	0.00	0.00	5,397.87	1,600.69	2,531.47	1,265.71
Dues & Subscriptions	0.00	0.00	0.00	0.00	5,498.63	150.00	5,348.63	0.00
Engineering	0.00	0.00	0.00	0.00	6,117.30	3,328.53	2,377.97	410.80
Fuel - Equipment	0.00	0.00	0.00	0.00	397.53	0.00	397.53	0.00
Insurance - General	2,637.24	597.83	888.24	1,151.17	7,911.72	1,793.49	2,664.72	3,453.51
Janitorial Supplies	13.45	2.41	2.41	8.63	73.35	2.41	2.41	68.53
Legal	0.00	0.00	0.00	0.00	4,291.84	2,448.39	1,250.36	593.09
Miscellaneous	310.00	150.00	10.00	150.00	1,271.93	521.74	163.95	586.24
Office Expenses	144.95	48.32	48.32	48.31	2,777.96	1,245.93	1,093.11	438.92
Permits, Licenses, Fees	40.00	13.33	13.34	13.33	40.00	13.33	13.34	13.33
Repair & Maint - Equipment	812.58	93.32	93.33	625.93	1,746.08	580.36	320.81	844.91
Repair & Maint - Vehicles	110.32	36.77	36.77	36.78	1,268.55	422.85	422.85	422.85
Repair & Maint - Structures	386.52	17.00	30.00	339.52	5,898.05	942.50	3,315.00	1,640.55
Telephone	611.65	176.25	176.24	259.16	1,265.80	339.03	339.02	587.75
Testing Fees Laboratory	921.77	90.66	528.89	302.22	4,033.22	358.42	1,249.18	2,425.62
Travel & Conventions	76.00	25.33	25.34	25.33	76.00	25.33	25.34	25.33
Utilities	8,004.85	129.15	1,198.91	6,676.79	25,953.16	357.24	3,687.95	21,907.97
Total Services & Supplies	14,287.59	1,578.22	3,072.20	9,637.17	83,480.61	17,291.22	28,364.62	37,824.77
Net Operating Income (Loss)	42,981.58	38,992.06	15,931.28	(11,941.76)	94,166.77	108,620.53	32,798.63	(47,252.39)
Other Income (Expense)								
Property Taxes	0.00	0.00	0.00	0.00	2,677.72	2,677.72	0.00	0.00
Interest Income	55.23	21.38	33.52	0.33	169.36	65.56	102.79	1.01
Total other Income (Expenses)	55.23	21.38	33.52	0.33	2,847.08	2,743.28	102.79	1.01
Net Income (Loss)	43,036.81	39,013.44	15,964.80	(11,941.43)	97,013.85	111,363.81	32,901.42	(47,251.38)

Strathmore Public Utility District .....

Cash Flow

For The Year Ending September 30, 2026

	Month to Date				Year to Date			
	Total	Water	Sewer	WTP	Total	Water	Sewer	WTP
Net Income (Loss)	43,036.81	39,013.44	15,964.80	(11,941.43)	97,013.85	111,363.81	32,901.42	(47,251.38)
Add Items in Operations no Requiring Cash								
Cash Provided by								
Decrease (Increase) Receivables	8,917.48	2,650.12	6,267.36	0.00	5,917.55	(1,250.62)	7,168.17	0.00
Decrease (Increase) Prepaids	2,637.24	597.83	888.24	1,151.17	7,911.72	1,793.49	2,664.72	3,453.51
Intercompany Change	0.00	(14,579.96)	0.00	14,579.96	0.00	(44,778.23)	0.00	44,778.23
Increase (Decrease) Payables	(29,779.52)	(12,964.67)	(13,025.49)	(3,789.36)	(80,004.18)	(24,220.14)	(19,327.04)	(36,457.00)
Increase (Decrease) Deposits from Oth	(100.00)	(100.00)	0.00	0.00	(100.00)	(100.00)	0.00	0.00
Less								
Cash Expended for								
Fixed Assets								
Loan Principal Payments								
Canal Storage	(2,531.72)	(2,531.72)	0.00	0.00	(2,531.72)	(2,531.72)	0.00	0.00
Cash Increase (Decrease) for Period	22,180.29	12,085.04	10,094.91	0.34	28,207.22	40,276.59	23,407.27	(35,476.64)
Beginning Cash Balances	831,625.20	347,601.25	435,365.24	48,658.71	825,598.27	346,270.64	430,669.60	48,658.03
Ending Cash Balances	853,805.49	359,686.29	445,460.15	48,659.05	853,805.49	386,547.23	454,076.87	13,181.39
Available Cash Balance	853,805.49	359,686.29	445,460.15	48,659.05	853,805.49	386,547.23	454,076.87	13,181.39
Reserve Funds								
Davis Grunsky	(78,967.23)	(78,967.23)	0.00	0.00	(78,967.23)	(78,967.23)	0.00	0.00
Customer Deposits	(1,416.75)	(1,416.75)	0.00	0.00	(1,416.75)	(1,416.75)	0.00	0.00
Sewer Depreciation Reservie	(48,229.95)	0.00	(48,229.95)	0.00	(48,229.95)	0.00	(48,229.95)	0.00
Capacity Rights Fees	(441,504.75)	(157,796.50)	(283,708.25)	0.00	(441,504.75)	(157,796.50)	(283,708.25)	0.00
Canal Storage	(5,063.45)	(5,063.45)	0.00	0.00	(5,063.45)	(5,063.45)	0.00	0.00
Waterline	(15,050.00)	(15,050.00)	0.00	0.00	(15,050.00)	(15,050.00)	0.00	0.00
Total Reserve Funds	(590,232.13)	(258,293.93)	(331,938.20)	0.00	(590,232.13)	(258,293.93)	(331,938.20)	0.00
Cash Balance Available for Use	263,573.36	101,392.36	113,521.95	48,659.05	263,573.36	128,253.30	122,138.67	13,181.39

Bank Balance End of Period	Total	Total
Cash on Hand	250.00	250.00
LAIF	4,081.68	4,081.68
Checking - Citizen's Business Bank	177,427.31	177,427.31
Money Market Account - Citizen's Busines	672,046.50	672,046.50
Ending Cash Balances	853,805.49	853,805.49

-- Bank Reconciliation Summary --

Bank	1020 Citizens Bank Checking
Reconciliation Date	9/30/2026
Reconciliation Year-Period	2027-03
Statement Date	9/30/2026
Statement Currency	USD U.S. Dollars
Reconciliation Description	GENERAL CHECKING RECON

Statement Balance	196,916.29	**Book Balance**	181,060.30
+ Deposits Outstanding	0.00	**+/- Bank Entries Not Posted**	0.00
- Withdrawals Outstanding	15,855.99	**+/- Write-Offs**	0.00
+ Deposit Bank Errors	0.00	**- Credit Card Charges**	0.00
- Withdrawal Bank Errors	0.00		
Adjusted Statement Balance	181,060.30	**Adjusted Book Balance**	181,060.30
		Out of Balance by	0.00

Bank Reconciliation Posting Journal (BK1470)

From Posting Sequence	[2] To [1636]
Reprint Previously Printed Journals	[No]
Print Deposit Details	[No]
Print G/L Summary	[Yes]

Transaction Number	Srce. Appl.	Date	Reconciliation Status	Outstanding Amount	Cleared Amount	Difference
Posting Sequence: 1.625						
Bank: 1020 - Citizens Bank Checking						
Deposits:						
83	AR	3/31/2024	Cleared	0.00	0.00	0.00
			Deposits Total:	0.00	0.00	0.00
			Bank Total:	0.00	0.00	

Posting Sequence: 1,636
Bank: 1020 - Citizens Bank Checking

Deposits:

Transaction Number	Srce. Appl.	Date	Reconciliation Status	Outstanding Amount	Cleared Amount	Difference
TR00000000000000004451	BK	9/1/2026	Cleared	245.69	245.69	0.00
TR00000000000000004452	BK	9/1/2026	Cleared	419.77	419.77	0.00
TR00000000000000004453	BK	9/1/2026	Cleared	9,372.00	9,372.00	0.00
TR00000000000000004454	BK	9/2/2026	Cleared	227.75	227.75	0.00
TR00000000000000004455	BK	9/3/2026	Cleared	107.06	107.06	0.00
TR00000000000000004456	BK	9/4/2026	Cleared	3,604.07	3,604.07	0.00
TR00000000000000004457	BK	9/4/2026	Cleared	1,048.10	1,048.10	0.00
TR00000000000000004458	BK	9/5/2026	Cleared	209.26	209.26	0.00
TR00000000000000004459	BK	9/6/2026	Cleared	205.70	205.70	0.00
TR00000000000000004460	BK	9/8/2026	Cleared	13,439.53	13,439.53	0.00
TR00000000000000004461	BK	9/8/2026	Cleared	460.24	460.24	0.00
TR00000000000000004462	BK	9/9/2026	Cleared	3,821.91	3,821.91	0.00
TR00000000000000004463	BK	9/9/2026	Cleared	676.79	676.79	0.00
TR00000000000000004464	BK	9/9/2026	Cleared	95.44	95.44	0.00
TR00000000000000004465	BK	9/10/2026	Cleared	1,663.65	1,663.65	0.00
TR00000000000000004466	BK	9/10/2026	Cleared	853.04	853.04	0.00
TR00000000000000004467	BK	9/10/2026	Cleared	1,027.19	1,027.19	0.00
TR00000000000000004468	BK	9/11/2026	Cleared	1,412.07	1,412.07	0.00
TR00000000000000004469	BK	9/11/2026	Cleared	437.55	437.55	0.00
TR00000000000000004470	BK	9/12/2026	Cleared	346.93	346.93	0.00
TR00000000000000004471	BK	9/13/2026	Cleared	272.52	272.52	0.00
TR00000000000000004473	BK	9/14/2026	Cleared	16,036.41	16,036.41	0.00
TR00000000000000004474	BK	9/14/2026	Cleared	444.26	444.26	0.00
TR00000000000000004475	BK	9/15/2026	Cleared	5,797.31	5,797.31	0.00
TR00000000000000004477	BK	9/15/2026	Cleared	302.99	302.99	0.00
TR00000000000000004478	BK	9/15/2026	Cleared	815.81	815.81	0.00
TR00000000000000004479	BK	9/16/2026	Cleared	6,206.88	6,206.88	0.00
TR00000000000000004480	BK	9/16/2026	Cleared	314.41	314.41	0.00
TR00000000000000004481	BK	9/17/2026	Cleared	2,083.78	2,083.78	0.00
TR00000000000000004482	BK	9/17/2026	Cleared	446.53	446.53	0.00
TR00000000000000004483	BK	9/18/2026	Cleared	6,165.41	6,165.41	0.00
TR00000000000000004484	BK	9/18/2026	Cleared	844.67	844.67	0.00
TR00000000000000004485	BK	9/19/2026	Cleared	328.08	328.08	0.00
TR00000000000000004486	BK	9/20/2026	Cleared	203.36	203.36	0.00
TR00000000000000004487	BK	9/21/2026	Cleared	12,094.56	12,094.56	0.00
TR00000000000000004488	BK	9/21/2026	Cleared	1,753.29	1,753.29	0.00
TR00000000000000004489	BK	9/21/2026	Cleared	200.63	200.63	0.00
TR00000000000000004490	BK	9/23/2026	Cleared	2,014.96	2,014.96	0.00
TR00000000000000004491	BK	9/22/2026	Cleared	756.12	756.12	0.00
TR00000000000000004492	BK	9/22/2026	Cleared	208.85	208.85	0.00
TR00000000000000004493	BK	9/23/2026	Cleared	6,260.97	6,260.97	0.00
TR00000000000000004494	BK	9/23/2026	Cleared	567.26	567.26	0.00
TR00000000000000004495	BK	9/23/2026	Cleared	109.20	109.20	0.00
TR00000000000000004496	BK	9/24/2026	Cleared	828.31	828.31	0.00
TR00000000000000004497	BK	9/24/2026	Cleared	442.59	442.59	0.00
TR00000000000000004498	BK	9/25/2026	Cleared	438.21	438.21	0.00
TR00000000000000004500	BK	9/25/2026	Cleared	5.87	5.87	0.00
TR00000000000000004501	BK	9/28/2026	Cleared	120.73	120.73	0.00
TR00000000000000004502	BK	9/29/2026	Cleared	204.95	204.95	0.00
			Deposits Total:	105,942.66	105,942.66	0.00

Transaction Number	Srce. Appl.	Date	Reconciliation Status	Outstanding Amount	Cleared Amount	Difference
Withdrawals:						
TR00000000000000004472	BK	9/8/2026	Cleared	0.87	0.87	0.00
TR00000000000000004503	BK	9/30/2026	Cleared	39.95	39.95	0.00
32801	AP	8/13/2026	Cleared	399.66	399.66	0.00
32813	AP	8/13/2026	Cleared	131.00	131.00	0.00
32815	UP	8/31/2026	Cleared	3,254.21	3,254.21	0.00
32816	UP	8/31/2026	Cleared	2,039.32	2,039.32	0.00
32817	UP	8/31/2026	Cleared	1,493.83	1,493.83	0.00
32820	AP	8/24/2026	Cleared	8,000.00	8,000.00	0.00
32821	AP	8/24/2026	Cleared	122.92	122.92	0.00
32822	AP	8/24/2026	Cleared	1,139.87	1,139.87	0.00
32823	AP	8/24/2026	Cleared	2,973.90	2,973.90	0.00
32824	AP	8/24/2026	Cleared	650.70	650.70	0.00
32825	AP	8/31/2026	Cleared	157.50	157.50	0.00
32826	UP	9/10/2026	Cleared	204.86	204.86	0.00
32827	UP	9/10/2026	Cleared	182.10	182.10	0.00
32828	UP	9/10/2026	Cleared	182.10	182.10	0.00
32829	UP	9/15/2026	Cleared	1,617.45	1,617.45	0.00
32830	UP	9/15/2026	Cleared	3,123.88	3,123.88	0.00
32831	UP	9/15/2026	Cleared	2,203.49	2,203.49	0.00
32832	UP	9/15/2026	Cleared	1,427.87	1,427.87	0.00
32833	AP	9/15/2026	Cleared	197.53	197.53	0.00
32834	AP	9/15/2026	Cleared	3,301.67	3,301.67	0.00
32835	AP	9/10/2026	Cleared	5,447.96	5,447.96	0.00
32836	AP	9/10/2026	Cleared	1,786.53	1,786.53	0.00
32837	AP	9/10/2026	Cleared	82.91	82.91	0.00
32838	AP	9/10/2026	Cleared	849.08	849.08	0.00
32839	AP	9/10/2026	Cleared	94.58	94.58	0.00
32840	AP	9/10/2026	Cleared	21,176.35	21,176.35	0.00
32841	AP	9/10/2026	Cleared	869.03	869.03	0.00
32842	AP	9/10/2026	Cleared	65.13	65.13	0.00
32844	AP	9/10/2026	Cleared	131.80	131.80	0.00
32845	AP	9/10/2026	Cleared	352.36	352.36	0.00
32846	AP	9/10/2026	Cleared	91.00	91.00	0.00
32847	AP	9/10/2026	Cleared	8,375.61	8,375.61	0.00
32848	AP	9/10/2026	Cleared	68.50	68.50	0.00
32849	AP	9/15/2026	Cleared	2,973.90	2,973.90	0.00
32851	AP	9/10/2026	Cleared	295.52	295.52	0.00
32852	AP	9/10/2026	Cleared	301.40	301.40	0.00
32853	AP	9/10/2026	Cleared	40.00	40.00	0.00
32854	AP	9/10/2026	Cleared	591.59	591.59	0.00
32855	AP	9/10/2026	Cleared	22.61	22.61	0.00
32856	UP	9/30/2026	Cleared	1,339.17	1,339.17	0.00
32861	AP	9/30/2026	Cleared	1,335.78	1,335.78	0.00
32862	AP	9/30/2026	Cleared	3,014.02	3,014.02	0.00
32864	AP	9/23/2026	Cleared	10.30	10.30	0.00
32865	AP	9/23/2026	Cleared	2,531.72	2,531.72	0.00
			Withdrawals Total:	84,691.53	84,691.53	0.00

Transaction Number	Srce. Appl.	Date	Reconciliation Status	Outstanding Amount	Cleared Amount	Difference
			Bank Total:	21,251.13	21,251.13	

-- Bank Reconciliation Summary --

Bank	1090 Citizens Business Bank Money Market
Reconciliation Date	9/30/2026
Reconciliation Year-Period	2027-03
Statement Date	9/30/2026
Statement Currency	USD U.S. Dollars
Reconciliation Description	Reconcile September 30, 2026 MM Acct

Statement Balance	672,046.51	**Book Balance**	672,046.51
+ Deposits Outstanding	0.00	**+/- Bank Entries Not Posted**	0.00
- Withdrawals Outstanding	0.00	**+/- Write-Offs**	0.00
+ Deposit Bank Errors	0.00	**- Credit Card Charges**	0.00
- Withdrawal Bank Errors	0.00		
Adjusted Statement Balance	672,046.51	**Adjusted Book Balance**	672,046.51
		Out of Balance by	0.00

Bank Reconciliation Posting Journal (BK1470)

From Posting Sequence	[2] To [1639]
Reprint Previously Printed Journals	[No]
Print Deposit Details	[No]
Print G/L Summary	[Yes]

Transaction Number	Srce. Appl.	Date	Reconciliation Status	Outstanding Amount	Cleared Amount	Difference
Posting Sequence: 1,639						
Bank: 1090 - Citizens Business Bank Money Market						
Deposits:						
TR00000000000000004508	BK	9/30/2026	Cleared	55.23	55.23	0.00
			Deposits Total:	55.23	55.23	0.00
			Bank Total:	55.23	55.23	

FRIANT WATER AUTHORITY

854 N. HARVARD AVE. LINDSAY, CA 93247-1715 (559) 562-6305 FAX (559) 562-3496

REPORT OF WATER DELIVERIES

Deliveries to Strathmore Public Utility District for the period ending: 9/30/26

Date	Meters A.F.
1	3
2	0
3	2
4	1
5	1
6	1
7	1
8	2
9	1
10	2
11	2
12	1
13	1
14	2
15	1
16	1
17	2
18	1
19	0
20	2
21	1
22	1
23	1
24	2
25	1
26	2
27	1
28	2
29	1
30	1
31	0
A.F.	40

Email to : SPUD and Adrian Ordonez
LSID (Craig Wallace)

Total Acre-Feet, This report	40
Acre-Feet Previously Reported	239
Total Acre-Feet Deliveries to Date	279

US:WARE, INC.

