

KACo WORKERS COMPENSATION FUND

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

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

Agent:

-
- ITEM 1 -** Name and Address of Insured:
Buffalo Trail Water
41135 US 62
Mayslick, KY 41055
- ITEM 2 -** Certificate Number: WC2019-1060
- 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: \$1,104.00
- ITEM 7 -** Special Fund Tax: \$71.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$1,175.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2019. 1% discount applied = \$1,163.25
(2) 50% payment by 8/1/2019 and 3 subsequent equal monthly pmts. on balance.
50% = \$587.51 Plus 3 monthly payments of \$195.83


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

* 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 31st day of May, 2019


Kris Dunn, Underwriting Manager

KACo
Making Workers Comp Work in Kentucky