



# 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** K200501  
**Invoice Date** 05/28/2020  
**Due Date** 08/01/2020

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**Insured Name and Address**

**Member Number** 1636

Garrison-Quincy-KY-O Heights Water District  
284 Murphys Lane  
PO Box 279  
Garrison, KY 41141

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Andrea	Johnson	Finance Officer			Ad_johnson@windstream.net
John	Pierce	Manager			garrisonwater@windstream.net

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**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	\$8,551.00	\$8,551.00
		<b>Total Due</b>	<b>\$8,551.00</b>

Payment Options:

- Option 1: Save 1%; pay \$8,465.49 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments  
50 % = \$4,275.49 plus 3 monthly payments of \$1,425.17

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*

# 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:  
Garrison-Quincy-KY-O Heights Water District  
284 Murphys Lane  
PO Box 279  
Garrison, KY 41141
- ITEM 2 -** Certificate Number: WC2020-0782
- ITEM 3 -** Effective Date: Wednesday, July 01, 2020      Expiration Date: Thursday, July 01, 2021  
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: \$3,764.00
- ITEM 7 -** Special Fund Tax: \$241.00
- ITEM 8 -** **TOTAL PREMIUM:\*** **\$4,005.00**
- ITEM 9 -** Payment Options:  
(1) Full payment by 8/1/2020. 1% discount applied = \$3,964.95  
(2) 50% payment by 8/1/2020 and 3 subsequent equal monthly pmts. on balance.  
50% = \$2,002.50 Plus 3 monthly payments of \$667.50

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**

# Kentucky Association of Counties All Lines Fund

400 Englewood Drive  
Frankfort, KY 40601  
**Declarations Page**

**Policy Number** P&C1636

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

**Insured Name and Address**

**For customer service please call**

Garrison-Quincy-KY-O Heights Water District  
284 Murphys Lane  
PO Box 279  
Garrison, KY 41141

(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	3,000,000	1,000
Employment Practices (Per claim / AGG) <b>Retroactive Date: 07/01/2015</b>	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) <b>Retroactive Date: 07/01/2015</b>	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	50,000		0

Authorized  
Representative



Date 5/28/2020