Tel: (949) 274-8321
Fax: (949) 328-6359
25422 Trabuco Road, Suite 105-383
Lake Forest, CA 92630

Invoice

Date	Invoice #
9/4/2026	UWI20152355

Bill To

Strathmore Public Utility District
PO Box 425
Strathmore, CA 93267
Accounts Payable

DUE DATE	SUPPORT COVERA...
9/30/2026	

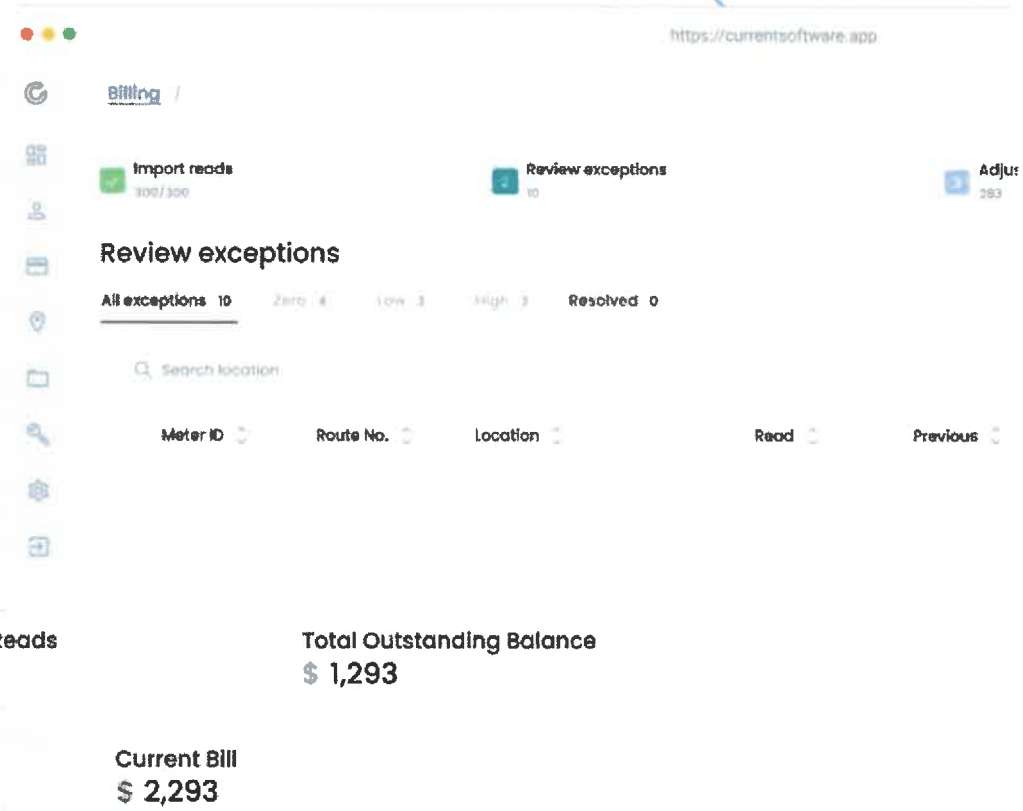
DESCRIPTION	QUANTITY	RATE	AMOUNT
Utility Star Annual Support and Maintenance Fee 9/1/2026 - 8/31/2027	1	3,515.00	3,515.00
Sales Tax		7.75%	0.00

Thank you for your business.

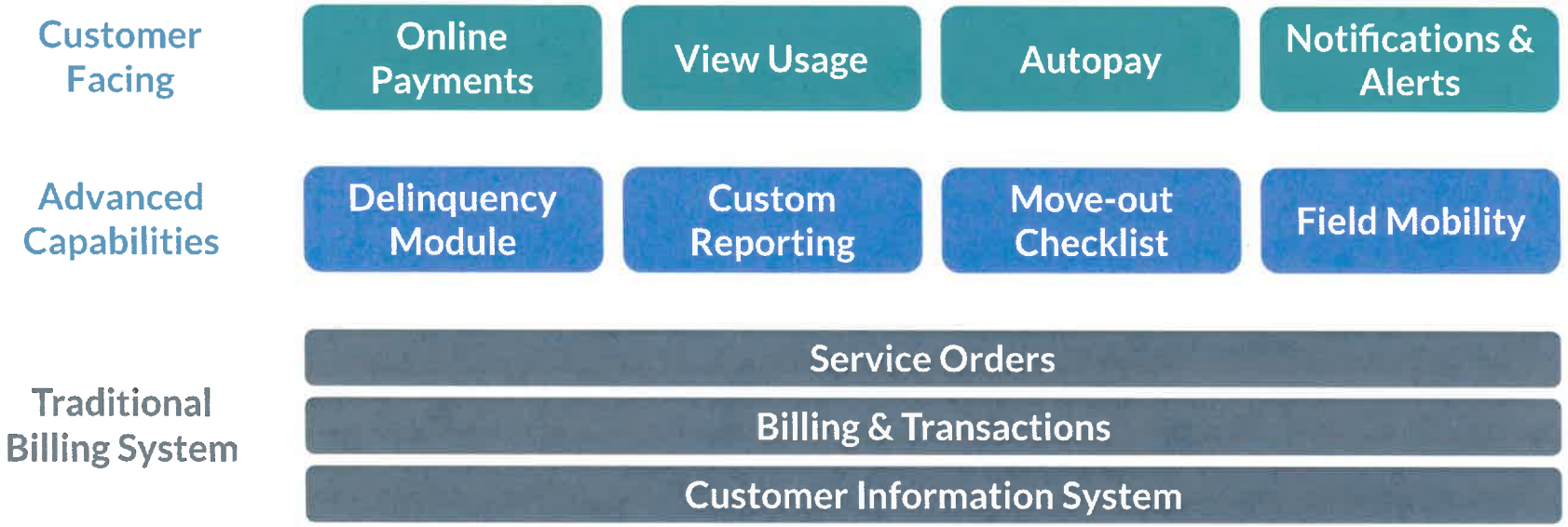
Total $3,515.00

current

The modern Customer Platform for small utilities



Our unique Customer Platform lets you manage your accounts from end to end



Vision

High quality modern software that **simplifies utility operations** and lets you **serve your community better**

Expected Benefits

📈 **3-5% revenue increase** from increasing autopay and reducing delinquencies

🕒 **20 hours/week saved** on manual tasks for billing, delinquency, and payments

⚡ **Modern options** for your customers to pay & view usage online

Proposal

Proposal: 12 months of Current Billing and Current Pay

Software: $450 / month in year 1
- *Year 2+*: $500 / month
- *Includes*: Cloud hosting, technical support

One-Time Implementation Fee: $2,500
- Includes data migration
- Includes configurations for documents like invoices & notices

Terms: 1 year agreement
- Implementation fee & annual fee due up front
- Option to to renew after first year

No hidden fees. Support is included.

Customer alignment. We earn your renewal every year.

Continuous development. New features are added constantly.

Proposal options for fiscal year alignment

Compare two choices based on your payment preferences

Prorated option includes implementation fee & remainder of 2026 up front, and renews at the start of your next fiscal year

	Standard	Prorated
Contract Start *When we begin working together*	Oct 8, 2026	Oct 1, 2026
Due Up Front *Implementation Fee + Software Subscription*	$7,900	$6,100
Next Renewal Date *When the next full year is due*	Oct 8, 2027	Jun 1, 2027
Renewal Amount *Price for a full year on an ongoing basis*	$6,000	$6,000

Proposed 10 week implementation schedule

See below for how Current can migrate your data and get you comfortable with your new system in just 8-12 weeks.

Note that we will be here for you well beyond implementation!

Phase	Week	Description
Initiation	1	Project kickoff - agree on schedule and key personnel
Migration	1-4	Export data from legacy provider into Current
Parallel Process	5-6	Produce bills in old and new systems; compare billing accuracy
Training & Clean Up	7-8	Follow-up on any parallel process inaccuracies and conduct trainings. Determine go-live event (e.g. monthly billing or late fees)
Final Prep & Go-Live	9-10	Conduct go-live exercise together.

References from other satisfied small utilities

These utilities can speak to our product capabilities as well as what it's like to work with us.

Utility	Connections	Contact	Phone
City of Isle	420	Jamie Hubbell, Clerk (jamie@cityofisle.com)	(320) 676-3641
Plumas Eureka CSD	550	Gina Marie Morris, Admin (admin.mgr@pecsd.org)	(530) 836-1953
Lake Elizabeth MWC	720	Becca Browning, Admin (lakeelizabethwater@verizon.net)	(661) 724-1806

Current / Finix E-Payment Rates

Credit Card. Rates are competitive and typically lower than other utility providers.

- *Utility rate program*: If utility covers fees, variable rate reduced to 2.2%.

ACH. Drive more autopays with a self-service sign-up and more payment options

- *Automation*: We run NACHA files for you, and automatically process returns (and fees)
- *Customer choice*: Users can pick their own date and amount.
- *Secure*: Bank details encrypted and stored in a PCI compliant manner

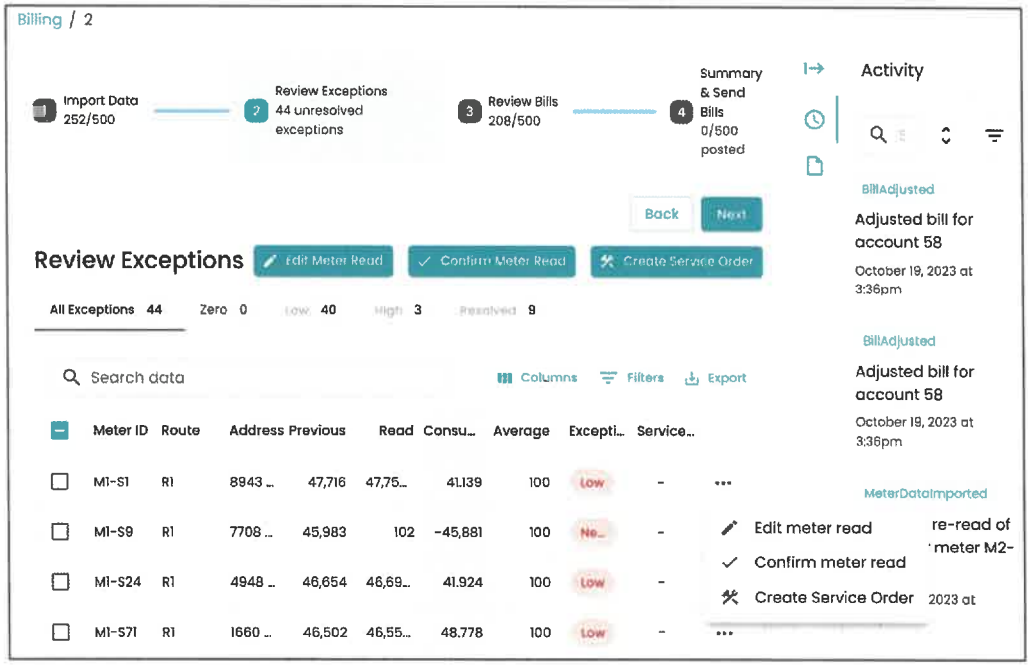
	Fixed	Variable	$50 Payment
ACH	$0.50	1%	$1.00
Card (customer paying)	$0.30	2.9%	$1.75
Card (utility paying)	$0.30	2.2%	$1.40

Features & Capabilities

A never-before-seen way to generate bills in minutes, not days

Key Features

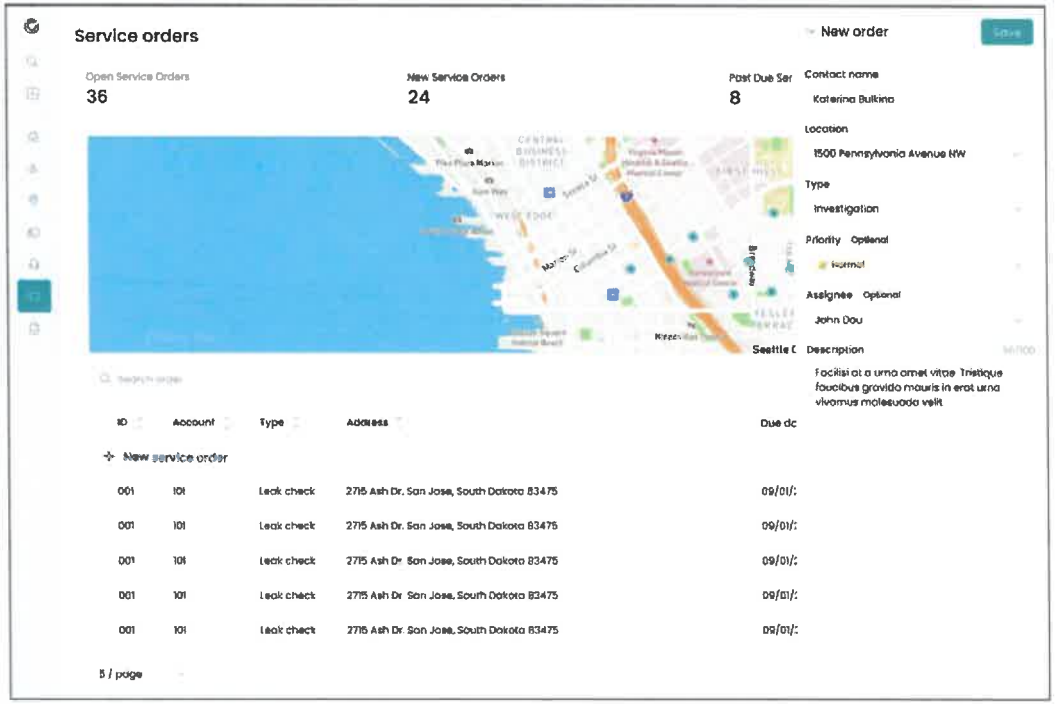
- **Guided experience** to step through the main billing steps
- **Automatically group** similar accounts to enable bulk actions
- **Audit log** to see which meters have been worked and by whom
- **Summary** to guide remaining work and review potential errors



Real time service orders accessible in the office or field

Key Features

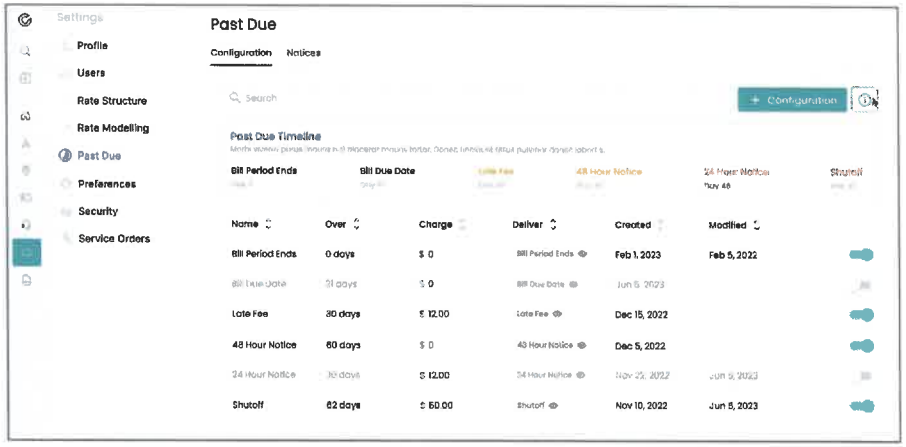
- **Create and assign** tickets from within the billing system
- Deliver service orders on **paper or digitally**
- Avoid duplicate data entry (and errors) with **real-time updating**
- **Comprehensive reporting** on in-progress and completed work



Proactively manage delinquent accounts to boost the bottom line

Key Features

- **Explicitly configure** delinquency process and fees by account type
- Take action on accounts **one by one or in bulk**
- **Aging report** to track lateness in accordance with GAAP
- **Exemption status** for special cases or payment plans customers

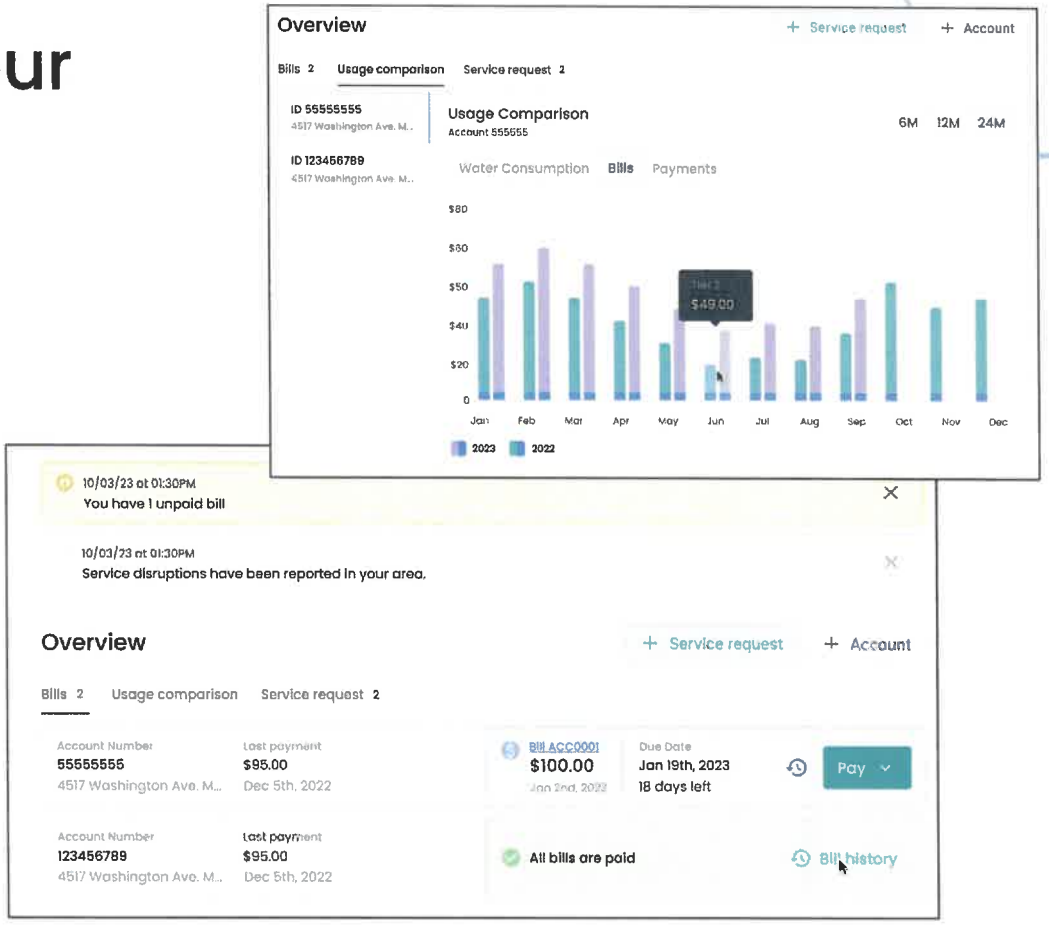




A single portal for all your customer needs

Key Features

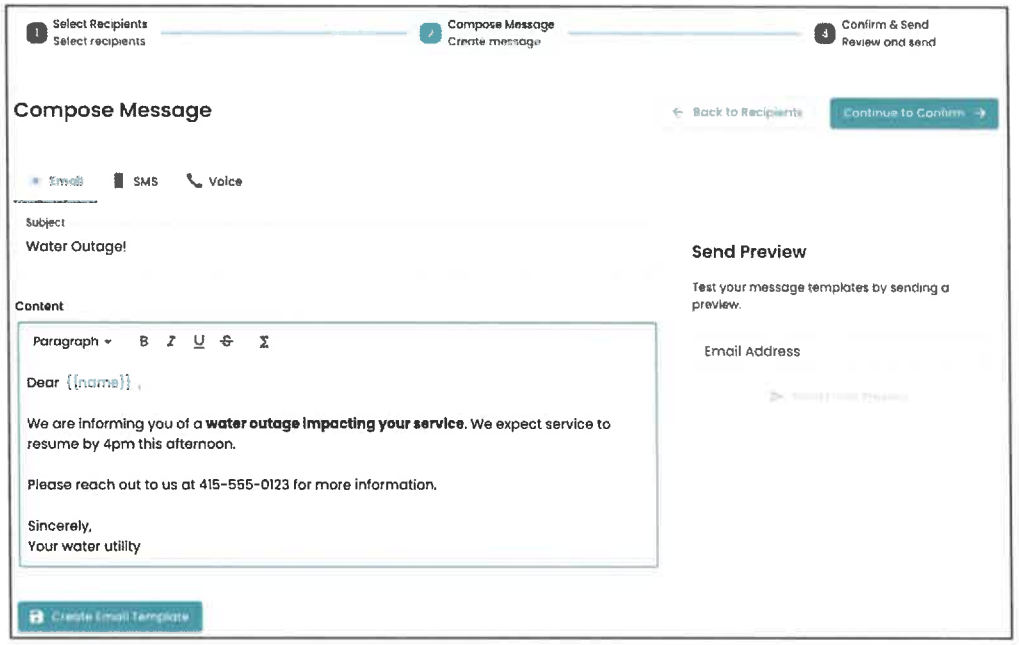
- Drive **online payments** (credit card and ACH) for customer convenience and team time savings
- **Configurable autopay** where customers set the date and amount
- **Usage insights** that preempt calls and complaints
- **Single login** for customers to see everything from one portal



Keep your customers informed with outbound communications

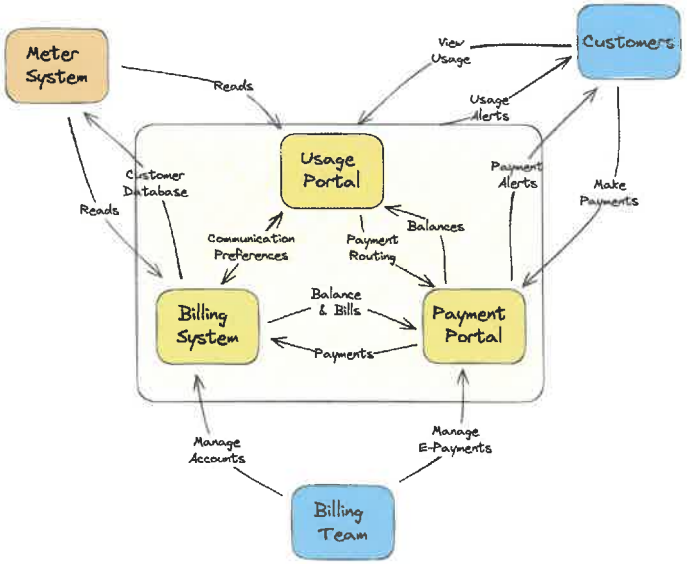
Key Features

- Alert customers for major events like **system outages**
- Define **customer lists** for targeted communications
- **Personalize** messages using customer details from the CIS
- **Multi-channel communication** via email, text, or voice

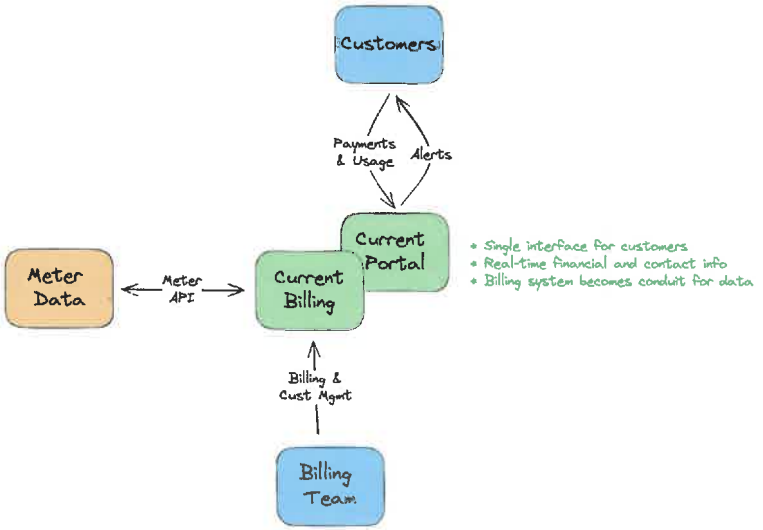


Escape the Bermuda Triangle of customer information with a single unified portal

Multi-portal: Confusing for customers, more work for utilities.



