

Attachment

1. e)

Insurance Policy

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0833
Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

Policy Period: 7/1/2018 to 7/1/2019
For customer service please call
(800)264-5226

Issued: 05/30/2018

Business Description Water District

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	5,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	1,000,000	1,000,000	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000		0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood	1,000,000	1,000,000	0
Earthquake	NCD	NCD	NCD
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty (Policy #: CIC1964)	150,000		250
Legal Defense Coverage	200,000		0

Authorized
Representative



Date 5/30/2018



Invoice

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-800-264-5226
Fax: 1-502-875-8240

Invoice Number K180019
Invoice Date 05/30/2018
Due Date 08/01/2018

Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

*pd
7-27-18
check
#9824*

Member Number 0833

Contact(s)

First Name	Last Name	Title	Telephone	Fax	Email
Tiffany	Sallee	Secretary	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net
Winfred	Williams	Director	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net
Keith	Ayer	Chairman			

Invoice Detail

Effective Date	Description
07/01/2018	Added 2018 Ford F250 (6678) valued at \$28,529; Deleted 2007 Ford F150 (8313) valued at \$7,900 (after pricing released)
07/01/2018	2018-2019 Policy Renewal

Premium	Amount Due
\$289.00	\$289.00
\$7,582.00	\$7,582.00
Total Due	\$7,871.00

7792.29

Payment Options:

- Option 1: Save 1%; pay \$7,792.29 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50% = \$3,935.51 plus 3 monthly payments of \$1,311.83

Please Note: Effective November 1, 2018, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than October 31, 2018.

Service Agency
Kentucky Association of Counties All Lines Fund
1-800-264-5226

For claims service please call:
1-866-367-5226

Please return a copy of this invoice with your payment



Invoice

Pd 7/11/19
Ck# 10423
\$ 7958.61

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-800-264-5226
Fax: 1-502-875-8240

Invoice Number K190609
Invoice Date 05/30/2019
Due Date 08/01/2019

Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

Member Number 0833

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Keith	Ayer	Director	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net
Tiffany	Sallee	Secretary	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net

Invoice Detail

<u>Effective Date</u>	<u>Description</u>
07/01/2019	Annual Premium for 2019-2020 Policy Renewal

Premium \$8,039.00
Amount Due \$8,039.00

Total Due ~~\$8,039.00~~

\$7958.61

Payment Options:

- Option 1: Save 1%; pay \$7,958.61 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$4,019.51 plus 3 monthly payments of \$1,339.83

Please Note: Effective November 1, 2019, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than October 31, 2019.

Servicing Agency
Kentucky Association of Counties All Lines Fund
1-800-264-5226

For claims service please call:
1-866-367-5226

Please return a copy of this invoice with your payment

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0833

Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

Policy Period: 7/1/2019 to 7/1/2020

For customer service please call

(800)264-5226

Issued: 05/30/2019

Business Description Water District

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	5,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	1,000,000	1,000,000	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000		0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood	1,000,000	1,000,000	0
Earthquake	NCD	NCD	NCD
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty (Policy #: CIC1964)	150,000		250
Legal Defense Coverage	200,000		0

Authorized
Representative

Kris Dann

Date 5/30/2019



Invoice

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-800-264-5226
Fax: 1-502-875-8240

Invoice Number K200023
Invoice Date 05/28/2020
Due Date 08/01/2020

Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

Member Number 0833

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Keith	Ayer	Director	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net
Tiffany	Sallee	Secretary	(270)278-2800	(270)278-2792	nmcleanwater@bellsouth.net

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2020	Annual Premium for 2020-2021 Policy Renewal	\$8,482.00	\$8,482.00
Total Due			\$8,482.00

Payment Options:

- Option 1: Save 1%; pay \$8,397.18 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$4,240.99 plus 3 monthly payments of \$1,413.67

Please Note: Effective January 1, 2021, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2020.

