

Agenda Worksheet

Submit completed worksheet to:
Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097

Regular ☐ Time Requested: 1 minute Meeting Date: November 18, 2025

OR

Consent ☒

Contact Person/Department: Joanne Johnson, County Administration Phone: 530-842-8012

Address: 1312 Fairlane Road, Yreka CA 96097

Person Appearing/Title: Joanne Johnson, Project Coordinator

Subject/Summary of Issue:

Staff received direction from Supervisor Harris to prepare a letter from the Board of Supervisors to Insurance Commissioner Ricardo Lara expressing opposition to the proposed 36% average increase in California FAIR Plan premiums.

Financial Impact:

NO <input checked="" type="checkbox"/>	Describe why no financial impact:		
YES <input type="checkbox"/>	Describe impact by indicating amount budgeted and funding source below		
Amount:	_____		
Fund:	_____	Description: _____	Org.: _____ Description: _____
Account:	_____	Description: _____	
Activity Code:	_____	Description: _____	
Local Preference: YES <input type="checkbox"/> NO <input type="checkbox"/>			
For Contracts – Explain how vendor was selected:			
Additional Information:			

Recommended Motion:

Staff respectfully requests that the Board approve and authorize the Chair to sign the letter to Insurance Commissioner Ricardo Lara expressing opposition to the proposed 36% average increase in California FAIR Plan premiums.

Reviewed as recommended by policy:

County Counsel _____

Auditor _____

Personnel _____

CAO _____

Special Requests:

Certified Minute Order(s) _____ Quantity: _____

Other: _____

NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.

Revised 8/09/2021