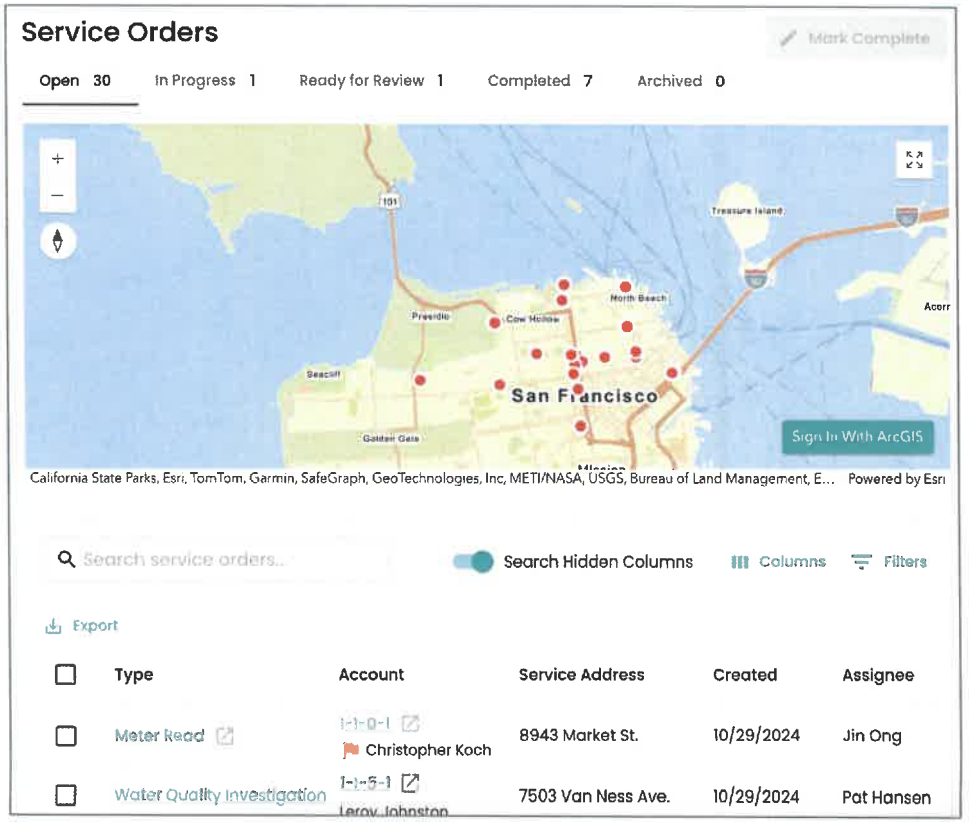
Unified portal. Single customer interface that is much simpler to maintain.



The only Esri-native billing platform on the market today

Features & Differentiation

- View data like service orders **geospatially** within the billing system
- **Sign in with ArcGIS** to add layers from your own Esri environment
- **Automatically sync** your customer data to ArcGIS via a feature service



Embracing the best of modern technology: moving to the cloud

Cloud software brings many advantages, including:

- **Remote access for team**
  - *Office*: Work from home and initiate alerts remotely
  - *Field*: Connect to the billing system for easy service order resolution
  - *Management:* Access customer details or summary info on the go
- **Security, reliability, and user experience**
  - *Continuous improvements:* Program is updated weekly (if not daily)
  - *Security*: Encryption, intrusion detection, daily backups come standard
  - *UX*: Modern development happens in the cloud

Flat $1/item print & mail service to save time & money each month

Features & Differentiation

- **Save 5-10 hours a month** with 3rd party print & mail services
- **Access to bulk rates** through our managed program with Infosend
- **Automatic data transfer** once you complete billing in Current



TRINITY COUNTY WATERWORKS

(530) 628-5449
brandy@trinitycountywater-works.com

Trinity County Waterworks
P.O. Box 217
Hayfork, CA 96041

Service Address:
Grace Robinson
7660 HWY 3
Hayfork, CA 96041

Bill

Account Number	10112
Due Date	2/17/2025

Account Summary

Previous Bill Amount	$125.90
Payments & Credits	-$62.95
New charges	$62.96
Amount Due	**$125.91**

Service Period	Meter Number	Current Read	Last Read	Total Usage	Estimate
1/1/2025 - 2/6/2025	30270135	90128	89566	562	No

Announcements

No announcements

Usage History

Visit https://trinitycountywaterworks.com/ for 24-hour account ac-

Description	Amount
Late	$1.00
Payment - Money Order	-$62.95
Previous Bill Amount	$125.90
Water Metered Service	
Minimum Charge	$31.00
First 500 units at $0.0025	$1.25
Over 500 units at $0.0275	$1.71
Sewer Fixed Service	
Sewer EDU	$28.00

Built-in cybersecurity to save money and reduce risk

Key Features

- **Eliminate $10-20k / year** by offloading security to a secure cloud platform
- **Reduce breach risk** with always-updated protections, encryption and access controls
- **Meet compliance standards** without the overhead of audits or outside consultants

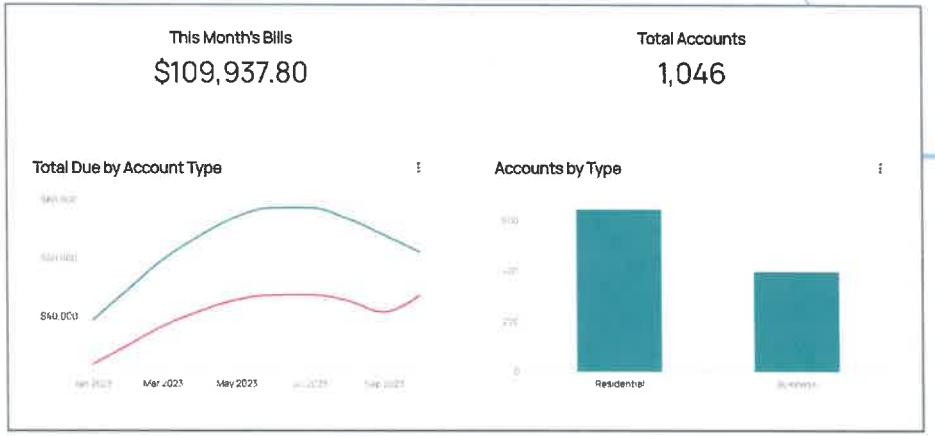


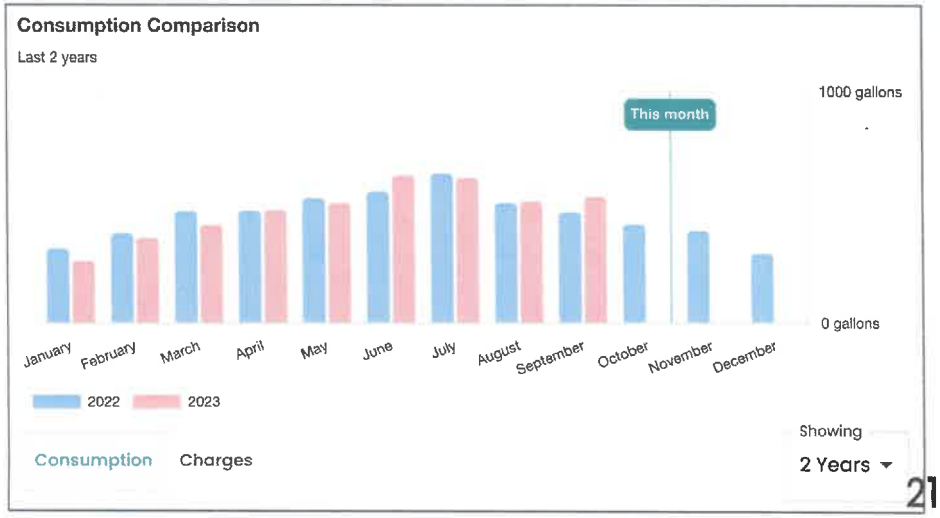
Utility Office

Reports in seconds means faster insights

Key Features

- **Built-in graphing** for easy data interpretation throughout the application
- **Easy exporting** to prepare presentations or continue the analysis offline
- **Customizable reports** for insights unique to your organization
- **Email delivery** so you get information when you want it

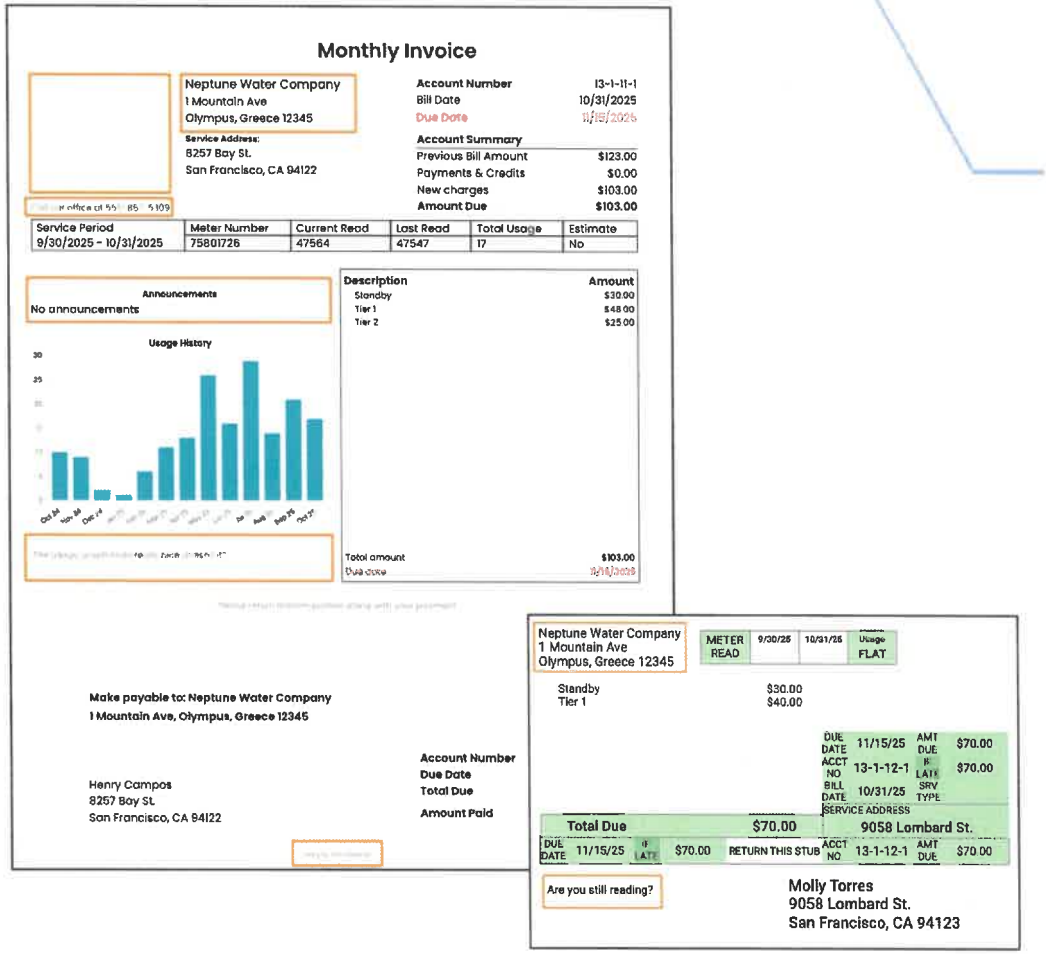




Bills & notices from template library

Key Features

- **Billing templates** in 8.5x11 or postcard format
- **Delinquency templates** for lateness or shutoff warning for both paper and electronic delivery
- **Configuration options** to include the messages you need



FEE SCHEDULE
MATERIALS AND SERVICES
Proposed October 08, 2026

CAPACITY FEES:	
Water capacity right, per single family dwelling:	$5,150.00
Water capacity, each additional unit - as determined by Board -- fixture unit count:	
Water capacity rights for each additional non-family resident [Res. No. 4-04-1-(08)]:	115.00
Sewer capacity fee, single family dwelling:	2,500.00
Sewer capacity fee, each additional unit – as determined by Board – fixture unit count:	
Sewer capacity rights for each additional non-family resident [Res. No. 4-04-1-(08)]:	125.00
Water capacity right, industrial/commercial/institutional: As determined by the Board of Directors. [Size, water/sewer loads, number of fixture units determine the capacity right fee.	
Sewer capacity right: industrial/commercial/institutional: as with water, above.	
WATER RATES:	
Single family dwelling, minimum per month:	55.00
Additional units, minimum per month:	55.00
Consumption rate per 1,000 gallons per month:	.83
SEWER RATES:	
Single family dwelling, per month:	38.84
INDUSTRIAL USE RATE/SEWER:	
High discharge customer (e.g. citrus shed, car wash, etc.) Base rate of 24.35 plus 50% of water bill.	
FIRE SPRINKLER [PROTECTION] SYSTEM:	
No connection fees – no monthly fees – no fire flow meter.	
CONSTRUCTION RATES:	
Water used for dust control, compaction and related construction [District provides meter]: per 1,000 gal	1.00
Or .50¢ per 1,000 gallons when the water is taken from backwash tank at Water Treatment Plant, in addition to a base Fee Fifty Dollars ($50) which shall be due when an agreement is signed.	
MISC CHARGES:	
Late fee rate	10% of bill
Turn-on fee, each activity: [new accounts, service restoration, etc.]	25.00
Turn-off fee, each activity:	25.00
Labor, all - minimum 1 man hour/one hour:	100.00
Labor – holidays, weekends, overtime:	150.00
Call backs, minimum three hours @ $50.00/hr.	150.00
Meter removal/reinstallation relative to service termination:	25.00
Hand-carry, phone or mail charges for 48 hour service termination:	25.00
Certified Mail notice:	7.50
Returned check [insufficient funds, closed account, etc]:	25.00
Copies	.50
Agenda requests: Agenda if mailed .50¢ per page plus postage	
Agenda only $1.00 per month	
Note: If the agenda is picked up at the office or at the board meeting it will be free of charge.	
Agenda and packet .50¢ per page plus postage if mailed, Note no minutes are to be release until approved by board.	
COST ASSOCIATED WITH EMERGENCY REPAIRS/CONSTRUCTION:	
Pick-up, Silverado 2007, per hour:	50.00
Pick-up, Silverado 2020, per hour:	50.00
Mobilization Service Truck, Trailer & mini Excavator	1,500.00
Mobilization Service Truck, Trailer & mini Excavator (Sewer Disconnect)	2,000.00
Pump. Portable, 2", per hour:	10.00
Pump, portable, 3", per hour:	10.00
Generator, portable, per hour:	25.00
COSTS ASSOCIATED WITH EMERGENCY REPAIRS. CONSTRUCTION:	
Barricades, no flasher, per day:	1.00
Traffic cones, all sizes, each per day:	.50
CONSTRUCTION MATERIALS/PARTS. FITTINGS:	
Cost, plus 20% handling/shipping/storage charge:	

Reviewed and revised 10-08-2026

SPECIAL FEES, SCHOOLS - SEWER:
$24.35 base charge plus five cents (0.05 cents) per student per month based on previous year's ADA. Charged August 1, billing through June 1, billing. July billing at $24.35 base.

TESTING FEES:
Backflow prevention device testing: Backflow prevention devices *must be tested annually.* This is done by a State Certified Tester of the customer's choice. A copy of the test results *must be provided to the District prior to the last day of December, each year, for reporting purposes.* Failure to complete testing and repairs of any backflow device within 90 days of the delivery of NOTICE TO TEST by the Utility District to the affected customer will result in the District assigning the testing procedure to a Tester of the District's choice. The cost of said testing shall be included in the customer's utility bill as a part thereof.

Investigative testing, and/or sampling relative to a questionable, illegal or suspected illegal water and/or sewer use: All charges for sampling/testing procedures – including technician, laboratory and District personnel – shall be charged at cost plus 10% for handling processing and billing if a violation or violations are found to exist.

OTHER CHARGES:
Other charges and/or assessments shall be charged as directed by the Board of Directors.

ALL CHARGES shall become a part of the applicable utility bill and are subject to the same billing, service charges, termination processes and regulations as the base service(s) account and shall be treated as if a part thereof.

Munich RE

WATER/WASTEWATER PROPOSAL
PACKAGE/AUTO/EXCESS

INSURANCE PROPOSAL
PREPARED FOR:

Strathmore Public Utility District

PROPOSED EFFECTIVE DATE:

11/1/2026 - 11/1/2027

PRESENTED BY:

INSURICA Insurance Services, LLC

PROGRAM MANAGER
Allied Public Risk, LLC
CA DBA: Allied Community Insurance Services, LLC
CA License No. 0L01269
National Producer No. 17536322
www.alliedpublicrisk.com
(858) 866-8966

PREMIUM SUMMARY

NOTE: This proposal is prepared from information supplied to us on the application submitted by your insurance broker. It may or may not contain all terms requested on the application. Please review carefully and let us know if any additional information is required. In addition, this proposal may contain unintentional errors or omissions. We encourage you to bring them to our attention for review. This proposal does not amend, or otherwise affect or alter, the provisions of coverage in the policy. This proposal does not guarantee coverage for specific claims or losses under the policy. The availability of coverage depends on the terms and conditions outlined in the issued policy, the facts surrounding any potential claims, and relevant legal requirements. Specimen policies are available from your insurance broker.