Servicing Agency

Kentucky Association of Counties All Lines Fund
1-800-264-5226

For claims service please call:
1-866-367-5226

Please return a copy of this invoice with your payment

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0833
Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

Policy Period: 7/1/2020 to 7/1/2021
For customer service please call
(800)264-5226

Issued: 05/28/2020

Business Description Water District

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	5,000,000	1,000
Employment Practices (Per claim / AGG)	3,000,000	3,000,000	1,000
Retroactive Date: 07/01/2003			
Cyber Liability (Per claim / AGG)	1,000,000	1,000,000	2,500
Retroactive Date: 07/01/2015			
Auto Liability (CSL)	3,000,000		
Auto Comprehensive	ACV		0
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		500
Under Insured/Un-Insured	60,000		0
Non Owned Auto Coverage	Primary		0
Property/Buildings	As Per Statement on File		
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		500
Inland Marine & EDP	As Per Statement on File		1,000
Business Income	500,000	500,000	500
Flood	1,000,000	1,000,000	0
Earthquake	NCD	NCD	0
Crime (Other than Employee Dishonesty)	150,000		NCD
Employee Dishonesty (Policy #: CIC1964)	150,000		500
Legal Defense Coverage			250
	50,000		0

Authorized Representative Kris Dann

Date 5/28/2020

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601

Declarations Page

Policy Number P&C0833

Policy Period: 7/1/2020 to 7/1/2021

Insured Name and Address

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

For customer service please call
(800)264-5226

Issued: 7/9/2020

Business Description Water District

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	3,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	5,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	1,000,000	1,000,000	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000		0
Non Owned Auto Coverage	Primary		0
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood	1,000,000	1,000,000	0
Earthquake	NCD	NCD	NCD
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty (Policy #: CIC1964)	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative

Kris Dann

Date 7/9/2020

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

ITEM 1 -	Name and Address of Insured:	
	North McLean County Water District	
	PO Box 68	
	217 Hill Street	
	Livermore, KY 42352	
ITEM 2 -	Certificate Number:	WC2018-2313
ITEM 3 -	Effective Date	Sunday, July 01, 2018
	Expiration Date:	Monday, July 01, 2019
	12:01 A.M., standard time at the address of the Insured as stated herein.	
	Cancellation Notice: 60 Days - Pursuant to KRS 304.50	
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)	
ITEM 5 -	Company's Limit of Indemnity Each Occurrence:	
	(a) For Workers Compensation:	Statutory
	(b) For Employers Liability:	\$2,500,000
ITEM 6 -	Workers Compensation Premium:	\$3,662.00
ITEM 7 -	Special Fund Tax:	\$230.00
ITEM 8 -	TOTAL PREMIUM:*	\$3,892.00
ITEM 9 -	Payment Options:	
	(1) Full payment by 8/1/2018. 1% discount applied = \$3,853.08	
	(2) 50% payment by 8/1/2018 and 3 subsequent equal monthly pmts. on balance	
	50% = \$1,945.99 Plus 3 monthly payments of \$648.67	

pd
check 9823
1-27-18

Please Note: Effective November 1, 2018 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than October 31, 2018.

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 30th day of May, 2018


Mark Miller, Director

KACo
Making Workers Comp Work in Kentucky

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

ITEM 1 -	Name and Address of Insured: North McLean County Water District PO Box 68 217 Hill Street Livermore, KY 42352
ITEM 2 -	Certificate Number: WC2020-2313
ITEM 3 -	Effective Date: Wednesday, July 01, 2020 12:01 A.M., standard time at the address of the Insured as stated herein. Cancellation Notice: 60 Days - Pursuant to KRS 304.50
	Expiration Date: Thursday, July 01, 2021
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
ITEM 5 -	Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: Statutory (b) For Employers Liability: \$2,500,000
ITEM 6 -	Workers Compensation Premium: \$3,015.00
ITEM 7 -	Special Fund Tax: \$193.00
ITEM 8 -	TOTAL PREMIUM:* \$3,208.00
ITEM 9 -	Payment Options: (1) Full payment by 8/1/2020. 1% discount applied = \$3,175.92 (2) 50% payment by 8/1/2020 and 3 subsequent equal monthly pmts. on balance. 50% = \$1,603.99 Plus 3 monthly payments of \$534.67

Please Note: Effective January 1, 2021 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2020

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 28th day of May, 2020


Kris Dunn, Underwriting Manager

KACo
Making Workers Comp Work in Kentucky

ACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

*Pd 7/11/19
CHK # 10422
\$ 3177.90*

KACO W/C-4

ITEM 1 -

Name and Address of Insured:

