

# KACo WORKERS COMPENSATION FUND

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

## CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

Agent:

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- ITEM 1 -** Name and Address of Insured:  
Buffalo Trail Water  
41135 US 62  
Mayslick, KY 41055
- ITEM 2 -** Certificate Number: WC2020-1060
- 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: \$1,167.00
- ITEM 7 -** Special Fund Tax: \$75.00
- ITEM 8 -** **TOTAL PREMIUM:\*** **\$1,242.00**
- ITEM 9 -** Payment Options:  
(1) Full payment by 8/1/2020. 1% discount applied = \$1,229.58  
(2) 50% payment by 8/1/2020 and 3 subsequent equal monthly pmts. on balance.  
50% = \$621.00 Plus 3 monthly payments of \$207.00

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.**

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

  
Kris Dunn, Underwriting Manager

**KACo**  
**Making Workers Comp Work in Kentucky**