SECTION	COVERAGE		PREMIUM
1	**PROPERTY** (Including Equipment Breakdown, if granted)	$	11,636.00
2	**INLAND MARINE**	$	793.00
3	**COMMERCIAL CRIME** (Including Faithful Performance, if granted)	$	852.00
4	**COMMERCIAL GENERAL LIABILITY**	$	13,822.00
5	**PUBLIC OFFICIALS & MANAGEMENT LIABILITY** (Including Wrongful Acts, Employment Practices, or Employee Benefits, if granted)	$	4,976.00
6	**BUSINESS AUTO**	$	4,551.00
7	**COMMERCIAL EXCESS LIABILITY** (Including Commercial General Liability, Wrongful Acts, Employment Practices, Employee Benefits, Business Auto, and Employers Liability, if granted)	$	3,554.00
	Total Annual Premium (excludes state-imposed taxes, surcharges, and fees)	$	40,184.00
	Terrorism Premium	$	310.00
	Risk Management Services Fee	$	250.00
	State-Imposed Taxes, Surcharges, & Fees	$	0.00
	State Surplus Lines Taxes & Fees	$	1,028.06
	TOTAL AMOUNT DUE*	$	41,772.06

*Payment is due in accordance with the producer agreement.

NOTES:
THIS IS A NON-ADMITTED QUOTE FOR ALL LINES EXCEPT AUTO AND EXCESS, IF APPLICABLE.
The insured's FEIN number is required in order to bind coverage.

Section 1. PROPERTY (Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating
NON-ADMITTED

FORM: Proprietary

LIMITS

Total Insured Values: (Real Property & Business Personal Property)	$8,739,138
Loss of Income (aka: Business Income)	$750,000
Extra Expense	$750,000
Equipment Breakdown	$8,739,138
Earthquake (Each Occurrence, earth movement excluded)	Excluded
*Flood Zone Low/Moderate [N/A] (Each Occurrence)	Excluded
*Flood Zone High [N/A] (Each Occurrence)	Excluded
Wind/Hail	$8,739,138

* Munich/APR cannot warrant or provide information as to what zone(s) a specific location/address is situated in. Flood zones can and do change. It is ultimately the responsibility of the insured and their insurance advisor to determine if the flood zones and flood limits proposed are adequate for their needs.

DEDUCTIBLES

Property Deductible (per occurrence)	$5,000	Flood Zone Low/Moderate (%) Deductible (per occurrence/each affected item)	N/A
Equipment Breakdown Deductible (per occurrence) – aboveground and less than 50 feet belowground	$1,000	Flood Zone High ($) Deductible (per occurrence)	N/A
Equipment Breakdown Deductible (per occurrence) – greater than 50 feet belowground	$2,500	Flood Zone High (%) Deductible (per occurrence/each affected item)	N/A
Earthquake ($) Deductible (per occurrence, earth movement excluded)	N/A	Wind/Hail[1] ($) Deductible (per occurrence / per premises)	N/A
Earthquake (%) Deductible (per occurrence, earth movement excluded)	N/A	Wind/Hail[1] (%) Deductible (per occurrence /(reference form for applicability))	N/A
Flood Zone Low/Moderate ($) Deductible (per occurrence)	N/A	Lightning Deductible (per occurrence)	N/A

[1]N/A for Wind/Hail deductible means no special deductible applies.

COVERED LOCATIONS:
Per Statement of Values: Blanket coverage applies unless otherwise noted.

SCHEDULE OF PROPERTY LIMITS – INDIVIDUAL LIMITS

LOC./ BLDG NUM	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	VALUATION	COINS. %

This schedule does not apply.

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

COINSURANCE: N/A

POLICY HIGHLIGHTS:

- Broad Definition of Covered Property
- Option for Special Property Floater
- Form: Special Form (including Theft)
- Proprietary Coverage Extensions

VALUATION:

- Replacement Cost: Real Property & Business Personal Property (All Buildings subject to Property Valuation[2])
- Actual Loss Sustained: Loss of Income (aka: Business Income)
- Optional Extended Business Income & Extra Expense (12 months or $1,000,000, whichever is less)

[2]Functional Replacement Cost and/or Actual Cash Value are available for older and lower valued buildings.

SELECTED OPTIONAL COVERAGES:

SCADA Upgrades
Unintentional Errors
Extension of Coverage Utility Services - Direct Damage

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

SPECIAL COVERAGES

Newly Acquired or Under Construction Real Property and Related Personal Property: Pays up to $1,000,000 for your newly acquired real property or under construction "real property" intended for use in your "operations" acquired or where construction began after policy inception. This applies to "real property" you buy, lease, rent, or construction, including temporary structures. An additional $500,000 limit of insurance applies to "personal property" located at new premises.

Equipment Breakdown[3]: Pays up to the limit in the declarations for direct physical damage to covered real property or personal property and loss of income sustained and extra expense incurred that is the result of an accident or electronic circuitry impairment. The most paid under any one equipment breakdown is the limit for real property and personal property for the applicable premises. The most paid for loss of income or extra expense in any one equipment breakdown is the limit of insurance shown in the declarations under C. Loss of Income and D. Extra Expense, respectively. The limits in this extension are part of and not in addition to the limits applicable in Section I – Coverages.

Under this extension, the following coverages also apply to loss caused by or directly resulting from an accident or electronic circuitry impairment. However, with respect to coverage (9) Service Interruption below, coverage will apply only to the direct result of an accident and will not apply to the direct result of an electronic circuitry impairment. The coverages described in (1) through (10) below do not provide additional amounts of insurance, they are part of and not in addition to the applicable limits of insurance:

(1) **Data Restoration** – Pays up to your reasonable and necessary cost to research, replace and restore lost electronic data. The most we will pay for loss, damage, or expense for electronic data restoration including actual loss of income you sustain and necessary extra expense you incur is **$500,000**.

(2) **Expediting Expenses** – With respect to your covered real property and personal property that is damaged, we will pay the reasonable cost to make temporary repairs; and expedite permanent repairs or permanent replacement. The most we will pay for loss or expense under this coverage is **$100,000**.

(3) **Extra Expense** – Extra expense is extended to apply to extra expense incurred as a result of an accident or electronic circuitry impairment covered under this extension, and subject to the policy limit.

(4) **Green** – Subject to more extensive provisions outlined in the policy, we will pay additional costs for the repair, replacement, disposal, etc. and/or damages as they relate to items associated with a recognized environmental standards program. The most we will pay for any qualifying loss, damage, or expense under this coverage, including actual loss of Business Income you sustain and any necessary Extra Expense you incur is **$100,000**.

(5) **Hazardous Substances** – Pays for the additional cost to repair or replace covered real property or personal property because of contamination by a hazardous substance. This includes the additional expense to clean up or dispose of such property. This does not include contamination of perishable goods by refrigerant. The most we will pay for loss, damage, or expense under this coverage, including actual loss of income you sustain and necessary extra expense you incur is **$250,000**.

(6) **Loss of Income** – Loss of Income is extended to apply to loss of income sustained as a result of an accident or electronic circuitry impairment covered under this extension, and subject to the policy limit as show in the Equipment Breakdown Coverage Supplemental Declarations.

(7) **Off-Premises Equipment Breakdown** – Subject to more extensive provisions outlined in the policy, this extends coverage to apply to an accident or electronic circuitry impairment for the following types of equipment used in the insured's firefighting, ambulance or rescue operations, whether mobile/portable or permanently mounted on a vehicle, anywhere in the policy territory: 1) mobile cascade units; 2) mobile electrical generators; 3) portable pumping units; and 4) portable extrication devices, such as jaws-of-life. For equipment other than that used in your firefighting, ambulance or rescue operations, we will pay for physical damage to transportable covered equipment that, at the time of the accident or impairment is not at a covered location, among other offerings. The most we will pay is **$25,000.**

(8) **Public Relations** – Subject to you sustaining an actual loss of income covered under this extension, this pays for reasonable costs for professional services to create and disseminate communications, when the need for such communications arises direction for the interruption of your business. Communication must be directed to the media, public, or your customers/clients/members. Costs are subject to being incurred during the period of restoration + 30 days. The most we will pay for loss or expense under this coverage is **$5,000.**

(9) **Service Interruption** – Subject to more extensive provisions outlined in the policy, any insurance provided for loss of income, extra expense, data restoration or spoilage is extended to apply to your loss, damage, or expense caused by a failure or disruption of service.

(10) **Spoilage** – We will pay for physical damage to perishable goods due to spoilage; for physical damage to perishable goods due to contamination from the release of refrigerant; and/or any necessary expenses you incur to reduce the amount of loss under this coverage. Valuation and replacement conditions apply. The most we will pay for loss, damage or expense under this coverage is **$100,000.**

[3]Please consult the exact policy language for all provisions that apply to each of the above Equipment Breakdown coverage.

Pollution Remediation Expenses: Pays up to $25,000 (covered cause of loss) or $100,000 (specified cause of loss) for remediation expenses incurred as a result of an actual, alleged, or threatened presence of pollution conditions at a premises described in the Declarations from a Covered Causes of Loss or Specified Cause of Loss occurring during the policy period and reported within 180 days. Covered Causes of Loss means risks of direct physical loss unless the loss is excluded or limited by the Property Coverage Form. Limits may be increased for a charge.

> **Specified Cause of Loss** means the following: fire, lightning, windstorm or hail, explosion, riot or civil commotion, vehicles or aircraft, smoke, sonic boom, vandalism and malicious mischief, sprinkler leakage, sinkhole collapse, volcanic action, falling objects, weight of ice, snow or sleet, or water damage. Water damage means only accidental discharge or leakage of water or steam as the direct result of the breaking or cracking of any part of a system or appliance containing water or steam.

Property In Transit or Off Premises: Pays up to $100,000 for direct physical loss or damage to covered property (real and personal property) while in transit or while temporarily off premises caused by a covered cause of loss, including your covered computer hardware while off premises.

SCADA Upgrades: Pays up to $100,000 to upgrade your scheduled SCADA system after direct physical loss from a Covered Cause of Loss. The upgrade is in addition to its replacement cost. SCADA means the Supervisory Control and Data Acquisition system used in water and wastewater treatment and distribution to monitor leaks, waterflow, water analysis, and other measurable items necessary to maintain operations.

Unintentional Errors: Pays up to $250,000 for any unintentional error or omission you make in determining or reporting values or in describing the covered property or covered locations.

Personal Effects: Pays up to $25,000 for direct physical loss or damage to personal effects owned by you, your officers, managers, elected or appointed officials, employees, or volunteer workers caused by a covered cause of loss at your premises. Will pay up to "replacement cost.".

Lock Replacement: Pays up to $25,000 for lock, lock cylinder, & key replacement after theft at insured premises or damage to a lock as a result of a covered cause of loss at an insured premises. No deductible applies.

Foundations: Your real property includes foundations located at a described premise.

KEY DEFINITIONS

Covered Equipment: Means covered real property and personal property that generates, transmits, or utilizes energy or which, during normal usage, operates under vacuum or pressure, other than the weight of its contents. Covered equipment may utilize conventional design and technology or new or newly commercialized design and technology.

None of the following is covered equipment: (a) structures, foundation, cabinet or compartment; (b) insulating or refractory material; (c) sewer piping, buried vessels or piping, piping forming or part of a sprinkler or fire suppression system; (d) water piping other than boiler feedwater piping, boiler condensate return piping or water piping form as part of a refrigerating or air conditioning system; (e) vehicle or any equipment mounted on a vehicle; (f) satellite, spacecraft or any equipment mounted on a satellite or spacecraft; (g) dragline, excavation, or construction equipment; (h) equipment manufactured by you for sale; or (h) electronic data.

Electronic Circuitry: Means microelectronic components, including but not limited to circuit boards, integrated circuits, computer chips, and disk drives.

Electronic Circuitry Impairment:

(a) Means a fortuitous event involving electronic circuitry within covered equipment to suddenly lose its ability to function as it had been functioning immediately before such event. This definition is subject to the conditions specified in (b), (c), and (d) below.

(b) We shall determine that the reasonable and appropriate remedy to restore such covered equipment's ability to function is the replacement of one or more electronic circuitry components of the covered equipment.

(c) The covered equipment must be owned or leased by you or operated under your control.

(d) None of the following is an electronic circuitry impairment:

  (i) Any condition that can be reasonably remedied by:
    1) Normal maintenance, including but not limited to replacing expendable parts, recharging batteries or cleaning;
    2) Rebooting, reloading, or updating software or firmware; or
    3) Providing necessary power or supply.

  (ii) Any condition caused by or related to:
    1) Incompatibility of the covered equipment with any software or equipment installed, introduced, or networked within the prior 30 days; or
    2) Insufficient size, capability, or capacity of the covered equipment;
    3) Exposure to adverse environmental conditions, including but not limited to change in temperature or humidity, unless such conditions result in an observable loss of functionality. Loss of warranty shall not be considered an observable loss of functionality.

Outdoor Property: Fixed or permanent structures including but not limited to:

- Docks, wharves, piers, pilings, or bulkheads;
- Dumpsters, concrete trash containers, or permanent recycling bins;
- Electric utility power transmission and distribution lines, poles and related equipment owned by the insured;
- Exterior signs not located at a premises;
- Fences and retaining walls;
- Historical markers and flagpoles;
- Hydrants, not associated with a sprinkler system;
- Lighting towers;
- Playground equipment, park shelters, pedestrian-only bridges, picnic tables, water fountains or coolers, benches, dugouts, bleachers, or scoreboards;
- Storage sheds, garages, pavilions, or other similar buildings or structures not located at a premises; or
- Traffic lights, streetlights, traffic signs, parking meters, or bus shelters.

Personal Property: Means all property used in your operations other than real property, including but, not limited to:

- Furnishings and office equipment
- Building contents;
- Computer equipment;
- Communication systems;

- Materials, supplies (including your inventory of vehicle parts and supplies) while held on your premises awaiting installation;
- Base stations and dispatching systems, provided the property is on your premises and also provided you own the property, or the property is in your custody or control, and you are responsible for it, even though it belongs to someone else;
- Value of your right to use improvements made as a tenant, if you have paid for alterations or additions to any building or structure that you do not own (improvements must be at a premises).

Pollution Conditions (Wording differs in the State of Indiana – please refer to the policy for exact verbiage): The discharge, dispersal, release, seepage, migration, or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, hazardous materials, waste materials (including medical, infectious and pathological wastes) or electromagnetic fields into or upon land or any structures thereon, the atmosphere, or any watercourse or body of water including groundwater.

Real Property: The items at a premises described in the Declarations.
This includes:

- Aboveground piping;
- Aboveground and belowground "penstock";
- Additions under construction;
- Air cascade units that are not designed to be used off "premises";
- All appurtenant buildings or structures other than playground equipment, park shelters, pedestrian-only bridges, picnic tables, water fountains or coolers, benches, dugouts, bleachers, or scoreboards;
- Alterations and repairs to the buildings or structures;
- Completed additions;
- Exterior signs, meaning neon, automatic, mechanical, electric or other signs either attached to the outside of a building or structure, or standing free in the open;
- Foundations;
- Materials, equipment, supplies and temporary structures you own or for which you are responsible, on the "premises" or in the open (including property inside "vehicles") within 1,000 feet of the "premises", used for making additions, alterations or repairs to buildings or structures at the "premises";
- Outdoor fixtures;
- Paved surfaces such as sidewalks, bike paths, walkways, patios or parking lots;
- Permanently installed fixtures, machinery, and equipment;
- "Personal property" used for the maintenance and service of buildings or structures, including tools, lawn care equipment, and free-standing appliances for refrigerating, ventilating, cooking, dishwashing and laundering;
- Submersible pumps, pump motors and engines; or
- Underground piping located on or within 100 feet of a "premises" described in the Declarations.

Remediation Expenses: Expenses incurred for or in connection with the investigation, monitoring, removal, disposal, treatment, or neutralization of pollution conditions to the extent required by: (1) federal, state or local laws, regulations or any subsequent amendments thereof enacted to address pollution conditions; and (2) a legally executed state voluntary program governing the cleanup of pollution conditions.

Tools and Equipment: All tools and equipment, together with attached devices, accessories and trailers, that are used in your operations. Tools and equipment include, but are not limited to, hand tools, mechanics tools, power tools, meter readers, generators, air compressors, welders, trash pumps, trenchers, saws, jackhammers, maintenance or diagnostic equipment including specialized audio-visual equipment and its associated laptop, as well as recreational equipment, such as outdoor portable seating, temporary stands, food service trailers not licensed for road use, or portable restrooms.

Tools and equipment also include mobile equipment such as, but not limited to, bulldozers, mobile equipment that travels on crawler treads, tractors, loaders, backhoes, excavators, graders, or road surfacing equipment, and equipment whether self-propelled or not, maintained primarily to provide mobility to permanently mounted cranes, shovels, loaders, diggers, and drills. Tools and equipment also include snowplows, salt spreaders, and other similar equipment when not attached to a vehicle.

PROPERTY SUBLIMITS

Coverage	Limit
Accounts Receivable	$250,000
Arson, Theft, or Vandalism Information Reward	$25,000
Building Glass – Tenant	Lesser of replacement cost or amount liable under contract
Claim Expense	$20,000
Commandeered Property (RC + loss of use)	For the time you officially use the commandeered property + reasonable return time.
Damage to Building from Theft	$100,000
Debris Removal Expenses	25% + $100,000
Equipment Breakdown	Building + BPP Limit + Loss of Income & Extra Expense
Fine Arts	$50,000 (appraised) $25,000 (unappraised – subject to $1,500/item max)
Fire Department Charges	$25,000
Fire Extinguishing Equipment Recharge Costs	"Necessary and reasonable" (per policy)
Limited Coverage for Fungus, Wet Rot or Dry Rot	$25,000
Lock Replacement	$25,000
Newly Acquired or Under Construction Real Property (Coverage A) and Related Personal Property (Coverage B)	Coverage A: $1,000,000 Coverage B: $500,000
Non-owned Detached Trailers	$50,000
Ordinance Coverage Coverage A: Undamaged Real Property Coverage B: Demolition Coverage C: Increased Cost	Coverage A: Limit of Insurance (applicable to that item) Coverage B and Coverage C: Greater of 100% of direct physical loss or $1,000,000
Outdoor Property	$150,000
Personal Effects	$25,000
Pollution Remediation Expense (covered cause of loss)	$25,000
Pollution Remediation Expense (specified cause of loss)	$100,000
Preservation of Property	Included
Real Property or Personal Property in Transit or Off-Premises	$100,000
Software	$500,000
Spoilage Due to Off Premises Electric Service Interruption	$50,000
Supplementary Provisions for Coverage C. "Loss of Income" and Coverage D "Extra Expense"	Included
Trees, Shrubs, Plants and Lawns (max $1,000 any one item)	$25,000
Utility Services – Direct Damage	$100,000
Valuable Papers and Records	$250,000
Water Contamination Notification Expense	$25,000 (annual aggregate)
Water Sewer Backup	$100,000

NOTES:
THIS IS A NON-ADMITTED QUOTE.
Premium is calculated from application's property schedule (please review property schedule for coverage and limit adequacy).
Earthquake and Flood coverages are excluded.