North McLean County Water District
PO Box 68
217 Hill Street
Livermore, KY 42352

ITEM 2 -

Certificate Number: WC2019-2313

ITEM 3 -

Effective Date: Monday, July 01, 2019

Expiration Date: Wednesday, July 01, 2020

12:01 A.M., standard time at the address of the Insured as stated herein.
Cancellation Notice: 60 Days - Pursuant to KRS 304.50

ITEM 4 -

Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)

ITEM 5 -

Company's Limit of Indemnity Each Occurrence:

(a) For Workers Compensation:

Statutory

(b) For Employers Liability:

\$2,500,000

ITEM 6 -

Workers Compensation Premium:

\$3,017.00

ITEM 7 -

Special Fund Tax:

\$193.00

ITEM 8 -

TOTAL PREMIUM:*

\$3,210.00

ITEM 9 -

Payment Options:

(1) Full payment by 8/1/2019. 1% discount applied = \$3,177.90

(2) 50% payment by 8/1/2019 and 3 subsequent equal monthly pmts. on balance.
50% = \$1,605.00 Plus 3 monthly payments of \$535.00

3177.90

Please Note: Effective November 1, 2019 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than October 31, 2019

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACO Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 30th day of May, 2019

Kris Dunn
Kris Dunn, Underwriting Manager

KACO
Making Workers Comp Work in Kentucky



Bond No. 71734858

Western Surety Company

DISHONESTY BOND

Item 1. Name of Insured: North Mc Lean County Water District

Principal Address 217 Hill St., Livermore, KY 42352 (the "Insured")

Item 2. Bond Period: From noon on the 22 day of December, 2015, to noon on the effective date of the cancellation or termination of this Bond, standard time, at the Principal Address as to each of said dates.

Item 3. Limit of liability: \$ 5,000.00

INSURING AGREEMENT

The Underwriter, in consideration of the payment of the premium, and subject to the Declarations made a part hereof, the General Agreements, Conditions and Limitations, and other terms of this Bond, agrees to indemnify the Insured against any loss of money or other property which the Insured shall sustain or for which the Insured shall incur liability through any fraudulent or dishonest act or acts committed by any of the Employees, acting alone or in collusion with others, the amount of indemnity on each of such Employees being the amount stated in Item 3 of the Declarations.

GENERAL AGREEMENTS

CONSOLIDATION-MERGER

A. If, through consolidation or merger with, or purchase of assets of, some other concern, any persons shall become Employees, the Insured shall give the Underwriter written notice thereof and shall pay an additional premium computed pro rata from the date of such consolidation, merger or purchase to the end of the current premium period.

JOINT INSURED

B. If more than one Insured is covered under this Bond, the Insured first named shall act for itself and for every other Insured for all purposes of this Bond. Knowledge possessed or discovery made by any Insured or by any partner or officer thereof shall, for the purposes of Sections 6, 7, and 12, constitute knowledge possessed or discovery made by every Insured. Cancellation of the insurance hereunder as respects any Employee as provided in Section 12 shall apply to every Insured. If, prior to the cancellation or termination of this Bond in its entirety, this Bond is cancelled or terminated as to any Insured, there shall be no liability for any loss sustained by such Insured unless discovered within two years from the date of such cancellation or termination. The liability of the Underwriter for loss sustained by any or all of the Insured shall not exceed the amount for which the Underwriter would be liable had all such loss been sustained by any one of the Insured. Payment by the Underwriter to the Insured first named of any loss under this Bond shall fully release the Underwriter on account of such loss. If the Insured first named ceases for any reason to be covered under this Bond, then the Insured next named shall thereafter be considered as the Insured first named for all purposes of this Bond.

