

DEPARTMENT: Board of Supervisors

BY: Dianne Fritz  
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**RECOMMENDED ACTION AND JUSTIFICATION:**

Authorize the Chairman of the Board of Supervisors to sign a letter in support of AB 2840, which would require a study be conducted before any changes can be made to the method that auto insurance rates are calculated; Authorize the Chairman of the Board of Supervisors to sign the Coalition Sign-Up Form in support of AB 2840. Insurance Commissioner John Garamendi is proposing changes to auto regulations that if implemented would significantly increase auto insurance premiums to residents in rural areas such as Mariposa County. The Insurance Commissioner to date has given no indication that he intends to abandon or change his proposed plan. AB 2840 would ensure that rates are calculated on the real cost and risk to insure a particular driver.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board authorized the Chairman of the Board of Supervisors to sign a letter to the Insurance Commissioner opposing his proposed changes in the method that auto insurance premiums are calculated.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Make changes to the draft letter and authorize the Chairman of the Board of Supervisors to sign the revised letter.

Do not authorize the Chairman of the Board of Supervisors to sign the letter. Supervisors may write their own letters in support of AB 2840.

Financial Impact? ( ) Yes ( ) No	Current FY Cost: \$ _____	Annual Recurring Cost: \$ _____
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively
Additional Funding Needed: \$ _____		Draft Letter
Source:		Coalition Sign-Up Form
Internal Transfer _____		Californians Against Higher Insurance Rates
Unanticipated Revenue _____ 4/5's vote		AB 2840
Transfer Between Funds _____ 4/5's vote		
Contingency _____ 4/5's vote		
( ) General ( ) Other		

**CLERK'S USE ONLY:**

Res. No.: 156 Ord. No. \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_  
AM Approved  
( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.  
Date: \_\_\_\_\_  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By: \_\_\_\_\_  
Deputy

**COUNTY ADMINISTRATIVE OFFICER:**

\_\_\_\_\_ Requested Action Recommended  
\_\_\_\_\_ No Opinion  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CAO: SS