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Section 2. INLAND MARINE (Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating
NON-ADMITTED

FORM: Proprietary

LIMITS

Coverage A: Blanket Tools and Equipment: (Unscheduled, Maximum $10,000 any one item)	$65,000
Coverage B: Scheduled Equipment:	$176,564
Coverage C: Blanket Emergency Services Equipment:	N/A

COVERAGE EXTENSIONS – Adds or extends the coverage under Section I – Coverages. Unless stated otherwise in the policy, a) each extension is limited to direct physical loss or damage cause by or resulting from a covered cause of loss; b) the limits in each extension are in addition to the limits applicable in Section I – Coverages; and c) All other applicable terms and conditions of the coverage form apply to each extension. (**whichever comes first)

Debris Removal Expenses	Max $15,000 (per occurrence)
Employee Tools (no deductible applies)	Max $25,000 (per occurrence)
Emergency Services and Law Enforcement Personal Effects (Coverage C extension, no deductible applies)	Replacement Cost
Rented or Borrowed Equipment ▪ Coverage A: Blanket Tools and Equipment and Coverage C: Blanket Emergency Services Equipment ($1,000 deductible applies)	**Replacement Cost or $10,000 (per occurrence)
▪ Coverage B: Scheduled Equipment (Extended to equipment not owned by you, $1,000 deductible applies)	**Actual Cash Value or $100,000 (per occurrence)
Newly Acquired Scheduled Equipment (Coverage B extension, $1,000 deductible applies)	30 days on Replacement Cost (not to exceed purchase price)
Personal Watercraft and Watercraft (Coverage A & C extension only)	**Replacement Cost or $25,000 (per occurrence)
Rental Reimbursement for Scheduled Equipment (Coverage B extension, no deductible applies)	Max $10,000 (per occurrence)
Unmanned Aircraft ($500 deductible applies)	Max $25,000 (per occurrence)
Fire Department Charges (no deductible applies)	Max $1,000 (per occurrence)
Fire Extinguishing Recharge Costs (no deductible applies)	Necessary and Reasonable Costs (extinguishing equipment must be for the protection of your inland marine equipment)

DEDUCTIBLES

Coverage A: Blanket Tools and Equipment	$5,000
Coverage B: Scheduled Equipment	$5,000
Coverage C: Blanket Emergency Services Equipment	N/A

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

POLICY HIGHLIGHTS:

- Blanket Coverages: "Tools and Equipment" and "Emergency Services Equipment"
- Suite of Coverage Extensions available in the core form.
- Deductible Waiver in certain circumstances for Coverages A & B.

VALUATION:

- Coverage A: Blanket Tools and Equipment: Replacement Cost
- Coverage B: Scheduled Equipment: Replacement Cost or Actual Cash Value
- Coverage C: Blanket Emergency Services Equipment: N/A

NOTES:
THIS IS A NON-ADMITTED QUOTE.

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Section 3. COMMERCIAL CRIME (Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating
NON-ADMITTED

FORM: Proprietary

LIMITS

Coverage Group	Employee Theft	Forgery or Alteration	Theft of Money & Securities (Inside the Premises)	Robbery or Safe Burglary (Inside the Premises)	Outside the Premises	Computer & Funds Transfer Fraud	Money Orders & Counterfeit Money
5	$250,000	$250,000	$250,000	$100,000	$250,000	$250,000	$250,000

DEDUCTIBLE

$1,000 (each claim)

POLICY HIGHLIGHTS:
Separate Limits Apply to Each Coverage
Broad Definition of Employee
Non-auditable
Faithful Performance of Duty

NOTES:
THIS IS A NON-ADMITTED QUOTE.
Fraudulent Impersonation is excluded.

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Section 4. COMMERCIAL GENERAL LIABILITY (Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating
NON-ADMITTED

FORM: Proprietary, Occurrence, Defense Outside

LIMITS

General Aggregate	$3,000,000
Products & Completed Operations Aggregate	$3,000,000
Each Occurrence	$1,000,000
Personal & Advertising Injury Limit	$1,000,000
Damage to Premises Rented to You	$1,000,000
Medical Payments	$10,000

DEDUCTIBLE (Excluding Expenses)

$0 (each occurrence)

SELECTED OPTIONAL COVERAGES

Failure to Supply Water Liability
Inverse Condemnation
Each Location Aggregate

POLICY HIGHLIGHTS:

- Duty to Defend w/ Defense Costs In Addition to Limits
- Broad Definition of Insured – including, but not limited to Employees, Volunteers, Elected or Appointed Officials
- Host Liquor Liability, Unless Otherwise Excluded
- Owned (Up to 100 HP – higher available by endorsement) & Nonowned Watercraft
- Blanket Additional Insured
- Water & Wastewater Testing Errors and Omissions
- Failure to Supply (No ISO limitation)
- Lead (potable water)
- Waterborne Asbestos (potable water)
- Product Recall
- Impaired Property
- Fungi & Bacteria
- Non-auditable

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

SPECIAL COVERAGES

Asbestos: Exclusion exception wherein coverage is provided for bodily injury or property damage arising out of potable water which is supplied to others.

Contractual Liability - Railroads: Coverage is provided for any contract or agreement that indemnifies a railroad for bodily injury or property damage arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing. Available via endorsement only.

Damage to Impaired Property or Property Not Physically Injured: Exclusion exception wherein the Damage to Impaired Property or Property Not Physically Injured exclusion does not apply to potable water, non-potable water, or wastewater as well as any loss of use of other property arising out of a sudden and accidental physical injury to the insured's product or work after it has been put to its intended use.

Failure to Supply: Coverage is provided for bodily injury or property damage arising out of the failure of any Insured to adequately supply water.

Fungi or Bacteria: Exclusion exception wherein the Fungi or Bacteria exclusion does not apply to a) any fungi or bacteria that are on or are contained in a good or product intended for consumption; or b) any injury or damage arising out of or caused by your water, irrigation, or wastewater intake, outtake, reclamation, treatment, or distribution process.

Lead: Exclusion exception to Lead, Electromagnetic Radiation, Nuclear exclusion that creates an exception for potable water you supply to others for claims involving the toxic properties of lead, or any material or substance containing lead.

Recall of Products, Work or Impaired Property: Exclusion exception where in the Recall of Products, Work or Impaired Property exclusion does not apply to potable water, non-potable water, or wastewater.

Pollution: The pollution exclusion contains the following exceptions:

- To bodily injury if sustained within a building owned or occupied by an insured and caused by smoke, fumes, vapor, or soot if produced or originating from certain equipment.
- To bodily injury or property damage arising out of heat, smoke, fumes from a hostile fire occurring or originating from certain premises, sites, or locations as outlined in the policy.
- To bodily injury or property damage that occurs as a result of your operations (unless otherwise specifically excluded) including:
  - Potable water supplied to others;
  - Chemicals used in your water/wastewater treatment process;
  - Chemicals you use, apply or store for your ownership, maintenance, or operation of swimming pools;
  - The use, application or storage of road salt or similar substances designed and used for snow/ice removal;
  - Natural gas or propane gas you use in your water or wastewater treatment process;
  - Urgent response for the protection of property, human life, health or safety conducted away from premises you own, rent or occupy;
  - Training operations;
  - Water runoff from the cleaning of equipment use in emergency service activities;
  - Storage or application of pesticides/herbicides if such storage or application meets all standards of any statue, ordinance, regulation or license requirement of any federal, state or local government; or
  - Fuels, lubricants or other operating fluids needed to perform the normal electrical, hydraulic or mechanical functions necessary for the operation of "mobile equipment" subject to additional policy terms.
  - To bodily injury or property damage if such bi/pd is caused by the escape of back-up of sewage or wastewater from any sewage treatment facility or fixed conduit that you own, operate, lease, control.

Water & Wastewater Testing Errors and Omissions: Coverage is provided for damages arising out of an act, error, or omission which arises from your water or wastewater testing.

Who is Insured: Coverage is extended to Scheduled Named Insureds comprising individuals, spouses, partnerships, joint ventures, corporations, trusts, limited liability companies, public entities, operating authorities, boards, commissions, districts, governmental units, nonprofit entities, and other organizations. Insureds also include: elected or appointed officials; employees or volunteer workers; real estate managers; temporary custodians; legal representatives; medical directors; mutual aid agreements; Good Samaritans; owners of commandeered equipment; blanket additional insureds; and newly acquired or formed entities.

KEY DEFINITIONS

Insured Contract:

- A contract for a lease or premises (see full terms and conditions).
- A sidetrack agreement;
- Any easement or license agreement, except in connection with construction or demolition operations on or within fifty (50) feet of a railroad;
- An obligation, as required by ordinance, to indemnity a municipality, except in connection with work for a municipality;
- An elevator maintenance agreement;
- That part of any other contract or agreement pertaining to your operations (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for bodily injury or property damage to a third person or organization (see full terms and conditions).

Suit: Means a civil proceeding in which damages because of bodily injury, property damage, personal and advertising injury, medical incident, law enforcement wrongful act, or a water or wastewater professional activity to which this insurance applies are alleged. Suit includes: a) An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or 2) Any other civil alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

NOTES:
THIS IS A NON-ADMITTED QUOTE.
The County of Tulare and their officers, agents, officials, employees, and volunteers are to be covered as Additional Insureds as respects: liability arising out of work or operations performed by or on behalf of the Grantee including material, parts, or equipment furnished in connection with such work or operations limited to SLFRF grant monies. The above referenced entity will also be named on a Waiver of Transfer of Rights of Recovery Against Others to Us endorsement.

Section 5. PUBLIC OFFICIALS & MANAGEMENT LIABILITY
(Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating
NON-ADMITTED

FORM: Occurrence

Defense Costs Outside the Limits of Liability

LIMITS			
Coverage A: Wrongful Acts	$	1,000,000	Each Wrongful Act or Offense
- Employment Practices		Included	
- Employee Benefits Liability		Included	
Coverage B: Injunctive Relief	$	5,000	Each Action
Aggregate Limit	$	3,000,000	Coverage A & B Combined

WRONGFUL ACTS DEDUCTIBLE	EMPLOYMENT PRACTICES DEDUCTIBLE
$1,000 (each Wrongful Act or Offense Including Expenses)	$25,000 (each Wrongful Act or Offense Including Expenses)
WRONGFUL ACTS RETROACTIVE DATE (CLAIMS-MADE)	**EMPLOYMENT PRACTICES RETROACTIVE DATE (CLAIMS-MADE)**
N/A	N/A

EMPLOYEE BENEFITS LIABILITY RETROACTIVE DATE (CLAIMS-MADE)

N/A

POLICY HIGHLIGHTS:
- Duty To Defend
- Broad Definition of Named Insured
- Third Party Offense Coverage
- Non-auditable

SELECTED OPTIONAL COVERAGES:
Inverse Condemnation

KEY DEFINITIONS

Employment Practices: Injury, including consequential bodily injury, arising from any of your employment practices including, but not limited to:
- Discrimination;
- Harassment;
- Retaliation;
- Any actual or alleged wrongful dismissal, discharge, or termination (either actual or constructive) of employment, including breach of an implied employment contract or an implied covenant of good faith and fair dealing in an employment contract;
- Any actual or alleged wrongful hiring, demotion, discipline, evaluation, supervision and investigation of an employee or intentional interference with an employment contract;
- Any actual or alleged wrongful deprivation of a career opportunity, to promote an employee or the wrongful failure to employ;
- Any actual or alleged false arrest, false imprisonment, false detention or malicious prosecution, liable, slander, defamation, disparagement or invasion of the right of privacy, as respects employment practices;
- The violation of any federal, state, or local statues, rules or regulations applicable to employers;
- The development, implementation, and enforcement of any and all practices, policies and procedures governing

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

any aspect of employment practices;

Injunctive or Declaratory Relief: (a) means equitable relief sought through the demand for the issuance of a permanent, preliminary, or temporary injunction, restraining order, or similar prohibitive write against, or order for specific performance by, an insured; or (b) any request that a court make a finding of law or fact, provided such action is filed during the policy period.

Wrongful Act: means any actual or alleged error, act, omission, neglect, misfeasance, nonfeasance, or breach of duty, including violation of any civil rights law, by any insured in discharge of their duties individually or collectively that results directly but unexpectedly and unintentionally in damages to others.

NOTES:
THIS IS A NON-ADMITTED QUOTE.

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Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Section 6. BUSINESS AUTO (Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating

FORM: ISO & Proprietary

PORTFOLIO

Coverage	Symbol	Limit
Combined Single Limit for Bodily Injury & Property Damage (each accident)	1	$1,000,000
Hired Auto Liability	8	$1,000,000
Non-Owned Auto Liability	9	$1,000,000
"No-Fault" or Statutory Personal Injury Protection (each person)	N/A	Excluded
Medical Payments	2	$5,000
Uninsured / Underinsured Motorists	2	$1,000,000
Hired Physical Damage	8	$100,000
Physical Damage – Comprehensive	2	ACV
Physical Damage – Collision	2	ACV

DEDUCTIBLE

Liability:	N/A (per accident)
Comprehensive:	$1,000 (each covered auto)
Collision:	$1,000 (each covered auto)

FLEET COVERAGE ENHANCEMENTS & COVERAGE EXTENSIONS (As Applicable)

- Commercial Auto 360 Endorsement
- Pollution Liability – Broadened Coverage for Covered Autos

NOTES:
The Business Auto Coverage requires 17-digit VIN Numbers. The insured's policy cannot be released without this information.

The County of Tulare and their officers, agents, officials, employees, and volunteers are to be covered as Additional Insureds as respects: liability arising out of work or operations performed by or on behalf of the Grantee including material, parts, or equipment furnished in connection with such work or operations limited to SLFRF grant monies. The above referenced entity will also be named on a Waiver of Transfer of Rights of Recovery Against Others to Us endorsement.

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Section 7. COMMERCIAL EXCESS LIABILITY (Included in the proposal? Yes)

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating

FORM: Following Form, Non-auditable

LIMITS

$1,000,000/$1,000,000

SCHEDULED UNDERLYING COVERAGE FORMS

Commercial General Liability – Included

Auto Liability – Included

Public Officials & Management Liability (Wrongful Acts) – Included

Employers' Liability: (minimum underlying limit requirement of $500,000 / $500,000 / $500,000) – Excluded

Other:

NOTABLE COVERAGES INCLUDED IN THE EXCESS (require minimum underlying limits of $1,000,000)

Law Enforcement Liability (General Liability) – Excluded

Hired and Non-Owned Auto Liability (General Liability) – Excluded

Employee Benefit Plans (General Liability) – Excluded

Inverse Condemnation (General Liability) – Included

Hired and Non-Owned Auto Liability (Owned Auto) – Included

Employment Practices (POML) – Included

Employee Benefit Plans (POML) – Included

Inverse Condemnation (POML) – Included

NOTABLE EXCLUSIONS:

- Workers' Compensation
- Uninsured Motorists / Underinsured Motorists
- Underlying Limits < $1,000,000 except for Employer's Liability

NOTES:
Employers' Liability subject to MRSI security requirements.
Please provide a copy of the current W/C declarations for review and affirmation of coverage.

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Section 8. UNDERWRITING SUBJECTIVITIES AND GENERAL NOTES

CARRIER: Munich Re Specialty Insurance affiliate company
A+ XV (Superior) A.M. Best Rating

INSURED Strathmore Public Utility District

GENERAL NOTES

QUOTE SUBJECTIVITIES:

THE FOLLOWING ITEMS ARE DUE AT THE TIME OF BINDING:

- Signed and Dated WaterPlus Application and Insured FEIN # (required to bind auto).
- Terrorism: This coverage is included in most jurisdictions (all but 8) without an associated charge for Package (Property/GL). In those instances, a signed selection/rejection is **not** required. In the 8 jurisdictions with an associated charge including the entire State of California for Excess, a signed selection/rejection form is required to be returned at the time of binding.
- Signed and Dated Uninsured/Underinsured Motorist Selection/Rejection Form.
- Copy of the latest Dam Inspection reports and insured response to any inspection deficiencies, if applicable and not already provided.
- Signed Statement of Values (Property, Inland Marine and Auto, as applicable).
- Provide Name, Phone Number, and Email Address for both the Risk Manager and Boiler & Machinery Inspection contacts.
- Provide a complete driver schedule including name, date of birth, and license number.

STATE SPECIFICATION NOTATIONS:

DISCLAIMER: Actual coverage is subject to the language of the policies as issued.
Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

ALLIED PUBLIC RISK - STATEMENT OF VALUES
INSURED: Strathmore Public Utility District
POLICY YEAR EFFECTIVE: 11/1/2026 - 11/1/2027

LOC./ BLDG NUM	ADDRESS	BUILDING DESCRIPTION	INCL IN BLANKET	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	VALUATION	FLOOD (Y or N)	EARTH-QUAKE (Y or N)
1-1	19626 Orangebelt Drive, Strathmore, CA 93267	Office	Yes	$373,202	$159,945	$533,147	Replacement Cost	N	No
2-1	19481 Road 224, Strathmore, CA 93267	Sewer Plant	Yes	$79,974	$18,659	$98,633	Replacement Cost	N	No
2-2	19481 Road 224, Strathmore, CA 93267	Sewer Plant Concrete	Yes	$213,258	$0	$213,258	Replacement Cost	N	No
2-3	19481 Road 224, Strathmore, CA 93267	Generator Building	Yes	$115,516	$0	$115,516	Replacement Cost	N	No
2-4	19481 Road 224, Strathmore, CA 93267	Emergency Backup Pump	Yes	$26,657	$0	$26,657	Replacement Cost	N	No
3-1	Meredith Drive, Strathmore, CA 93267	Water Tank (60K Gallons)	Yes	$382,087	$0	$382,087	Replacement Cost	N	No
4-1	19630 Wallace Road, Strathmore, CA 93267	Water Treatment Plant	Yes	$6,842,024	$275,458	$7,117,482	Replacement Cost	N	No
5-1	Friant Kern Canal, Strathmore, CA 93267	Turnout	Yes	$213,258	$0	$213,258	Replacement Cost	N	No
6-1	Ave 197 & Rd. 231, Strathmore, CA 93267	Pump & Switch	Yes	$39,100	$0	$39,100	Replacement Cost	N	No

Total Values Subject to the Blanket: $8,739,138
All Other Values: $0

PRINTED NAME **AUTHORIZED SIGNATURE** **DATE**

ALLIED PUBLIC RISK - INLAND MARINE SCHEDULE
INSURED: Strathmore Public Utility District
POLICY YEAR EFFECTIVE: 11/1/2026 - 11/1/2027

ITEM NUM	IM CATEGORY	DESCRIPTION	SERIAL #/ID#	TOTAL INSURED VALUE	DEDUCTIBLE	VALUATION
1	Scheduled Equipment	Kubota M7060 HDC 4WD Cab Tractor	69836	$35,800	$5,000	ACV
2	Scheduled Equipment	Kubota LA1154 Front Loader w/72' Bucket	B4936	$5,670	$5,000	ACV
3	Scheduled Equipment	Gearmore G503W Offset Wheel Disc	G503061701368B	$11,300	$5,000	ACV
4	Scheduled Equipment	Landpride RCR 1884 Rotary Cutter with duel wheel	114790	$3,500	$5,000	ACV
5	Scheduled Equipment	Front & Rear Weights		$1,450	$5,000	ACV
6	Scheduled Equipment	Tuatra E1000	L23DK2A33LA000742	$20,288	$5,000	ACV
7	Scheduled Equipment	ZeroNox Model ION EC4	LQEC42020080096	$21,545	$5,000	ACV
8	Scheduled Equipment	Sewer Jetter Mdl 4018-375	1U9FS1317RA044404	$77,011	$5,000	ACV

PRINTED NAME **AUTHORIZED SIGNATURE** **DATE**

ALLIED PUBLIC RISK - STATEMENT OF VALUES
INSURED: Strathmore Public Utility District
POLICY YEAR EFFECTIVE: 11/1/2026 - 11/1/2027

LOC./ BLDG NUM	ADDRESS	BUILDING DESCRIPTION	INCL IN BLANKET	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	VALUATION	FLOOD (Y or N)	EARTH-QUAKE (Y or N)
1-1	19626 Orangebelt Drive, Strathmore, CA 93267	Office	Yes	$373,202	$159,945	$533,147	Replacement Cost	N	No
2-1	19481 Road 224, Strathmore, CA 93267	Sewer Plant	Yes	$79,974	$18,659	$98,633	Replacement Cost	N	No
2-2	19481 Road 224, Strathmore, CA 93267	Sewer Plant Concrete	Yes	$213,258	$0	$213,258	Replacement Cost	N	No
2-3	19481 Road 224, Strathmore, CA 93267	Generator Building	Yes	$115,516	$0	$115,516	Replacement Cost	N	No
2-4	19481 Road 224, Strathmore, CA 93267	Emergency Backup Pump	Yes	$26,657	$0	$26,657	Replacement Cost	N	No
3-1	Meredith Drive, Strathmore, CA 93267	Water Tank (60K Gallons)	Yes	$382,087	$0	$382,087	Replacement Cost	N	No
4-1	19630 Wallace Road, Strathmore, CA 93267	Water Treatment Plant	Yes	$6,842,024	$275,458	$7,117,482	Replacement Cost	N	No
5-1	Friant Kern Canal, Strathmore, CA 93267	Turnout	Yes	$213,258	$0	$213,258	Replacement Cost	N	No
6-1	Ave 197 & Rd. 231, Strathmore, CA 93267	Pump & Switch	Yes	$39,100	$0	$39,100	Replacement Cost	N	No

Total Values Subject to the Blanket: $8,739,138
All Other Values: $0

Christina Lightner
PRINTED NAME

AUTHORIZED SIGNATURE

10/08/2026
DATE

IMPORTANT NOTICE:

1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

Date: 10/08/2026

Insured: _____

Named Insured: Strathmore Public Utility District

Policy No. or Type of Policy: Excess **Effective Date: 11/1/2026**

Insurance Company: PESLIC

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you now have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1)of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury--in consultation with the Secretary of Homeland Security, and the Attorney General of the United States--to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION, IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

We have made the appropriate charge to include insurance coverage for losses arising out of terrorism as defined in the Terrorism Risk Insurance Act, as amended. The premium charged for this coverage is shown on the attached quote letter.

