

Bickmore
1750 Creekside Oaks Dr., Suite 200
Sacramento, CA 95833

MAIL DOCUMENT

Certificate of Insurance Delivery by **ecertsonline**™

County of Humboldt
Attention: Risk Management
825 Fifth Street, Room 131
Eureka CA 95501

Sender: Katie Sullivan

Phone: 800-541-4591

Subject: Cert No. 50880028 - LAWCX 19/20 WC \$5MM
LIMITS (Waiver of Subrogation) - County of
Humboldt - CHWCA-Housing Auth of City

Date: 8/29/2019

No. of Pages: 2

URL: www.bickmore.net

To whom it may concern:

The attached document (PDF Attachment) contains a Certificate of Coverage. You are receiving a copy of this document because you are either the Certificate Holder or Covered Party requesting the certificate. Please keep for your own records. No further action is required on your part.

This certificate cancels and supersedes ALL previously issued certificates.

If other coverage documents are required for this agreement, they will be sent under separate cover (s).

If you have any questions, please contact me at (916) 244-1164.

Regards,

Katie Sullivan
Analyst, Program Administration
1750 Creekside Oaks Dr., Suite 200
Sacramento, CA 95833

The enclosed document contains a Certificate of Coverage. You are receiving a copy of this document because you are either the Certificate Holder or Covered Party requesting the certificate. Please keep for your own records. No further action is required on your part.

THIS MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THE MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE.

Local Agency Workers' Compensation Excess Joint Powers Authority

1750 Creekside Oaks Drive, Sacramento, CA 95833
916-244-1100

Workers' Compensation Certificate of Coverage

Certificate Number: 50880028

Certificate Holder: County of Humboldt
Attention: Risk Management

825 Fifth Street, Room 131
Eureka, CA 95501

Covered Party: CHWCA-Housing Auth of City of Eureka and County

Description of Covered Activity: As respects evidence of workers' compensation coverage regarding the Agreement for Fiscal Years 2019/20 through 2020/21 between the County of Humboldt and the City of Eureka/County of Humboldt Housing Authority for the Housing Agency's Homeless Emergency Aid Program (HEAP).

Memorandum of Coverage Number:	LAWCX 19.20	Effective Date:	7/1/2019	Expiration Date:	7/1/2020
Limits:	\$5,000,000 (per occurrence)				
Excess of:	\$750,000				
The Following Coverage is in effect:	Workers' Compensation coverage as defined in the Memorandum of Coverage on file with the covered party named above.				

The Local Agency Workers' Compensation Excess Joint Powers Authority (LAWCX), has the right to recover benefit payments made for a work-related injury or illness covered under LAWCX's Memorandum of Coverage. However, to the extent that the CHWCA-Housing Auth of City of Eureka and County, is an entity covered by LAWCX, performs work under the contract that requires a Waiver of Subrogation described in this Certificate, LAWCX hereby waives any right of recovery LAWCX may have against the person or organization named in this Certificate of Coverage for payment of workers' compensation benefits for an injury or illness arising out of the activity described in this Certificate of Coverage. This agreement shall not operate directly or indirectly to benefit any person or organization not named in this Certificate of Coverage.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the Workers' Compensation Memorandum of Coverage.

This is to certify that the coverage listed above has been issued to the Covered Party named above for the coverage period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The coverage afforded as described herein is subject to all the terms, exclusions, and conditions of the Workers' Compensation Memorandum of Coverage of LAWCX, which is available for your review upon request.

Coverage is in effect from 12:01 a.m. Pacific Time of effective date to 12:01 a.m. Pacific Time of expiration date as stated above and will not be canceled, limited, or allowed to expire except upon 30-day notice to the certificate holder.

Date Issued: 8/29/2019

Renewal: Yes **CSAC-EIA Certificate Issued:** Yes

Authorized Representative Signature:

