



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 K190146
Invoice Date 05/30/2019
Due Date 08/01/2019

Insured Name and Address

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

Member Number 1636

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

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2019	Annual Premium for 2019-2020 Policy Renewal	\$8,019.00	\$8,019.00
Total Due			\$8,019.00

Payment Options:

- Option 1: Save 1%; pay \$7,938.81 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
 50 % = \$4,009.50 plus 3 monthly payments of \$1,336.50

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.

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: WC2019-0782
ITEM 3 -	Effective 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
	Expiration Date: Wednesday, July 01, 2020
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: \$3,824.00
ITEM 7 -	Special Fund Tax: \$245.00
ITEM 8 -	TOTAL PREMIUM:* \$4,069.00
ITEM 9 -	Payment Options: (1) Full payment by 8/1/2019. 1% discount applied = \$4,028.31 (2) 50% payment by 8/1/2019 and 3 subsequent equal monthly pmts. on balance. 50% = \$2,034.49 Plus 3 monthly payments of \$678.17

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, 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: 7/1/2019 to 7/1/2020

Insured Name and Address

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

For customer service please call
(800)264-5226

Issued: 7/26/2019

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	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2015	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	NCD		NCD

Authorized Representative



Date 7/26/2019