You have the option of accepting or rejecting terrorism coverage under the Act. We will include insurance coverage for losses arising out of certified acts of terrorism as defined in the Act unless you advise us that you want to reject this coverage by signing below and returning this notice to us.

REJECTION OF TERRORISM INSURANCE COVERAGE

I hereby elect to have the exclusion for terrorism coverage attached to my policy. I understand that an exclusion will be attached to my policy and I will have no coverage for losses arising from certified acts of terrorism as defined in the exclusion and in the Terrorism Risk Insurance Act, as amended.

_____
Policyholder/Applicant's Signature

Christina Lightner, Board President
Print Name and Title

10/08/2026
Date

TERRORISM RISK INSURANCE ACT

The following is a partial summary of the Terrorism Risk Insurance Act, as amended, (hereinafter referred to as the Act). Only the provisions of the Act determine the scope of the insurance protection available for the losses covered under the Act. The Act has been extended through December 31, 2027.

The Act provides coverage for property and casualty insurance for "insured losses" as a result of an "act of terrorism." As stated in the Act:

A. "Insured loss" means any loss resulting from an "act of terrorism" (including an act of war, in the case of worker's compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if such loss:
   1. Occurs within the United States; or
   2. Occurs to an air carrier (as defined in section 40102 of title 49, United States Code), to a United States flag vessel (or a vessel based principally in the United States, on which US income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs, or at the premises of any United States mission.

B. "Act of terrorism" means any act or acts that are certified by the Secretary of Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States:
   1. To be an act of terrorism;
   2. To be a violent act or an act that is dangerous to:
      a. Human life;
      b. Property; or
      c. Infrastructure;

3. To have resulted in damage within the United States, or outside of the United States in the case of:
   a. An air carrier or vessel described in paragraph (5)(B) of Section 102 of the Act; or
   b. The premises of a United States mission; and
4. To have been committed by an individual or individuals, as part of an effort to coerce the civilian populations of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

C. Section 102 (1)(B) of the Act states "no act shall be certified by the Secretary as an act of terrorism if:
   1. The act is committed as part of the course of a war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or
   2. Property and casualty insurance losses resulting from the acts, in the aggregate, do not exceed $5,000,000."

D. The Act also contains a "program trigger" in Section 103(e)(1)(B), pursuant to which the federal government does not pay compensation for losses resulting from a certified act occurring after December 31, 2007, unless aggregate industry insured losses from such a certified act exceed a certain amount, or "trigger." For insured losses occurring in 2008 and for all additional calendar years, the program trigger is $100,000,000 through 2015, $120,000,000 beginning on January 1, 2016, $140,000,000 beginning on January 1, 2017, $160,000,000 beginning on January 1, 2018, $180,000,000 beginning on January 1, 2019, $200,000,000 beginning on January 1, 2020 of aggregate industry insured losses.

E. The Act does not apply to: crop or livestock insurance; private mortgage insurance or title insurance; financial guaranty insurance issued by monoline financial guaranty insurance corporations; insurance for medical malpractice; health or life insurance; flood insurance provided under the National Flood Insurance Act of 1968; commercial automobile insurance; burglary and theft insurance; surety insurance; professional liability insurance (except Directors and Officers Liability); or farm owners multiple peril insurance.

F. Under the Act for calendar years through December 31, 2027, the federal government will reimburse the insurance company for 80% beginning on January 1, 2020 of its insured losses in excess of a deductible, until aggregate "insured losses" in any calendar year exceed $100 billion. Each insurer's deductible will be 20% of its direct earned premium for property and casualty insurance (as reported on Page 14 of the company's Annual Statement), over the immediately preceding calendar year.

   For the purposes of determining such deductibles, direct earned premium means only the premiums earned on the commercial lines property and casualty insurance covered by the Act for U.S. risks or vessels, aircraft and foreign missions outside the U.S. covered by the Act.

   Neither the insurance company (having met its statutorily mandated share as described above) nor the federal government will be liable for payment of any portion of "insured losses" under the Act that exceeds $100 billion in the aggregate during any calendar year.

CALIFORNIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Applicant/Named Insured: Strathmore Public Utility District
Company: American Alternative Insurance Corporation

California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Mandatory Offer Of Bodily Injury Uninsured Motorists Coverage

Please indicate your choices by initialing next to the appropriate item(s) below.

1. Selection Of Bodily Injury Uninsured Motorists Coverage

(Initials)	
_____	**I select Bodily Injury Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.**

2. Rejection Of Bodily Injury Uninsured Motorists Coverage

The California Insurance Code requires that we provide you with the following information:

"The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code".

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(Initials)	
_____	**I reject Bodily Injury Uninsured Motorists Coverage entirely.**
_____	**I delete Bodily Injury Uninsured Motorists Coverage only with respect to the following individuals:**
	(Name of Excluded Driver(s))
	_____
	_____

3. Lower Limit(s) For Bodily Injury Uninsured Motorists Coverage

The California Insurance Code requires that we provide you with the following information:

"The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code".

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(Initials)

_____ **I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.**

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	$ 15,000/30,000		_____	$ 30,000
_____	20,000/40,000		_____	40,000
_____	25,000/50,000		_____	50,000
_____	30,000/60,000		_____	60,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	500,000
_____	$ _____ (Other)		_____	1,000,000
			_____	$ _____ (Other)

B. Mandatory Offer Of Property Damage Uninsured Motorists Coverage

Uninsured Motorists Coverage may also include Property Damage Uninsured Motorists Coverage. Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages for injury to or destruction of a covered auto caused by an automobile accident which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles. However, Property Damage Uninsured Motorists Coverage is available only:

1. If you have not rejected Bodily Injury Uninsured Motorists Coverage; and
2. For autos for which you have not purchased Collision Coverage.

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Please indicate your choices by initialing next to the appropriate item(s) below.

(Initials)	
_____	**I select Property Damage Uninsured Motorists Coverage at a limit of $3,500 for each accident for the following vehicle(s):** **(Specify Year/Make/Model)** _____ _____ _____
(Initials)	
_____	**I reject Property Damage Uninsured Motorists Coverage entirely.**
_____	**I delete Property Damage Uninsured Motorists Coverage only with respect to the following individuals:** **(Name of Excluded Driver(s))** _____ _____

_____ _____

Applicant's/Named Insured's Signature **Date**

© ISO Properties, Inc., 2003

State Compensation Insurance Fund
P.O. Box 51092
Los Angeles, CA 90051-5392

Your Workers' Compensation Insurance Billing Invoice - September 2026

Policy Number:	9325989
Invoice No:	1003965930
Invoice Date:	09/20/2026

Strathmore Public Utilities Distric

PO BOX 425
STRATHMORE, CA 93267-0425

Account Activity

Date	Description	Amount
Previous Charges and Payments		
08/18/2026	Total Balance Due From Previous invoice #1003635797	$1,139.87
08/31/2026	Lockbox Payment - Payment Confirmation #100005246009	$(1,139.87)
	Balance	***$0.00***
New Charges - Policy Term 2026 (09/28/2026-09/28/2027)		
09/20/2026	Mandatory Surcharges - WCA	$189.41
09/20/2026	Mandatory Surcharges - WCFA	$58.12
09/20/2026	Mandatory Surcharges - SIBT	$258.68
09/20/2026	Mandatory Surcharges - UEBT	$12.11
09/20/2026	Mandatory Surcharges - OSHF	$71.90
09/20/2026	Mandatory Surcharges - LEC	$67.13
09/20/2026	Annual Premium Charge	$12,663.00
	New Charges	***$13,320.35***
	Invoice Balance Due - Pay by 10/11/2026	***$13,320.35***
	TOTAL BALANCE DUE (Previous + New Charges)	***$13,320.35***

Due to regulatory or policy changes, surcharge values may be adjusted in subsequent invoices.

View your billing activity. Set up AutoPay. Use your checking account, or debit/major credit card.

PAY ONLINE at www.statefundca.com

Questions? Pay by phone? Address Change? Call 888-STATEFUND (888-782-8338)

PAY ONLINE at www.statefundca.com or detach here and include this remittance stub with your payment.

Policy Number	9325989	Invoice No:	1003965930	Invoice Date	09/20/2026

See reverse for payment instructions

Policyholder: Strathmore Public Utilities Distric

Invoice Balance Due - Pay by 10/11/2026:	**$13,320.35**
Previous Charges and Payments:	**$0.00**
New Charges:	**$13,320.35**
TOTAL BALANCE DUE:	**$13,320.35**

Remit to:

State Compensation Insurance Fund
P.O. Box 51092
Los Angeles, CA 90051-5392

Amount Enclosed: $_____

2000093259892026080000000000000000000100396593020001923658000000000000

STATE COMPENSATION INSURANCE FUND®

In reply refer to
9325989-2026

September 19, 2026

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Dear Policyholder

Thank you for choosing us as your workers' compensation insurance carrier.

This package contains your policy contract and documents as listed on the following page. Please keep these together.

Our goal is to provide you with fast, efficient, and the most convenient service possible. We truly appreciate your business. If you have any questions about the information in this mailing, please contact your broker of record or your local State Compensation Insurance Fund office.

State Compensation Insurance Fund

STATE COMPENSATION INSURANCE FUND®

In reply refer to:
9325989-2026

Workers' Compensation and Employer's Liability Insurance Policy

List of forms and endorsements applicable to the policy:

	Annual Rating Endorsement
	Policy M
0015	Additional Insured Employer
2022	Mandatory Rate Change Endorsement
2029	California Short-Rate Cancellation
2064	Electronic Notification-eSubscription
2065	Certificate Holders' Notice
2087	Statutory Accounting Principles - Bill Receivable
2437	Medical Provider Network Endorsement
2567	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
3015	Executive Officers - Minimum/Maximum Limits
10152	Policy Announcement
10610F	Policyholder Notice
10275	CA Workers' Compensation Insurance Rating Laws
10999A	Payroll and Audit Requirements
15311	Explanation of Surcharges
17490	Loss Prevention and Safety Services
26000	Information Sharing Disclosure

Endorsement Notice

These endorsements amend and are part of your policy. Please keep them with your documents for future reference.

If you have any questions concerning these documents, please contact your State Fund office.

5880 Owens Dr Pleasanton, CA 94588-3900
Mailing Address: P.O. Box 8192 Pleasanton, CA 94588-8792

STATE COMPENSATION INSURANCE FUND®

Home Office San Francisco	Annual Rating Endorsement
It is agreed that the classifications and rates per $100 of remuneration appearing in the Continuous Policy issued to this employer are amended as shown below.	

Here are your new rates for the period indicated. If your name or address should be corrected or if insurance is not needed for next year, please tell us.

Important: This is not a bill.
Send no money unless statement is enclosed.
The rating period begins and ends at 12:01 AM Pacific Standard Time.

Continuous Policy 9325989-2026
Rating Period
September 28, 2026 to
September 28, 2027

Strathmore Public Utilities Distric
PO BOX 425
STRATHMORE, CA 93267-0425

Deposit Premium	**$0.00**
Minimum Premium	**$970.00**
Premium Adjustment Period	**Monthly**
	NE

Name of Employer STRATHMORE PUBLIC UTILITY DISTRICT

Principal work and rates effective from September 28, 2026 to September 28, 2027

Total Estimated Annual Premium $12663

2025-26

Code No.	Premium Basis	Base Rate	Interim Billing Rate*	
8810-1 CLERICAL OFFICE EMPLOYEES - N.O.C.	156700	0.45	0.62	.65
7580-1 SANITARY OR SANITATION DISTRICTS OPERATION - all employees	37051	6.50	8.96	857
7520-1 WATER COMPANIES - all employees - including construction or extension of lines	104500	5.81	8.01	874
8871-1 CLERICAL TELECOMMUTER EMPLOYEES - N.O.C.	0	0.22	0.30	.42

Experience Modification

September 28, 2026 to September 28, 2027 N/A

Countersigned and Issued at San Francisco September 19, 2026

Home Office San Francisco	Annual Rating Endorsement
It is agreed that the classifications and rates per $100 of remuneration appearing in the Continuous Policy issued to this employer are amended as shown below.	

Here are your new rates for the period indicated. If your name or address should be corrected or if insurance is not needed for next year, please tell us.

Important: This is not a bill.
Send no money unless statement is enclosed.
The rating period begins and ends at 12:01 AM Pacific Standard Time.

Continuous Policy 9325989-2026
Rating Period
September 28, 2026 to
September 28, 2027

Bureau Note Information

FEIN 94-6003599

*Interim billing rates will be used on payroll reports. They take into account rating plan credits (or debits) which will apply at final billing and an estimate of your premium discount as detailed below.

Countersigned and Issued at San Francisco September 19, 2026

STATE COMPENSATION INSURANCE FUND®

Home Office San Francisco	Annual Rating Endorsement
It is agreed that the classifications and rates per $100 of remuneration appearing in the Continuous Policy issued to this employer are amended as shown below.	

Here are your new rates for the period indicated. If your name or address should be corrected or if insurance is not needed for next year, please tell us.

Important: This is not a bill.
Send no money unless statement is enclosed.
The rating period begins and ends at 12:01 AM Pacific Standard Time.

Continuous Policy 9325989-2026
Rating Period
September 28, 2026 to
September 28, 2027

Rating plan credits (debits) effective from September 28, 2026 to September 28, 2027

Rating Plan Modifier	1.48500
Estimated Premium Discount Modifier	0.92842
Composite factor applied to base rates to derive interim billing rates	1.37870

Premium Discount Schedule effective from September 28, 2026 to September 28, 2027
Estimated Modified Premium is discounted according to the following Schedule:

First	Above
$5,000	$5,000
0.0%	11.3%

The estimated premium discount is based on an estimate of your payroll. Actual premium discount applied at final billing will be based on the actual payroll reported on your policy and subject to audit.

If you have any questions, please contact State Fund customer support at 888-782-8338 (Monday – Friday, 8:00 AM to 5:00 PM).

Countersigned and Issued at San Francisco September 19, 2026

STATE COMPENSATION INSURANCE FUND®

Home Office San Francisco	Annual Rating Endorsement
It is agreed that the classifications and rates per $100 of remuneration appearing in the Continuous Policy issued to this employer are amended as shown below.	

Here are your new rates for the period indicated. If your name or address should be corrected or if insurance is not needed for next year, please tell us.

Important: This is not a bill.
Send no money unless statement is enclosed.
The rating period begins and ends at 12:01 AM Pacific Standard Time.

Continuous Policy 9325989-2026
Rating Period
September 28, 2026 to
September 28, 2027

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of the Policy other than as herein stated.

When countersigned by a duly authorized officer or representative of the State Compensation Insurance Fund, these declarations shall be valid and form part of the Policy.

Authorized Representative

President and CEO

Countersigned and Issued at San Francisco September 19, 2026

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

INTRODUCTION

In return for the payment of premium and subject to all terms and conditions of this policy, we (the State Compensation Insurance Fund) agree with you (the employer named in the Declarations) as follows:

GENERAL SECTION

A. The Policy

This policy, including the Declarations and all endorsements and schedules issued by us to be part of this policy, constitutes the entire contract of insurance. It is a contract of insurance between you and us. It is non-transferable. The only agreements relating to this insurance are stated in this policy.

The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

No condition, provision, agreement or understanding not stated in this policy contract will affect any rights, duties or privileges in connection with this policy contract. This policy will begin at 12:01 a.m. on its effective date, as shown in the Declarations.

B. Who Is Insured

You are insured if you are the employer named in the Declarations.

If the employer is a partnership, and if you are one of its named partners, you are insured, but only in your capacity as an employer of the partnership's employees.

This policy does not insure the liability of any employer other than the employer named in the Declarations.

C. Workers' Compensation Law

Workers' compensation law means the Workers' Compensation Laws of the State of California. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers' compensation law, any federal occupational disease law, or the provisions of any law that provide nonoccupational disability benefits.

D. Locations

This policy covers all of your California workplaces listed in the Declarations and endorsements, and it covers all of your other California workplaces unless specifically excluded by endorsement.

E. Who Is Eligible To Receive Workers' Compensation Benefits

Your employees (or in the event of their death, their dependents) are eligible for benefits under this policy. Employees who are excluded under workers' compensation law are not eligible for benefits under this policy, unless they have been included by endorsement.

If you are named in the Declarations as an Individual Employer or a Husband and Wife / Spouse and Spouse Employer, you are not eligible for benefits under this policy, unless included by endorsement.

PART ONE: WORKERS' COMPENSATION INSURANCE

A. How This Insurance Applies

This workers' compensation insurance applies to bodily injury by accident or bodily injury by disease, including death resulting therefrom, subject to the following conditions:

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. Your employee's exposure to those conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due, to those eligible under this policy, the benefits required of you by the workers' compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim or proceeding instituted against you before the Workers' Compensation Appeals Board for benefits payable by this workers' compensation insurance. We have the right to, and may at our discretion, investigate and settle these claims or proceedings. We will use attorneys selected by us including, but not limited to, our

internal legal staff.

We have no duty to defend any claim, proceeding or suit that is not covered by this workers' compensation insurance.

We have no duty to defend any claim against you for the discharge, coercion, or discrimination against any employee in violation of the law.

Unless prohibited by law, we may, at your request, defend you using attorneys selected by us including, but not limited to, our internal legal staff against a claim of serious and willful misconduct instituted before California's Workers' Compensation Appeals Board.

If defense for a serious and willful misconduct claim is accepted by State Fund, such representation is limited to proceedings before California's Workers' Compensation Appeals Board only and does not extend to any other tribunal.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this workers' compensation insurance, as part of any claim or proceeding we defend before the Workers' Compensation Appeals Board:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this workers' compensation insurance;
3. Litigation costs for which we are responsible;
4. Interest on an award, as required by law; and,
5. Expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this workers' compensation insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers' compensation law including, but not limited to, those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation;
4. you discharge, coerce or discriminate against any employee in violation of the law;
5. of injury to an employee under the minimum age specified in the workers' compensation law and illegally employed at the time of injury;
6. of an increase in indemnity payments due to your failure to provide us with timely and proper notice required by law. We may seek reimbursement for any of these amounts paid on your behalf; or
7. of sanctions imposed on you by the Workers' Compensation Appeals Board.

If we make any payments in excess of the benefits regularly provided by the workers' compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We may enforce your rights, and the rights of persons entitled to the benefits of this workers' compensation insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance for an injury occurring while this policy is in force.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance, subject to the provisions, conditions, and limitations of this policy.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers' compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the workers' compensation law that applies to:
   a. benefits payable by this insurance;
   b. special taxes, assessments, and payments into security or other special funds, and assessments payable by us under that law.
6. Your employee has a first lien upon any amount which becomes owing to you by us on account of this policy, and in the case of your legal incapacity or inability to receive the money and pay it to the claimant, we will pay it directly to the claimant.
7. Terms of this insurance that conflict with the workers' compensation insurance law in effect during the policy period are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO: EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employer's liability insurance applies to bodily injury by accident or bodily injury by disease of an

employee. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in California.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the suit and any related legal actions for damages for bodily injury by accident or by disease must be brought under the laws of the State of California.

