



Allied World National Assurance Company
 199 Water Street, 24th Floor
 New York, NY 10038
 (646) 794-0500

COMMON POLICY DECLARATIONS

Policy No. 5700-0039-03
 Replacement No. 5700-0039-02

NAMED INSURED AND MAILING ADDRESS:

Allen County Water District
 330 New Gallatin Rd
 Scottsville, KY 42164

AGENT NAME AND ADDRESS:

Governmental Risk Insurance Plans LLC
 812 State St
 Bowling Green, KY 42101
AGENT NO: Not As

POLICY PERIOD: From 7/1/2018 To 7/1/2019
 At 12:01 AM Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION: Special District

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

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART	PREMIUM
Commercial Property	\$ Included
Equipment Breakdown	\$ Included
Commercial Inland Marine	\$ Included
Commercial Crime	\$ Included
Commercial General Liability	\$ Included
Commercial Automobile	\$ Included
Public Officials Liability and Employment Practices	\$ Included
TOTAL PREMIUM	\$15,437.00
TRIA	\$271.00
Kentucky Surcharges	\$172.30
TOTAL	\$15,880.30

FORMS APPLICABLE TO ALL COVERAGE PARTS: see Forms and Endorsements Schedule Following

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 THEROF, COMPLETE THE ABOVE NUMBERED POLICY.

V. A. Katchauer

AUTHORIZED REPRESENTATIVE

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.

W. K. Knight

PRESIDENT

Karen Coburn

SECRETARY

PROPERTY AND INLAND MARINE POLICY DECLARATIONS

Item	Renewal of : 5700-0039-02	Date Issued: 07/23/2018	Policy No.: 5700-0039-03
1	NAMED INSURED AND ADDRESS Allen County Water District 330 New Gallatin Rd Scottsville, KY 42164 <div style="text-align: right; font-size: small;">RETURN TO COMPANY IF CANCELLED</div>		
2	POLICY PERIOD: From: 7/1/2018 To: 7/1/2019 12:01 a.m. Standard Time at Your Mailing Address Shown Above		
3	THIS INSURANCE POLICY IS ISSUED BY: APR - MuniPlus 10 West Main Street Suite 200 Mesa, AZ 85201	Producer Name and Address Governmental Risk Insurance Plans LLC 812 State St Bowling Green, KY 42101	
4	FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Organization <i>(Other than Partnership or Joint Venture)</i>		
5	BUSINESS DESCRIPTION: Special District		
6	In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.		
	This policy consists of the following coverage part(s) for which a premium is indicated. This premium may be subject to adjustment.		
	Coverage Part(s)	Coverage Part Declarations Form (Number and Edition Date)	Advance Premium
	Commercial Property Coverage Part	APR-PR 00032 00 (03/12)	Included
	Commercial Inland Marine Coverage Part	APR-IM 00026-00 (03/12)	Included
	Other <i>(Specify):</i> Equipment Breakdown	APR-PR 00060 00 (03/12)	Included
7	Total Premium: \$ Included		
8	FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS (Number and Edition Date) See Attached Schedule of Forms and Endorsements- APR-IL 00011 00 (03/12)		

PROPERTY COVERAGE FORM DECLARATIONS

Policy No. 5700-0039-03

DESCRIPTION OF PREMISES

Prem. No. Bldg. No. Location, Construction & Occupancy

Per Schedule on File with Company

COVERAGE PROVIDED – Insurance at the Described Premises applies only for coverages for which a limit of insurance is shown.

PREM./BLDG. NO.	COVERAGE	CO-INSURANCE	LIMIT OF INSURANCE	DEDUCTIBLE (If other than \$250)	COVERED CAUSE OF LOSS (Form and Edition Date)
Blanket Blanket	Building & BPP Pumps & Lift Stations	100% 100%	\$ 4,233,203 Included in Blanket Limit	\$ 1,000 \$ 1,000	APR-PR 00032 00 (03/12) APR-PR 00032 00 (03/12)

COVERAGE OPTIONS - The following coverage options are provided when designated by an [x] and an entry under the Premises listed below.