LOSS UNDER PRIOR BOND OR POLICY

C. If the coverage of this Bond is substituted for any prior bond or policy of insurance carried by the Insured or by any predecessor in interest of the Insured, which prior bond or policy is terminated, cancelled or allowed to expire as of the time of such substitution, the Underwriter agrees that this Bond applies to loss which is discovered as provided in Section 1 of the Conditions and Limitations and which would have been recoverable by the Insured or such predecessor under such prior bond or policy except for the fact that the time within which to discover loss thereunder had expired; provided:

- (1) the indemnity afforded by this General Agreement C shall be a part of and not in addition to the amount of insurance afforded by this Bond;
- (2) such loss would have been covered under this Bond had this Bond with its agreements, limitations and conditions as of the time of such substitution been in force when the acts or defaults causing such loss were committed; and
- (3) recovery under this Bond on account of such loss shall in no event exceed the amount which would have been recoverable under this Bond in the amount for which it is written as of the time of such substitution, had this Bond been in force when such acts or defaults were committed, or the amount which would have been recoverable under such prior bond or policy continued in force until the discovery of such loss, if the latter amount be smaller.



Billing Questions (888) 866-2666
 Email info@cnasurety.com

NORTH MC LEAN COUNTY WATER DISTRICT
 P. O. BOX 68
 LIVERMORE, KY 42352

Final Notice of Premium Due 12/22/2019

If you have recently submitted your payment, please disregard this billing invoice.

Premium	\$100.00
Tax Surcharge	\$1.80

Amount Due	\$101.80
-------------------	-----------------

Bond Detail

Bond #	71734858	Obligee	OBLIGEE ADDRESS UNKNOWN
Company	Western Surety Company		
Term Dates	12/22/2019 to 12/22/2020		
Bond Amount	\$5,000.00		
Description	KY Dishonesty A-Business, Fraternal & Social Clubs Or		

Agent Information

If you have any questions, please contact your local Shelter Insurance Agent.

Messages

We show 5 rated for premium purposes. To ensure proper coverage, verify the total number of employees and owners covered & contact us with changes. Note: After several years, we may have increased our rates slightly.

Payment Instructions



- Pay Online at ONLINEPAY.CNASURETY.COM
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
 Make check payable to CNA Surety
 Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment



Billing Questions (888) 866-2666
 Email info@cnaSurety.com

Notice of Premium Due 12/22/2018

Premium \$100.00
 Tax Surcharge \$1.80

NORTH MC LEAN COUNTY WATER DISTRICT
 P. O. BOX 68
 LIVERMORE, KY 42352

Amount Due \$101.80

Bond Detail			
Bond #	71734858	Bond Penalty	\$5,000.00
Company	Western Surety Company		
Effective Date	12/22/2018		
Anniversary Date	12/22/2019		
Description	KY Dishonesty A-Business, Fraternal & Social Clubs Or		

Agent Information

If you have any questions, please contact your local Shelter Insurance Agent.

Messages

We show 5 rated for premium purposes. To ensure proper coverage, verify the total number of employees and owners covered & contact us with changes. Note: After several years, we may have increased our rates slightly.

Payment Instructions



- Pay Online at ONLINEPAY.CNASURETY.COM
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
 Make check payable to CNA Surety
 Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment

North Mc Lean County Water District

Bond # 71734858
 Company 0601
 Agency 24-16670
 Daniel Boone Agency, L L C

Payment Due	12/22/2018	Amount Due	\$101.80
-------------	------------	------------	----------

CNA Surety Direct Bill
 P.O. Box 957312
 St. Louis, MO 63195-7312

NDO2002182N

Renewal of Number

POLICY DECLARATIONS

No. NDO20021820

*** RENEWAL CERTIFICATE ***

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

NAMED INSURED AND ADDRESS:

North McLean County Water District

217 Hill Street

Livermore, KY 42352

POLICY PERIOD: (MO. DAY YR.) From: 11/02/2017 To: 11/02/2018

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Non-Profit Directors and Officers

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER NDO2002182N IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
Directors And Officers Liability Coverage Part	\$1,294.00
Livermore Municipal Tax	\$0.00
Collection Fee	\$0.00
TOTAL:	\$1,294.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: SCU MEMPHIS (1076)
6075 Poplar Avenue, Suite 400
Memphis, TN 38119

Broker:

Issued: 10/25/2017 12:37 PM

By:

