

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

# MAIL DOCUMENT

Certificate of Insurance Delivery by **ecertsonline**<sup>TM</sup>

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

Sender: Katie Sullivan

Phone: 800-541-4591

Subject: Cert No. 50880084 - CHWCA 2019 WC \$750K  
LIMITS (Waiver of Subrogation) - County of  
Humboldt - Housing Authority Cty of E

Date: 8/29/2019

No. of Pages: 2

URL: [www.bickmore.net](http://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.

**California Housing Workers' Compensation Authority**  
**1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833**  
**916-244-1100**

Workers' Compensation Certificate of Coverage

Certificate Number: 50880084

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

**Covered Party:** Housing Authority Cty of Eureka & Cnty of Humboldt

**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).

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**Memorandum of Coverage Number:** CHWCA 2019-1WC                      **Effective Date:** 1/1/2019                      **Expiration Date:** 1/1/2020

**Limits:** \$750,000 (per occurrence)

**The Following Coverage is in effect:** Workers' Compensation coverage as defined in the Memorandum of Coverage on file with the covered party named above.

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The California Housing Workers' Compensation Authority (CHWCA), has the right to recover benefit payments made for a work-related injury or illness covered under CHWCA's Memorandum of Coverage. However, to the extent that the Housing Authority Cty of Eureka & Cnty of Humboldt, is an entity covered by CHWCA, performs work under the contract that requires a Waiver of Subrogation described in this Certificate, CHWCA hereby waives any right of recovery CHWCA 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 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 CHWCA, 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.

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**Date Issued:** 8/29/2019

**Renewal:** Yes      **Excess Certificate Issued:** Yes

**Authorized Representative Signature:**

