



**LOCAL AGENCY WORKERS' COMPENSATION EXCESS  
JOINT POWERS AUTHORITY  
(LAWCX)**

**2023/2024 MEMORANDUM OF COVERAGE**

**Policy Number: LAW CX 23.24  
DECLARATION**

ITEM #1	COVERED MEMBER:	<b>City of Placentia</b> 401 East Chapman Avenue Placentia, CA 92870  <i>Expanded Covered Members Identified in Schedule A of MOC</i>								
ITEM #2	COVERAGE PERIOD:	FROM 7/1/2023 TO 7/1/2024 12:01 a.m. Pacific Standard Time								
ITEM #3	LIMIT OF LIABILITY:	<p>a. COVERED MEMBER'S RETAINED LIMIT:</p> <table border="0"><tr><td style="padding-left: 20px;">Workers' Compensation Coverage</td><td style="text-align: right;">\$250,000</td></tr><tr><td style="padding-left: 20px;">Employer's Liability Coverage</td><td style="text-align: right;">\$250,000</td></tr></table> <p>b. LAW CX SELF-INSURED RETENTION:</p> <table border="0"><tr><td style="padding-left: 20px;">Workers' Compensation Coverage</td><td style="text-align: right;">\$5 Million Less Member's Retained Limit</td></tr><tr><td style="padding-left: 20px;">Employer's Liability Coverage</td><td style="text-align: right;">\$5 Million Less Member's Retained Limit</td></tr></table>	Workers' Compensation Coverage	\$250,000	Employer's Liability Coverage	\$250,000	Workers' Compensation Coverage	\$5 Million Less Member's Retained Limit	Employer's Liability Coverage	\$5 Million Less Member's Retained Limit
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ON BEHALF OF THE LOCAL AGENCY WORKERS'  
COMPENSATION EXCESS JOINT POWERS AUTHORITY

A handwritten signature in black ink, appearing to read 'J. E. Ely', written over a horizontal line.

Authorized Signature