COVERAGE:	Prem.	Bldg.	Prem.	Bldg.	Prem.	Bldg.
BUILDING - All						
Replacement Cost (x)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Inflation Guard		%		%		%
<input checked="" type="checkbox"/> Agreed Value (expiration date)						
PERSONAL PROPERTY - All						
Replacement Cost (x)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Replacement Cost (incl. stock)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Inflation Guard		%		%		%
<input checked="" type="checkbox"/> Agreed Value (expiration date)						
BUSINESS INCOME						
<input type="checkbox"/> Monthly Limit of Indemnity (fraction)						
<input type="checkbox"/> Maximum Period of Indemnity		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Agreed Value (expiration date)						
<input type="checkbox"/> Other (describe)						

MORTGAGE HOLDER(S)

Prem. No. Bldg. No. Mortgage Holder Name and Mailing Address

See Form APR-PR 00046 00 (03/12), If Applicable

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

CONTRACTOR'S EQUIPMENT DECLARATIONS

Attached to and made a part of policy number: **5700-0039-03**

PREMIUM FOR THIS COVERAGE FORM: \$ INCLUDED

LIMITS OF INSURANCE:

The most we will pay is:

\$ **251,770** in any one "loss" but not more than the Limit of Insurance shown opposite each item described below or in the Schedule attached.

SCHEDULE OF COVERED PROPERTY

Item No.	(Year, Name of Manufacturer, Type, Model, Serial Number)	Limit of Insurance
	Scheduled Contractors' Equipment – on file with Company	\$ 251,770
	Unscheduled Contractors' Equipment	\$ Not Covered

OPTIONAL COVERAGE applying to Contractor's Equipment coverage:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Valuation Changes
<input type="checkbox"/> ACV
<input checked="" type="checkbox"/> Replacement Cost
<input type="checkbox"/> Stated Amount

<input checked="" type="checkbox"/> Combination Endorsement
(\$0) Employee's Tools
(\$) All Employees
(\$) Any one employee | <input checked="" type="checkbox"/> Borrowed Equipment
\$100,000 (any one item)
<input type="checkbox"/> Contingent Leased and Rented
\$ (any one item)
<input checked="" type="checkbox"/> Leased or Rented Equipment
\$250,000 (any one item)
<input type="checkbox"/> Rental Expense
(\$) Any one day
(\$) Any one policy year
(\$) Other |
|---|--|

DEDUCTIBLE: \$ 1,000

FORMS AND ENDORSEMENTS: See Attached Schedule of Forms and Endorsements APR-00011 00 (03/12)

5700-0039-02

Policy Number

Renewal of Number

5700-0039-03

BUSINESS AUTOMOBILE COVERAGE FORM DECLARATIONS

ITEM 1. NAMED INSURED and MAILING ADDRESS

AGENT NAME and ADDRESS

Allen County Water District
330 New Gallatin Rd
Scottsville, KY 42164

Governmental Risk Insurance Plans LLC
812 State St
Bowling Green, KY 42101

Policy Period From: 7/1/2018

To: 7/1/2019

12:01 A.M. Standard Time at your mailing address.

Form of Business Special District

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM 2—SCHEDULE OF COVERAGES and COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Table with columns: COVERAGES, COVERED AUTOS*, LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, and PHYLACIA Comprehensive Coverage, Specified Causes of Loss, Collision Coverage, Towing and Labor.

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

*Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.
**Or equivalent No-fault coverage.

Countersigned by

V. A. Kartchner

By _____*

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

BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)

Policy No. 5700-0039-03

Effective Date: 7/1/2018 to 7/1/2019

Named Insured: Allen County Water District

Agent: Governmental Risk Insurance Plans LLC

ITEM 3 – Schedule of Covered Autos You Own
See Business Auto Policy Schedule Attached

ITEM 4 – Schedule of Hired or borrowed Covered Auto Coverage and Premiums, Liability Coverage
Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate per Each \$100 Cost of Hire	Factor (if Liability Coverage Is Primary)	Premium
KY	If any	\$ Included		\$ Included
		\$		\$
		\$		\$
		\$		\$
			Total Premium	\$ Included

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners, employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance The Most We Will Pay Deductible	Rate	Premium
COMPREHENSIVE	Actual cash value, cost of repairs or \$, whichever is less, minus \$ Deductible for each covered auto	\$ Included	\$ Included
SPECIFIED CAUSES OF LOSS			\$
COLLISION	Actual cash value, cost of repairs or \$, whichever is less, minus \$Deductible for each covered auto	\$ Included	\$ Included
		Total Premium	\$ Included

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is Excess unless indicated below by "checkbox".