B. We Will Pay

We will pay all sums you legally must pay as damages because of bodily injury to your employees eligible for benefits under this policy, provided the bodily injury is covered by this employer's liability insurance.
The damages we will pay, where recovery is permitted by California law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. for care and loss of services; and
3. for the consequential bodily injury that is covered by this employer's liability insurance to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. because of bodily injury to your employee that arises out of and in the course of employment claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of the law, or where insurance for liability is prohibited by law or contrary to public policy;
3. Damages or bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers' compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Damages or bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside of the State of California. This exclusion does not apply to bodily injury to an employee covered under this policy, who is temporarily outside of the State on a specific assignment;
7. Damages or bodily injury arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against, or termination of any employee, or from any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (42 USC Sections 1331-1356a.), the Defense Base Act (42 USC Sections 1651-1654), the Federal Mine Safety and Health Act (30 USC Sections 801-945), and other federal workers' compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of any law; or
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this employer's liability insurance. We have the right to, and may at our discretion, investigate any claims. We have the right to settle these claims, proceedings, and suits. We may use counsel of our choice.

We have no duty to defend a claim, proceeding or suit that is not covered by this employer's liability insurance. We have no duty to defend or continue defending after we have paid our limit of liability under this employer's liability insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this employer's liability insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this employer's liability insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law, until we offer the amount due under this employer's liability insurance; and,
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this employer's liability insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limit Of Liability

Our liability to pay for damages, including defense costs, is limited. Our limit of liability, including defense costs, is shown in the Declarations or endorsements. It is the most we will pay for all damages covered by this employer's liability insurance because of bodily injury to one or more employees in any one accident or occurrence, or series of accidents or occurrences, arising out of any one event.

We will not pay any claims for damages after we have paid the limit of our liability, including defense costs, under this employer's liability insurance.

H. Recovery From Others

We may enforce your rights to recover our payment from anyone liable for an injury covered by this employer's liability insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this employer's liability insurance unless:

1. you have complied with all the terms of this policy; and
2. the amount you owe has been determined with our consent or by actual trial and final judgment.

This employer's liability insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE: COVERAGE OF CALIFORNIA EMPLOYEES OUTSIDE OF CALIFORNIA

This coverage is identical to Part One of this policy. It applies to your California employees who are eligible for benefits under this policy while they are temporarily working anywhere outside of California on a specific assignment.

PART FOUR: YOUR DUTIES IF INJURY OCCURS

Tell us at once if an injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical treatment and other services required by the workers' compensation law.
2. Give us or our representative the names and addresses of the injured persons and of witnesses, and other information we may need, as required by California Workers' Compensation Law.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit. In the event of an accident wherein a third party may be at fault, preserve evidence of the accident.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE: PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans, and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this workers' compensation insurance.

B. Classifications

The Declarations show the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy

period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates, and premium basis by endorsement to this policy. You are responsible for telling us at once of any change in classification.

C. Premium Calculation

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees eligible for benefits under this policy while engaged in work covered by this policy; and,
2. all other persons engaged in work that could make us liable under Part One of this policy. If you do not have payroll records for these persons, the contract price for their services and/or other records may be used to determine the premium basis. This paragraph will not apply if you give us proof that the employers of these persons lawfully secured their workers' compensation obligations.

D. Payroll Reports And Premium Payments

You will submit all payroll reports and pay all premium when due.

E. Final Premium

The premium shown on the Declarations, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual premium basis and the proper classifications, rates, and rating plans that lawfully apply to the business and work covered by this policy. If you do not provide us with the information necessary to determine the actual premium basis, an estimated premium basis will be used. If the final premium is more than the premium you paid to us, you must pay us the balance. If the final premium for all policy years is less than the premium you paid to us, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way unless our manuals and/or rating plans provide otherwise.

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by any short-rate cancellation table and procedure in our manuals and/or rating plans. Final premium will not be less than the minimum premium.

F. Records

You will keep all records of information needed to conduct audits and compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records for this policy. These records include, but are not limited to, ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, documented and undocumented financial transactions, financial records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. The rating organization designated by the Insurance Commissioner has the same rights we have under this provision.

H. Rate Changes

Premium may be subject to midterm adjustment, for the unexpired term of the policy, pursuant to the Insurance Commissioner's power to disapprove rates.

PART SIX: CONDITIONS

A. Inspection

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections relate to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. The rating organization designated by the Insurance Commissioner has the same rights we have under this provision.

B. Long Term Policy

If this policy is written for a period longer than one year, all the provisions of this policy shall apply separately to each consecutive twelve-month period or, if the first or last consecutive period is less than twelve months, to such period of less than twelve months, in the same manner as if a separate policy had been written for each consecutive period.

C. Transfer Of Your Rights And Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must provide advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
   a. Non-payment of premium;
   b. Failure to report payroll;
   c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
   d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
   e. Material misrepresentation made by you or your agent;
   f. Failure to cooperate with us in the investigation of a claim;
   g. Material failure to comply with federal or state safety orders or written recommendations of our designated loss control representatives;
   h. The occurrence of a material change in the ownership of your business;
   i. The occurrence of any change in your business or operations that materially increases the hazard for frequency or severity of loss;
   j. The occurrence of any change in your business or operations that requires additional or different classifications for premium calculation;
   k. The occurrence of any change in your business or operations which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in Items (a) through (f), we will give you 10 days advance written notice, stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in the Declarations will be sufficient to prove notice.
4. If we cancel your policy for any of the reasons listed in Items (g) through (k), we will give you 30 days advance written notice. Mailing that notice to you at your mailing address shown in the Declarations will be sufficient to prove notice. In the event of cancellation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
5. If we mail the notice to you, the stated periods of notice and your right to remedy the condition will be extended by 5 days if the place of mailing and your mailing address is within California, 10 days if the place of mailing or your mailing address is outside of California, and 20 days if the place of mailing or your mailing address is outside of the United States.
6. The policy period will end on the date and hour stated in the cancellation notice.
7. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

E. Notice

Providing policy related documents to you by mail at the mailing address shown in the Declarations or endorsements will be sufficient to prove notice.

Notice may be sent by other means, as the law allows, and proof of such notice will be in accordance thereof.

You are responsible for providing written notice to us at once when the information contained in the Declarations or endorsements is no longer accurate or does not represent your operations. You must tell us at once of any changes in classification of your employees.

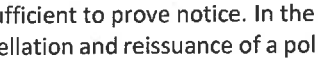
F. Participating Provision – Dividends

Our Board of Directors has sole authority concerning whether or not to declare a dividend, and for determining the criteria for participating in any dividend plans. You will be eligible to participate in dividend plans applicable to this policy which may be approved by our Board of Directors, if, and only if:

1. You are in full compliance with this policy;
2. You meet all of the criteria established by our Board of Directors in its resolution declaring the dividend; and,
3. You meet and fully comply with all of the procedures established by us to implement the dividend, as authorized by our Board of Directors.

Under California law, it is unlawful for an insurer [us] to promise the future payment of dividends under an unexpired workers' compensation policy or to misrepresent the conditions for dividend payment. Dividends are payable only pursuant to conditions determined by the [our] Board of Directors or other governing board [of the Company] following policy expiration. Forfeiture of right to, reduction in the amount of, or delay in payment of a policyholder's dividend due to the policyholder's failure to accept renewal of the policy or subsequent policies issued by the same insurer is illegal and constitutes an unfair practice.

Issued at Pleasanton, California.



Vernon Steiner, President & CEO

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STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Additional Insured Employer

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Anything in this policy to the contrary notwithstanding, it is agreed that

County of Tulare

is hereby named as an additional insured employer on this policy but only as respects employees whose names appear on the payroll records of

STRATHMORE PUBLIC UTILITIES DISTRIC

(Herein called the primary insured) while those employees are engaged in work under the simultaneous direction and control of the primary insured and the additional insured employer.

It is further agreed that the payment of the full premium due and payable under this policy shall remain the sole responsibility of the primary insured.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

0015 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Mandatory Rate Change Endorsement

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

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PO BOX 425
STRATHMORE, CA 93267-0425

It is agreed that the premium and rates are subject to change if ordered by the Insurance Commissioner of the State of California pursuant to Section 11737 of the California Insurance Code.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2022 Authorized Representative

President and CEO

SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

California Short-Rate Cancellation

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM
to September 28, 2027 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

The insurance under this policy is limited as follows:

It is agreed that anything in the policy to the contrary notwithstanding, such insurance as is afforded by this policy is subject to the following provisions:

If you cancel the policy and a disclosure was provided in accordance with section 481(C) of the California Insurance Code, final premium will be based on the time this policy was in force and increased by the Short-Rate Cancellation Table below:

Short-Rate Cancellation Table

Final premium based on the table below will not be less than the minimum premium for this policy.

Days = Extended number of days
% = Percentage of full policy premium

DAYS	%	DAYS	%	DAYS	%
1	5%	2	6%	3-4	7%
5-6	8%	7-8	9%	9-10	10%
11-12	11%	13-14	12%	15-16	13%

-Continued-

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2029 Authorized Representative

President and CEO

SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

California Short-Rate Cancellation

9325989-2026
Renewal
NE
0-16-05-45

Home Office
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to September 28, 2027 at 12:01 AM

-Continued-

17-18	14%	19-20	15%	21-22	16%
23-25	17%	26-29	18%	30-32	19%
33-36	20%	37-40	21%	41-43	22%
44-47	23%	48-51	24%	52-54	25%
55-58	26%	59-62	27%	63-65	28%
66-69	29%	70-73	30%	74-76	31%
77-80	32%	81-83	33%	84-87	34%
88-91	35%	92-94	36%	95-98	37%
99-102	38%	103-105	39%	106-109	40%
110-113	41%	114-116	42%	117-120	43%
121-124	44%	125-127	45%	128-131	46%
132-135	47%	136-138	48%	139-142	49%
143-146	50%	147-149	51%	150-153	52%
154-156	53%	157-160	54%	161-164	55%
165-167	56%	168-171	57%	172-175	58%
176-178	59%	179-182	60%	183-187	61%
188-191	62%	192-196	63%	197-200	64%
201-205	65%	206-209	66%	210-214	67%
215-218	68%	219-223	69%	224-228	70%
229-232	71%	233-237	72%	238-241	73%
242-246	74%	247-250	75%	251-255	76%
256-260	77%	261-264	78%	265-269	79%
270-273	80%	274-278	81%	279-282	82%

-Continued-

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2029 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

California Short-Rate Cancellation

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM
to September 28, 2027 at 12:01 AM

-Continued-

283-287 83%	288-291 84%	292-296 85%
297-301 86%	302-305 87%	306-310 88%
311-314 89%	315-319 90%	320-323 91%
324-328 92%	329-332 93%	333-337 94%
338-342 95%	343-346 96%	347-351 97%
352-355 98%	356-360 99%	361-365 100%

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2029 Authorized Representative President and CEO

SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Electronic Notification

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Any contradiction between the policy and this endorsement will be controlled by this endorsement. It is agreed that Part Six – Conditions: Section D. 3-4 and E of this policy is amended to include that electronic notifications and documents sent to your designated email address(es) will be sufficient to prove notice of mailing.

It is also agreed that should your designated email address(es) be invalid, mailing of documents will revert to the United States Postal Service for delivery to the mailing address shown on this policy.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2064 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Certificate Holders' Notice

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Anything in this policy to the contrary notwithstanding, it is agreed that this policy shall not be cancelled until:

60 days

after written notice of such cancellation has been placed in the mail by State Fund to current holders of certificate of workers' compensation insurance.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2065 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

All Effective Dates are
at 12:01 AM Pacific Time

Endorsement Agreement
Statutory Accounting Principles – Bill Receivable

9325989-2026
Renewal
NE
0-16-05-45

Effective September 28, 2026 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Any contradiction between the policy and this endorsement will be controlled by this endorsement.

It is agreed that this endorsement amends Section D. of Part Five of the policy.:

Your policy has been written on the Pay Over 9 Months bill plan.

You will be required to submit 2 Semi-Annual Payroll Reports within 10 calendar days after the last day of the payroll reporting period. Payment of outstanding premium is due within 20 calendar days from the bill date.

Once estimated premium is paid in full, no additional bills will be generated unless the payroll estimates are updated. The final premium will not be determined until policy is final billed and/or audited by State Fund.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations of this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2087 Authorized Representative President and CEO SF-END

New 8/2026 OLD DP 217

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Medical Provider Network

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Any contradiction between the policy and this endorsement will be controlled by this endorsement.

The State Compensation Insurance Fund Medical Provider Network is established in accordance with California Labor Code 4600 et seq and approved by the California Division of Workers' Compensation Administrative Director. The intent of the 2004 Legislation requiring the establishment of the Medical Provider Network is increased employer control over the costs of treating employee work related injuries and disease.

Part Four of the policy, Your Duties if Injury Occurs, is amended as follows:

It is agreed that the policyholder shall refer all work related injuries or disease to the State Compensation Insurance Fund Medical Provider Network at the time of an occupational injury or upon knowledge of an occupational injury or disease.

It is further agreed that when an employee notifies the policyholder of an occupational injury or files a claim for workers' compensation with the policyholder, the policyholder shall arrange an initial medical evaluation and begin treatment within the Medical Provider Network. The policyholder shall notify the employee of his or her right to be treated by a physician of his or her choice from within the Medical Provider Network after the first visit. The policyholder shall notify employee of the method by which the list of participating providers may be accessed by employees.

-Continued-

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2437 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Medical Provider Network

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

-Continued-

It is further agreed that if an injured employee disputes either the diagnosis or the treatment prescribed by the treating physician, the employee may seek the opinion of another physician within the Medical Provider Network. If the injured employee disputes the diagnosis or treatment prescribed by the second physician, the employee may seek the opinion of a third physician within the Medical Provider Network.

It is further agreed that this endorsement in no way affects the rights of an injured worker to predesignate a physician. An employee must file written notice of the predesignation with the employer prior to the date of injury. The notice must include the physician's signature of agreement to the predesignation, and the following conditions must apply:

The physician is the employee's regular physician.

The physician is the employee's primary care provider who has previously directed the medical treatment of the employee and retains records of the treatment and medical history.

The employer provides the staff with nonoccupational group health coverage in a health-care service plan (such as an HMO/PPO Program).

or

The employer provides nonoccupational health coverage in a group health plan or a group health insurance policy, per Labor Code 4616.7.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2437 Authorized Representative President and CEO SF – END

Endorsement Agreement

Terrorism Risk Insurance Program
Reauthorization Act Disclosure Endorsement

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are
at 12:01 AM Pacific
Standard Time or the
Time Indicated at
Pacific Standard Time

Effective September 28, 2026 at 12:01 AM
and Expiring September 28, 2027 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

-Continued-

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2567 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Terrorism Risk Insurance Program
Reauthorization Act Disclosure Endorsement

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are
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-Continued-

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

A. The act is an act of terrorism.

B. The act is violent or dangerous to human life, property, or infrastructure.

C. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.

D. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

-Continued-

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2567 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Terrorism Risk Insurance Program
Reauthorization Act Disclosure Endorsement

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM
and Expiring September 28, 2027 at 12:01 AM

-Continued-

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate insured losses exceed 100,000,000,000 in a calendar year and if we have met our insurer deductible, we are not liable for the payment of any portion of the amount of insured losses that exceeds $100,000,000,000; and for aggregate insured losses up to $100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed $200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

2. Notwithstanding item 1 above, the United States government will not make any payment under the Act for any portion.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

2567 Authorized Representative President and CEO SF – END

STATE COMPENSATION INSURANCE FUND®

Endorsement Agreement

Executive Officers
Minimum/Maximum Limits

9325989-2026
Renewal
NE
0-16-05-45

Home Office
San Francisco
All Effective Dates are at 12:01 AM Pacific Standard Time or the Time Indicated at Pacific Standard Time

Effective September 28, 2026 at 12:01 AM

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

Any contradiction between the policy and this endorsement will be controlled by this endorsement.

It is agreed that unless otherwise excluded by endorsement the actual remuneration earned by each executive officer during the policy period shall be used as the basis of premium, subject to

the minimum amount of $66,300.00 per annum

and the maximum amount of $171,600.00 per annum

as specified in the California Workers' Compensation Uniform Statistical Reporting Plan, for workers' compensation insurance in effect during the policy period.

Nothing in this endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of this policy other than as above stated. Nothing elsewhere in this policy shall be held to vary, alter, waive or limit the terms, conditions, agreements or limitations in this endorsement.

Countersigned and Issued at San Francisco September 19, 2026

3015 Authorized Representative President and CEO SF – END

Your Requirements Under Law

STATE COMPENSATION INSURANCE FUND®

This notice outlines employer requirements under workers' compensation law. Please make sure that your personnel are aware of these requirements and can access the necessary forms. You may download and print any of these documents from the search feature (using the form number in the parentheses after each form title below) through our website at:

https://www.StateFundCA.com/search

1. Notify all new employees in writing, either at the time of hire or by the end of the first pay period of their right to workers' compensation benefits in case of an industrial injury. State Fund's brochure, **"New Employee's Guide to Workers' Compensation"** (13286, English & Spanish) satisfies this requirement.

2. California workers' compensation law requires that you post in a location that is easily visible to your employees:
   - **"Notice to Employees – Injuries Caused by Work"** (DWC 7, English & Spanish) – You must by law post the DWC 7 notice in each of your business locations. Failure to post the required notice shall constitute a misdemeanor. In addition, any employer who fails to post the required notice could be assessed a civil penalty for each violation.
   - **"Employee's Guide to the State Fund Medical Provider Network"** (3851) – Must be provided to employees at the time of injury or where there is an existing injury, and when transferring care into the Medical Provider Network (MPN).

3. In the event of an occupational injury:
   - **"Employee's Claim for Workers' Compensation Benefits & Notice of Potential Eligibility for Benefits – DWC 1"** (3301) – Provide this claim form to your employee within one (1) working day of learning of an occupational injury.
   - **"Employer's Report of Occupational Injury or Illness"** (3067) – Complete and send this form to us within five (5) days of learning of an occupational injury.
   - **"Employee's Guide to the State Fund Medical Provider Network"** (3851) – Must be provided to employees at the time of injury or where there is an existing injury, and when transferring care into the MPN.

For questions or concerns, please contact State Fund customer support at (888) 782-8338 for assistance.

Policyholder Notice

Your Right to Rating and Dividend Information
PN 04 99 01 J (Ed. 06-25)

Policy Number 9325989-2026
NE

STRATHMORE PUBLIC UTILITIES DISTRIC
PO BOX 425
STRATHMORE, CA 93267-0425

I. Information Available to You

A. Information Available from Us – State Compensation Insurance Fund

(1) General questions regarding your policy should be directed to:

State Fund, Policy Service Center
1020 Vaquero Circle,
Vacaville, CA 95688
Telephone: 888-782-8338
Website: www.statefundca.com

(2) **Participating Provision-Dividends.** This is a participating policy (a policy on which a dividend may be paid) and upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend in both dollar amount and as a percentage of the Estimated Annual Premium (EAP) under the policy.

Pursuant to California Code of Regulations, Title 10 CCR 2503 (b), under California Law, it is unlawful for an insurer [us] to promise the future payment of dividends under an unexpired workers' compensation policy or to misrepresent the conditions for dividend payment. Dividends are payable only pursuant to conditions determined by the [our] Board of Directors or other governing board [of the Company] following policy expiration. Forfeiture of a right to, reduction in the amount of, or delay in the payment of a policyholder's dividend due to the policyholder's failure to accept renewal of the policy or subsequent policies issued by the same insurer is illegal and constitutes an unfair practice.