Thomas P. Keeney
Authorized Representative

UPC (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. NDO20021820

Effective Date: 11/02/2017

FORMS AND ENDORSEMENTS

12:01 AM STANDARD TIME

The following forms apply to the Directors And Officers Liability coverage part

Endt#	Revised	Description of Endorsements
DO-100	04/07	Coverage Part A. Non Profit Directors and Officers Liability
DO-101	04/07	Coverage Part B. Employment Practices Liability
DO-207	01/94	Failure to Maintain Insurance Exclusion Endorsement
DO-229	05/95	Failure to Provide / Supply Water Exclusion Endorsement
DO-235	05/95	Remediation of Water Supply Exclusion Endorsement
DO-283	01/14	Data & Security+ Endorsement
DO-290	05/10	Fair Labor Standards Act Sublimit Endorsement
DO-291	01/11	Excess Benefit Transaction Excise Tax Endorsement
DO-293	06/13	Amended Lifetime Occurrence Reporting Provision Endorsement
DO-294	04/14	Amended Notice/Claim And Circumstance Reporting Provisions
DO-KY	04/07	Kentucky State Amendatory Endorsement
DO Jacket	09/10	Non Profit Professional Liability Policy
USL-DOJ	03/08	Non Profit Professional Liability Common Conditions

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

EOD (01/95)

All other terms and conditions remain unchanged.

PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

No. NDO20021820

Effective Date: 11/02/2017
12:01 AM STANDARD TIME

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

North McLean County Water District
217 Hill Street
Livermore, KY 42352

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 11/02/2017 To: 11/02/2018

Coverage Part A: Non Profit Directors and Officers Liability

ITEM III. LIMITS OF LIABILITY

a. Non Profit Directors & Officers	\$1,000,000	EACH CLAIM
b. Non Profit Directors & Officers	\$1,000,000	IN THE AGGREGATE

ITEM IV. RETENTION: \$0 EACH CLAIM

ITEM V. PREMIUM: \$1,070

Coverage Part B: Employment Practices Liability

ITEM III. LIMITS OF LIABILITY

a. Employment Practices	\$1,000,000	EACH CLAIM
b. Employment Practices	\$1,000,000	IN THE AGGREGATE

ITEM IV. RETENTION: \$0 EACH CLAIM

ITEM V. PREMIUM: \$224

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



600 Frederica Street
 Owensboro, KY 42301
 Phone: (270) 926-2806

Email: www.emford.com

North McLean County Water Dist
 North McLean County Water Dist
 217 Hill St.
 P. O. Box 68
 Livermore, KY 42352

Pd 10/22/19
CHK # 10581
\$1,294.00
 D.C.
 ZUB
 CT
 YF

Invoice # 3497		Page 1 of 1
Account Number	Date	
NORTMCL-01	10/2/2019	
BALANCE DUE ON		
11/2/2019		
AMOUNT PAID	Amount Due	
	\$1,294.00	

Producer: **John Neely**

CSR: **Sheri Bailey**

D&O Liability	PolicyNumber: NDO2002182P	Effective: 11/2/2019 to 11/2/2020
---------------	---------------------------	-----------------------------------

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
149384	11/2/2019	11/2/2019	RENB	Renewal of DOLI Effective 11/2/2019	\$1,294.00
Total Invoice Balance:					\$1,294.00

Please return one copy of this invoice with your payment. The other you may keep for your records

E.M. Ford & Company, LLC
 2100 Frederica Street
 Owensboro KY 42302-1677
 Phone:

North McLean County Water Dist
 217 Hill St.
 P. O. Box 68
 Livermore KY 42352

Invoice # MEMO BILL		Page 1
ACCOUNT NO.	Role	Date
NORTMCL-01		10/11/2018
D&O Liability		
Policy #NDO20021820		
Company		
SCU Memphis (Crump)		
Producer		
John Neely		
Effective	Expiration	Balance Due on
11/2/18	11/2/19	10/26/18
AMOUNT PAID		AMOUNT DUE
		\$ 1294.00

Item #	Due Date	Trans	Policy Type	Description	Amount
MMI	10/26/18	MEM		Memo Billing	\$ 1294.00
				Invoice Balance:	\$ 1294.00

Company needs verification of Tax Exempt.
 Thank you. ✓

Pd
10-15-18
check # 9969
D.C.
ZB
CT
MF