If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct basis and for purposes of the condition Entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)

Policy No. 5700-0039-03

Effective Date: 7/1/2018 to 7/1/2019

Named Insured: Allen County Water District

Agent: Governmental Risk Insurance Plans LLC

ITEM 5 – Schedule for Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
			\$ Included
Other Than Social Service Agency	Number of Employees	If Any	\$
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Partners		\$
Total Premium			\$ Included

**ITEM 6 – Schedule for Gross Receipts or Mileage Basis – Liability Coverage
Public Auto or Leasing Concerns**

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	Rates		Premiums	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		Liability Coverage	Auto Medical Payments
	Liability Coverage	Auto Medical Payments		
N/A	N/A	N/A	\$ N/A	\$ N/A
			\$	\$
			\$	\$
		Total Premiums	\$ N/A	\$ N/A
		Minimum Premiums	\$	\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does NOT include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits;
- B. Advertising Revenue
- C. Taxes which you collect as a separate limit and remit directly to a governmental division.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental Division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.



Allied World National Assurance Company
199 Water Street, 24th Floor
New York, NY 10038
(646) 794-0500

5700-0039-02 Renewal of Number	Policy Number: 5700-0039-03
COMMON POLICY DECLARATIONS	
<u>Named Insured and Mailing Address</u>	<u>Agent Name and Address</u>
Allen County Water District 330 New Gallatin Rd Scottsville, KY 42164	Governmental Risk Insurance Plans LLC 812 State St Bowling Green, KY 42101
Policy Period From: 7/1/2018	To: 7/1/2019
12:01 A.M. Standard Time at your mailing address.	

BUSINESS DESCRIPTION: Special District

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Policy Premium \$ Included
State Fee or Surcharge \$ Included

***IMPORTANT: PUBLIC OFFICIALS LIABILITY COVERAGE AND EMPLOYEE PRACTICES LIABILITY COVERAGE ARE CLAIMS-MADE COVERAGES. PLEASE READ YOUR POLICY CAREFULLY.**

This policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the policy. Those policies cover only claims actually made against the insured while the policy remains in effect (or incidents reported if the insurer utilizes written notice of incident as the trigger of coverage under the policy) and all coverage under the policy ceases upon the termination of the policy, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

Form(s) and Endorsement(s) made a part of the policy at time of issue:

See Schedule of Forms and Endorsements APR-IL 00011 00 (03/12)

THIS COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.

Liability Coverage Form Supplemental Declaration Page

These supplemental declarations form a part of policy number: 5700-0039-03

This policy consists of the following coverage forms for which a limit of liability is shown; if no limit is shown, there is no coverage.

COVERAGE	LIMITS OF LIABILITY
General Liability Coverage Form (Occurrence coverage)	
Bodily Injury and Property Damage Limit	\$ <u>1,000,000</u>
Personal Injury and Advertising Injury Limit	\$ <u>1,000,000</u>
Employee Benefits Injury Limit	\$ <u>1,000,000</u>
Fire, Lightning of Explosion Limit (Specified Perils)	\$ <u>1,000,000</u>
Medical Payments	\$ <u>5,000</u>
Products & Completed Operations Aggregate	\$ <u>1,000,000</u>
General Aggregate Limit	\$ <u>3,000,000</u>
Failure to Supply Limit	\$ <u>1,000,000</u>
Deductible For Each Occurrence or Offense	\$ <u>None</u>

Law Enforcement Liability Coverage Form (Occurrence Coverage)

\$ Not Covered Each Person
\$ Not Covered Each Law Enforcement Wrongful Act
\$ Not Covered Annual Aggregate
\$ N/A Deductible For Each Law Enforcement Wrongful Act

Law Enforcement Department or Agency: _____

Public Officials Liability Coverage Form (This is a Claims-Made Coverage.)

\$ 1,000,000 Each Public Officials Wrongful Act
\$ 3,000,000 Annual Aggregate
\$ 2,500 Deductible For Each Public Officials Wrongful Act

Employment Practices Liability Coverage Form (This is a Claims-Made Coverage.)

\$ 1,000,000 Each Employment Practices Wrongful Act
\$ 3,000,000 Annual Aggregate
\$ 2,500 Deductible For Each Employment Practices Wrongful Act

This supplemental declarations, together with the Common Policy Declarations, Common Policy Conditions, Coverage Part(s), Coverage Form(s) and endorsements, if any, complete the above numbered policy.