(3) **Claims Information.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

For claims covered under this policy, we will estimate the ultimate cost of unsettled claims for statistical purposes eighteen months after the policy becomes effective and will report those estimates to the Workers' Compensation Insurance Rating Bureau of California (WCIRB) no later than twenty months after the policy becomes effective. The cost of any settled claims will also be reported at that time. At twelve-month intervals thereafter, we will update and report to the WCIRB the estimated cost of any unsettled claims and the actual final cost of any claims settled in the interim. The amounts we report will be used by the WCIRB to compute your experience modification if you are eligible for experience rating.

B. Information Available from the Workers' Compensation Insurance Rating Bureau of California

(1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the *California Workers' Compensation Uniform Statistical Reporting Plan—1995* (USRP) and the *California Workers' Compensation Experience Rating Plan—1995* (ERP). WCIRB contact information is: WCIRB, One Montgomery Street, Suite 400, San Francisco, CA 94104, Attn: Customer Service; 888-229-2472 (phone); 415-778-7272 (fax); and customerservice@wcirb.com (email). The regulations contained in the USRP and the ERP are available for public viewing through the WCIRB's website at wcirb.com.

(2) **Policyholder Information.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, One Montgomery Street, Suite 400, San Francisco, CA 94104, Attn: Custodian of Records. The Custodian of Records can be reached at 415-777-0777 (phone) and 415-778-7272 (fax).

(3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form/Worksheet free of charge by completing a Policyholder Experience Rating Worksheet Request Form on the WCIRB's website at wcirb.com/ratesheet. The Experience Rating Form/Worksheet will include a Loss-Free Rating, which is the experience modification that would have been calculated if $0 (zero) actual losses were incurred during the experience period. This hypothetical rating calculation is provided for informational purposes only.

II. Dispute Process

You may dispute our actions or the actions of the WCIRB pursuant to CIC Sections 11737 and 11753.1.

A. Our Dispute Resolution Process.

You may request in writing that we reconsider a change in a classification(s) assignment that results in an increased premium. You may also request, in writing, that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written requests that we reconsider or review our actions should be forwarded to: State Compensation Insurance Fund, Attention: Manager, Customer Assistance Program, 5880 Owens Drive, Pleasanton, CA 94588 or call us at 925-460-6530 or Fax us at 707-454-8200.

After you send your Complaint and Request for Action, we have 30 days to send you a written notice indicating whether your written request will be reviewed. If we agree to review your request, we must conduct the review and issue a decision granting or rejecting your request 60 days after sending you the written notice granting review. If we decline to review your request, if you are dissatisfied with the decision upon review, or if we fail to grant or reject or issue a decision upon review, you may appeal to the Insurance Commissioner as described in paragraph II.C., below.

B. Disputing the Actions of the WCIRB. If you have been aggrieved by any decision, action, or omission to act of the WCIRB, you may request, in writing, that the WCIRB reconsider its decision, action, or omission to act. You may also request, in writing, that the WCIRB review the manner in which its rating system has been applied in connection with the insurance afforded or offered you. For requests related to classification disputes, the reporting of experience, or coverage issues, your initial request for review must be received by the WCIRB within 12 months after the expiration date of the policy to which the request for review pertains, except if the request involves the application of the Revision of Losses rule. For requests related to your experience modification, your initial request for review must be received by the WCIRB within 6 months after the issuance, or 12 months after the expiration date, of the experience modification to which the request for review pertains, whichever is later, except if the request for review involves the application of the Revision of Losses rule. If the request involves the Revision of Losses rule, the time to state your appeal may be longer. (See Section VI, Rule 7 of the ERP).

You may commence the review process by sending the WCIRB a written Inquiry. Written inquiries should be sent to: **WCIRB, One Montgomery Street, Suite 400, San Francisco, CA 94104, Attn: Customer Service. Customer Service can be reached at 888-229-2472 (phone), 415-778-7272 (fax) and customerservice@wcirb.com (email).**

If you are dissatisfied with the WCIRB's decision upon an Inquiry, or if the WCIRB fails to respond within 90 days after receipt of the Inquiry, you may pursue the subject of the Inquiry by sending the WCIRB a written Complaint and Request for Action. After you send your Complaint and Request for Action, the WCIRB has 30 days to send you written notice indicating whether or not your written request will be reviewed. If the WCIRB agrees to review your request, it must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If the WCIRB declines to review your request, if you are dissatisfied with the decision upon review, or if the WCIRB fails to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner as described in paragraph II.C., below. Written Complaints and Requests for Action should be forwarded to: **WCIRB, One Montgomery Street, Suite 400, San Francisco, CA 94104, Attn: Complaints and Reconsideration. The WCIRB's contact information is 888-229-2472 (phone), 415-371-5204 (fax) and customerservice@wcirb.com (email).**

C. **California Department of Insurance – Appeals to the Insurance Commissioner.** After you follow the appropriate dispute resolution process described above, if (1) we or the WCIRB decline to review your request, (2) you are dissatisfied with the decision upon review, or (3) we or the WCIRB fail to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner pursuant to CIC Sections 11737, 11752.6, 11753.1 and Title 10, California Code of Regulations, Section 2509.40 et seq. You must file your appeal within 30 days after we or the WCIRB send you the notice rejecting review of your Complaint and Request for Action or the decision upon your Complaint and Request for Action. If no written decision regarding your Complaint and Request for Action is sent, your appeal must be filed within 120 days after you sent your Complaint and Request for Action to us or to the WCIRB. The filing address for all appeals to the Insurance Commissioner is:

Administrative Hearing Bureau
California Department of Insurance
1901 Harrison Street, 3rd Floor Mailroom
Oakland, California 94612
415-538-4243

You have the right to a hearing before the Insurance Commissioner, and our action, or the action of the WCIRB, may be affirmed, modified or reversed.

Policyholder Notice

Your Right to Rating and Dividend Information

PN 04 99 01 J (Ed. 06-25)

Policy Number 9325989-2026

III. Resources Available to You in Obtaining Information and Pursuing Disputes

A. **Policyholder Ombudsman.** Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the Insurance Commissioner pursuant to Section 11737 of the Insurance Code.

The address of the policyholder ombudsman is WCIRB, One Montgomery Street, Suite 400, San Francisco, CA 94104, Attn: Policyholder Ombudsman. The policyholder ombudsman can be reached at 415-778-7159 (phone), 415-371-5288 (fax) and ombudsman@wcirb.com (email).

B. **California Department of Insurance – Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 800-927-HELP (4357) or insurance.ca.gov. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

This notice does not change the policy to which it is attached.

California Workers' Compensation Insurance Rating Laws

Pursuant to Section 11752.8 of the California Insurance Code, we are providing you with an explanation of the California workers' compensation rating laws.

1. We establish our own rates for workers' compensation. Our rates, rating plans, and related information are filed with the insurance commissioner and are open for public inspection.

2. The insurance commissioner can disapprove our rates, rating plans, or classifications only if he or she has determined after public hearing that our rates might jeopardize our ability to pay claims or might create a monopoly in the market. A monopoly is defined by law as a market where one insurer writes 20% or more of that part of the California workers compensation insurance that is not written by State Compensation Insurance Fund. If the insurance commissioner disapproves our rates, rating plans, or classifications, he or she may order an increase in the rates applicable to outstanding policies.

3. Rating organizations may develop pure premium rates that are subject to the insurance commissioner's approval. A pure premium rate reflects the anticipated cost and expenses of claims per $100 of payroll for a given classification. Pure premium rates are advisory only, as we are not required to use the pure premium rates developed by any rating organization in establishing our own rates.

4. We must adhere to a single, uniform experience rating plan. If you are eligible for experience rating under the plan, we will be required to adjust your premium to reflect your claim history. A better claim history generally results in a lower experience rating modification; more claims, or more expensive claims, generally result in a higher experience rating modification. The uniform experience rating plan, which is developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner.

5. A standard classification system, developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner. The standard classification system is a method of recognizing and separating policyholders into industry or occupational groups according to their similarities and/or differences. We can adopt and apply the standard classification system or develop and apply our own classification system, provided we can report the payroll, expenses, and other costs of claims in a way that is consistent with the uniform statistical plan or standard classification system.

6. Our rates and classifications may not violate the Unruh Civil Rights Act or be unfairly discriminatory.

7. We will provide an appeal process for you to appeal the way we rate your insurance policy. The process requires us to respond to your written appeal within 30 days. If you are not satisfied with the result of your appeal, you may appeal our decision to the insurance commissioner.

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California Workers' Compensation Insurance Notice of Nonrenewal

Section 11664 of the California Insurance Code requires us, in most instances, to provide you with a notice of non-renewal. Except as specified in paragraphs 1 through 6 below, if we elect to non-renew your policy, we are required to deliver or mail to you a written notice stating the reason or reasons for the non-renewal of the policy. The notice is required to be sent to you no earlier than 120 days before the end of the policy period and no later than 30 days before the end of the policy period. If we fail to provide you the required notice, we are required to continue the coverage under the policy with no change in the premium rate until 60 days after we provide you with the required notice. We are not required to provide you with a notice of non-renewal in any of the following situations:

1. Your policy was transferred or renewed without a change in its terms or conditions or the rate on which the premium is based to another insurer or other insurers who are members of the same insurance group as us.

2. The policy was extended for 90 days or less and the required notice was given prior to the extension.

3. You obtained replacement coverage or agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.

4. The policy is for a period of no more than 60 days and you were notified at the time of issuance that it may not be renewed.

5. You requested a change in the terms or conditions or risks covered by the policy within 60 days prior to the end of the policy period.

6. We made a written offer to you to renew the policy at a premium rate increase of less than 25 percent.

   A. If the premium rate in your governing classification is to be increased 25 percent or greater and we intend to renew the policy, we shall provide a written notice of a renewal offer not less than 30 days prior to the policy renewal date. The governing classification shall be determined by the rules and regulations established in accordance with California Insurance Code Section 11750.3(c).

   B. For purposes of this Notice, "premium rate" means the cost of insurance per unit of exposure prior to the application of individual risk variations based on loss or expense considerations such as scheduled rating and experience rating.

This notice does not change the policy to which it is attached.

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Payroll Record and Audit Requirements for Policies with Dual Wage Classifications

This notice applies only to policies for businesses in the construction industry.

Dual wage classifications are pairs of classifications that describe the same construction or erection operation yet are assigned based upon whether the employee's hourly wage is above or below a specified threshold. Each pair of dual wage classifications contains one "high wage" classification that is assignable to payrolls earned by employees whose regular hourly wage equals or exceeds a specified wage threshold and one "low wage" classification that is assignable to payrolls earned by employees whose regular hourly wage is less than the specified threshold.

Payroll Record Requirements

The assignment of a high wage classification to any non-salaried employee is contingent on verifying that the employee's hourly wage equals or exceeds the specified wage threshold. The determination of the regular hourly wage must be supported by one of the following sources:

1. Original time cards or time book entries for each employee. Original records must include the operations performed, the total hours worked each day and the times the employee started and ended each work period throughout the workday. At job locations where all the employer's operations cease for a uniform unpaid meal period, recording the start and stop times of the uniform break period is not required.
2. A valid collective bargaining agreement that shows the regular hourly wage rate by job classification of a worker. If using a collective bargaining agreement, the records must include an employee roster by job classification that permits the reconciliation of individual employees to the job classifications set forth in the collective bargaining agreement.

The non-salaried employee's regular hourly wage shall be determined by dividing that employee's total remuneration by the hours worked during the pay period, irrespective of whether the employee is paid on an hourly, piecework, production or commission basis.

The following remuneration shall be used to determine the hourly wage:

1. Hourly wages
2. Piecework
3. Salary
4. Bonuses, commissions and incentive payments that are calculated and paid each pay period
5. Fringe benefit payments made by the employer. However, when such payments are excludable from payroll, they shall be excluded from the hourly wage calculation

The payroll earned by any non-salaried employees for whom the records specified above are not maintained and/or made available will be assigned to the low wage classification that describes the operations performed.

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The regular hourly wage of salaried employees is determined by dividing the total annual remuneration by 2000 hours. If an employee is salaried for less than 12 months, the regular hourly wage for the salaried period is calculated on a prorated basis.

Audit Requirements

If your policy produces a final premium of $10,500 or more, a physical audit is required at least once per year. If your policy produces a premium of less than $10,500 and payroll is developed under a high wage classification, a physical audit of the policy is required unless the policy is a renewal and a physical audit was completed for one of the two immediately preceding policy periods.

A "physical audit" is defined as an audit of payroll, whether conducted at the policyholder's location or at a remote site, that is based upon an auditor's examination of the policyholder's books of accounts and original payroll records (in either electronic or hard copy form) as necessary to determine and verify the exposure amounts by classification.

If you hold a C-39 Roofing Contractor license from the California Contractors State License Board, a physical audit is required on the complete policy period of each policy regardless of the amount of final premium. See California Insurance Code Section 11665(a) for additional requirements regarding the audit of C-39 license holders.

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Explanation of Insurance Surcharges

By law, all California insurance carriers must participate in the surcharge programs described below. This participation involves collecting statutory surcharges from policyholders, through premium charges, to assure adequate funding for each program.

WCFA Surcharge: California Labor Code Section 62.6
The Workers' Compensation Fraud Assessment surcharge funds investigating and prosecuting workers' compensation fraud, a felony punishable up to 5 years in prison and/or the greater of a fine up to $150,000, or double the value of the fraud.

WCA Surcharge: California Labor Code Section 62.5
The Workers' Compensation Administration Revolving Fund surcharge helps to fund administration of the workers' compensation system, the return to work program, and employers' workers' compensation coverage compliance enforcement. Additional funding comes from administrative fines, penalties, and fees.

UEBT Surcharge: California Labor Code Section 62.5
The Uninsured Employers Benefits Trust Fund surcharge pays for benefits to injured employees of illegally uninsured employers.

SIBT Surcharge: California Labor Code Section 62.5
The Subsequent Injuries Benefits Trust Fund pays benefits to workers who have suffered serious injury and who are suffering from previous and serious permanent disabilities and physical impairments.

OSHF Surcharge: California Labor Code Section 62.5
The Occupational Safety and Health Fund surcharge promotes safe and healthful working conditions for California's workers by funding state safety and health agencies to implement and enforce occupational health and safety laws.

LEC Surcharge: California Labor Code Section 62.5
ABX4-12 (2009) established the Labor Enforcement and Compliance (LEC) Fund surcharge to enforce employer compliance with labor standards and securing workers' compensation insurance by funding the Division of Labor Standards Enforcement (DLSE).

CA Surcharge (CIGA): California Insurance Code Section 1063.5
The CA surcharge funds the California Insurance Guarantee Association (CIGA), which settles unpaid claims of insolvent insurers. Through CIGA, the entire insurance industry assumes responsibility for a defunct carrier's obligations to its claimants.

15311 Rev. 6/2025
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If an assessed surcharge applies to your policy, the final bill will state:

- CIGA SURCHARGE
- WCA SURCHARGE
- WCFA SURCHARGE
- SIBT SURCHARGE
- UEBT SURCHARGE
- OSHF SURCHARGE
- LEC SURCHARGE

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Notice to Policyholders about Our Loss Prevention and Safety Services

California law (Labor Code Section 6354.5) requires workers' compensation carriers to maintain and provide occupational safety and health loss prevention services and information to their insured policyholders.

Our loss prevention professionals are committed to helping California employers like you identify hazards and improve workplace safety. The following loss prevention services and products are available to you at no additional charge.

Workplace Survey

We can assist you in your efforts to effectively control risk factors that can potentially affect the frequency and severity of workplace injuries and illnesses. A workplace survey can be conducted that includes discussions with management, and where appropriate, non-management personnel with the permission of the employer.

Review of Injury Records

A review of loss records with the appropriate personnel can help you identify those factors most related to the specific loss you have experienced. As a State Fund policyholder, you can access a Loss Analysis Report that summarizes your workplace injuries including the status of your claims as well as any incurred costs. The Loss Analysis Report can be used to identify injury trends. To access your Loss Analysis Report, go to https://www.statefundca.com to sign up for State Fund Online or call (888) 782-8338 for assistance.

Development of Plan

We can also assist you in the development of an action plan to improve your health and safety loss prevention experience, which shall include, where appropriate, modifications to your Section 3203 Injury and Illness Prevention Program (IIPP).

What Sets State Fund Loss Prevention Services Apart

Our experienced Loss Prevention Professionals assist employers in fulfilling their responsibility to provide a safe work environment. Our Industrial Hygienists are skilled in identifying potential health hazards in the workplace. Our Ergonomists help employers identify and control the risk of costly musculoskeletal disorders and can provide compliance assistance with California's Ergonomic Standard.

In addition, our dedicated safety website, Safe At Work CA, provides free online safety resources, guidance, training, videos, and on-demand webinars that are accessible to you at any time. Our free newsletter, **Safety News**, and **Employer Education Seminars** help you stay current with legislative changes and Cal/OSHA regulations.

17490 Rev. 6/2025
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We urge you to take advantage of these free services. Our array of safety products can help you reduce or prevent occupational injury and illness. For more information on loss prevention services or the safety products we provide, contact your broker, or call us at (888) 782-8338.

Workers' compensation insurance policyholders may direct questions or complaints about the insurer's loss control consultation services by contacting: State of California, Department of Industrial Relations, Loss Control Services Coordinator, Commission on Health and Safety and Workers' Compensation (CHSWC), at (510) 622-3959 or email CHSWC@dir.ca.gov.

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Information Sharing Disclosure

This disclosure explains what we do to keep information about you private and secure.

How we protect your information

State Fund has established technical, administrative, and physical security measures that align with government and industry standards to protect your personal or confidential information from unauthorized access and improper use.

How we use the information we collect

Personal or confidential information may be used by State Fund to facilitate its workers' compensation insurance business.

Disclosure of information to third parties

State Fund does not disclose, sell, trade, or otherwise transfer your personal or confidential information or general information to third parties for their marketing purposes. State Fund may collect or distribute your email address to third parties to assist us in our marketing efforts.

In the course of our business relationship with you, we collect information about you from various sources necessary to provide our workers' compensation insurance services and products, offer safety information, and operate our business.

State Fund may provide personal or confidential information to third parties when required by law or regulation. State Fund may enter into contracts with third parties related to the transaction of its workers' compensation business which may require the transfer of your personal or confidential information.

State Fund *is not* subject to California Consumer Privacy Act. State Fund *is* subject to the California Public Records Act.

Types of information we collect

In the normal course of business, we collect:

- Information requested on applications for insurance, processing claims, underwriting, audit, and other forms (such as name, address, and personal and financial information);
- Information about your transactions with us and with others (such as policy coverage, premiums, and payment history);
- Information we receive from credit bureaus (such as credit report and claims histories); and
- Information gathered from our websites, blogs and our social media sites about the nature and extent of your use, such as, information volunteered by you through our online forms, email initiated by you to State Fund, site visit data, or information on collection devices ("cookies").

26000 Rev. 6/2025
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State Fund also uses third party analytics products that collect and analyze information about your use of our various webpages, blogs and other electronic presences.

Definitions of terms

Personal or confidential information includes, but is not limited to:

Confidential information

Information about State Fund, a State Fund policyholder, or claimant, or a third party of such nature that it has independent economic value from not being generally known to the public. State Fund policyholder "confidential information" includes, but is not limited to, wage or salary information; trade secrets, financial statements, credit reports, and any other information that the insured has lawfully designated proprietary or trade secret.

Personal Information

For any individual - Information, which alone (e.g. no reference to another source is needed), or in combination with an individual's name if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual.

For policyholders - any individually identifiable information gathered in connection with an insurance transaction from which judgments can be made about an individual's character, habits, avocations, finances, occupation, general reputation, credit information or any other personal characteristics.

How to contact our Privacy Office

If you have questions about State Fund's Information Sharing Disclosure or you believe your privacy rights have been violated, contact the State Fund Privacy Office by phone toll free at: (888) 724-3237 or by email to Privacyoffice@scif.com.

[1] Cookies – Cookies are small files supplied by the web server and stored by the web browser software on your computer when you access State Fund's website. Cookies allow State Fund to monitor traffic patterns and improve the website so you can use our website systems more efficiently.

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