Allied World National Assurance Company
199 Water Street, 24th Floor
New York, NY 10038
(646) 794-0500

5800-0029-02
Renewal of Number

Policy Number:
5800-0029-03

UMBRELLA COVERAGE FORM DECLARATIONS

NAMED INSURED AND MAILING ADDRESS:

Allen County Water District
330 New Gallatin Rd
Scottsville, KY 42164

AGENT NAME AND ADDRESS:

Governmental Risk Insurance Plans LLC
812 State St
Bowling Green, KY 42101

AGENT NUMBER: Not As

Item 2: Policy Period From: 7/1/2018 **To:** 7/1/2019

12:01 A.M. Standard Time at your mailing address.

BUSINESS DESCRIPTION: Special District

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Item 3. PREMIUM SCHEDULE

Total Estimated Premium For This Coverage Part	\$	1,000.00
Terrorism (if Accepted)	\$	16.00
State Surcharge or Fee	\$	18.00

Item 4. LIMITS OF INSURANCE

4.a. Each Occurrence Limit	\$	4,000,000
4.b. Products—Completed Operations Aggregate Limit	\$	4,000,000
4.c. General Aggregate Limit (Other Than Products—Completed Operations)	\$	4,000,000
4.d. Retained Limit (1) Underlying Insurance (see Schedule Following)		
(2) or If no Underlying Insurance	\$	10,000

Item 5. SCHEDULE OF UNDERLYING INSURANCE

See Supplemental Schedule

Item 6 RETROACTIVE DATE: NONE

Item 7. FORMS AND ENDORSEMENTS

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

See Forms Schedule APR-IL 00001 00 (03/12)

#Entry optional if shown in Common Policy Declarations

*Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in this policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

DATA COMPROMISE COVERAGE DECLARATIONS

Attached to and made a part of policy number: **5700-0039-03**

PREMIUM FOR THIS COVERAGE FORM: \$ INCLUDED

Insurance is provided only for which Limits of Insurance are stated in the place in these Declarations.

Data Compromise Limit of Insurance

\$ 50,000 Per Personal Data Compromise and Annual Aggregate

Legal and Forensic Information Technology Review Sublimit of Insurance

\$ 5,000 Per Personal Data Compromise and Annual Aggregate

Data Compromise Deductible

\$ 2,500 Per Personal Data Compromise



July 2, 2018

250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com



Allen County Water District
PO Box 58
Scottsville, KY 42164

Received
JUL 06 2018
Allen Co. Water District

INFORMATION PAGES
FOR POLICY NUMBER – 386836
KEMI 007

1. Policyholder:

Allen County Water District
PO Box 58

Scottsville, KY 42164

Federal ID: 610997995
Entity type: Municipality

2. Policy Period:

<u>Effective:</u>		<u>Expires:</u>	
12:01 AM	07/01/2018	12:01 AM	07/01/2019

3. Coverage, Limits and Endorsements:

- A. Part One of this policy applies only to the Workers' Compensation Laws of the Commonwealth of Kentucky.
- B. Part Two of this policy (Employers' Liability Insurance) is subject to the limits of our liability listed below:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee



This policy includes these endorsements:

ENDORSEMENT CODE	ENDORSEMENT DESCRIPTION
KEMI 001 02	Special Fund Assessment
KEMI 002 03	Schedule of Additional Locations
KEMI 012 02	Premium Discount Endorsement
KEMI 014 04	Experience Modification Endorsement
KEMI_044_05	Terrorism Risk Insurance Program reauthorization Act Disclosure Endorsement
KEMI 045 02	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053	Application of Premium Payments Endorsement

4. Classifications

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC
9015-000	Building or Property Management - All Other Employees

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Allen County Water District			
07/01/2018 - 07/01/2019			
7520-000	322,563	2.25	\$7,258.00
9015-000	2,942	4.2	\$124.00
8810-000	176,538	.16	\$282.00

Total Manual Premium:
\$7,664.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2018 - 07/01/2019	Total Manual Premium		\$7,664.00
	Employers Liability Limits	.011	\$84.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$36.00
	Total Subject Premium		\$7,784.00
	Experience Modification Premium	1.050	\$389.00
	Total Modified Premium		\$8,173.00
Final Estimate	Total Standard Premium		\$8,173.00
	Premium Discount		-\$346.00
	Expense Constant		\$260.00
	Terrorism Charge		\$50.00
	Estimated Annual Premium		\$8,137.00
	Kentucky Special Fund Assessment		\$511.82



00222300
00222

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
	Total Amount Due		\$8,648.82

The INFORMATION PAGES and all the forms and endorsements and included with it, along with the policy document, complete this policy. Insurance under this policy is provided to the policyholder(s) listed in section 1 of the INFORMATION PAGES. In witness whereof the undersigned executed and attested this policy.

Jon Stewart