





Statement Prepared On: 12/23/2019

Questions regarding your insurance coverage:  
Center Of Insurance/Hopkinsville  
(270)886-3010

Statement – Premium Due

Questions regarding your statement:  
Cincinnati Corporate Billing  
877-942-2455, [CinciBill@cinfin.com](mailto:CinciBill@cinfin.com)  
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time  
Saturday, 8 a.m.- noon Eastern Time

000557 128 1000422651 16404 03  
CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

Pay Online or by Phone:	<i>cinfin.com</i> 800-364-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover®, and American Express® cards.
	Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank holidays.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

Amount Due:	\$16,092.00
Due Date:	01/14/2020

Account Number: 1000422651  
Policy Number(s) with Premium Due:  
0495341

8213

----- Please detach and return the remittance stub below with your payment. -----

Make check payable to: THE CINCINNATI INSURANCE COMPANY. \*Please include your account number on the check. Do not send cash. If paying multiple accounts include the remittance stub for each.

Account Number	Due Date	Amount Due
1000422651	01/14/2020	\$16,092.00

Please mark for change of address and complete the reverse side.

Late Payments: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

THE CINCINNATI INSURANCE COMPANY  
PO BOX 145620  
CINCINNATI OH 45250 -5620

11 1 1000422651 01142020 000001609200 2



Statement Prepared On: 03/23/2020

Questions regarding your insurance coverage:  
Center Of Insurance/Hopkinsville  
(270)886-3010



Statement – Premium Due

Questions regarding your statement:

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877-942-2455, [CinciBill@cinfin.com](mailto:CinciBill@cinfin.com)  
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time  
Saturday, 8 a.m.- noon Eastern Time

001235 128 1000422651 16404 03  
CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

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Amount Due:	\$16,092.00
Due Date:	04/14/2020

Account Number: 1000422651  
Policy Number(s) with Premium Due:  
0495341



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Make check payable to: THE CINCINNATI INSURANCE COMPANY. \*Please include your account number on the check. Do not send cash. If paying multiple accounts include the remittance stub for each.

Account Number	Due Date	Amount Due
1000422651	04/14/2020	\$16,092.00

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CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

THE CINCINNATI INSURANCE COMPANY  
PO BOX 145620  
CINCINNATI OH 45250 -5620



Statement Prepared On: 06/22/2020

Questions regarding your insurance coverage:  
Center Of Insurance/Hopkinsville  
(270)886-3010



Statement – Premium Due

Questions regarding your statement:  
Cincinnati Corporate Billing  
877-942-2455, [CinciBill@cinfin.com](mailto:CinciBill@cinfin.com)  
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time  
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001219 128 1000422651 16404 06  
CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

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Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

<b>Amount Due:</b>	\$15,818.00
<b>Due Date:</b>	07/14/2020

Account Number: 1000422651  
Policy Number(s) with Premium Due:  
0495341

PAID  
JUL 01 2020  
18545

----- Please detach and return the remittance stub below with your payment. -----

Make check payable to: THE CINCINNATI INSURANCE COMPANY. \*Please include your account number on the check.  
Do not send cash. If paying multiple accounts include the remittance stub for each.

Account Number	Due Date	Amount Due
1000422651	07/14/2020	\$15,818.00

Please mark for change of address and complete the reverse side.

**Late Payments:** A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

THE CINCINNATI INSURANCE COMPANY  
PO BOX 145620  
CINCINNATI OH 45250 -5620



Statement Prepared On: 09/22/2020

Questions regarding your insurance coverage:  
Center Of Insurance/Hopkinsville  
(270)886-3010



Statement – Premium Due

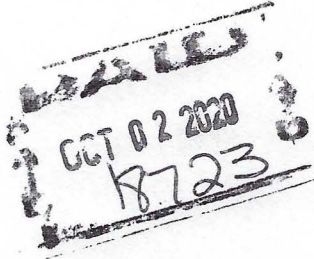
001066 128 1000422651 16404 03  
CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

Questions regarding your statement:  
Cincinnati Corporate Billing  
877-942-2455, [CinciBill@cinfin.com](mailto:CinciBill@cinfin.com)  
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time  
Saturday, 8 a.m.- noon Eastern Time

Amount Due:	\$15,817.00
Due Date:	10/14/2020

Account Number: 1000422651  
Policy Number(s) with Premium Due:  
0495341

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Account Number	Due Date	Amount Due
1000422651	10/14/2020	\$15,817.00

Please mark for change of address and complete the reverse side.

Late Payments: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

THE CINCINNATI INSURANCE COMPANY  
PO BOX 145620  
CINCINNATI OH 45250 -5620

**CENTER OF INSURANCE**

P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

**Christian County Water Dist.**  
Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26341</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	06/12/2020
<b>BOND</b>		
POLICY #	LOAN #	
1230444		
<b>COMPANY</b>		
Cincinnati Insurance Co.		
<b>PRODUCER</b>		
Spencer Y. Kilijian, CIC		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
08/15/2020	08/15/2021	08/15/2020
<b>AMOUNT PAID</b>		<b>AMOUNT DUE</b>
\$ 2,138.00		\$2,138.00

Date	Trn	Type	Loan #	Description	Amount
06/12/20	REN	BOND		Employee Dishonesty Bond Ren	\$2,100.00
06/12/20	CFE	BOND		Ky Tax	\$38.00
<b>Invoice Balance:</b>					\$2,138.00

PAID  
18602

Thank you for your business!

*James*  
*Spencer*

**CENTER OF INSURANCE**

P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

**Christian County Water Dist.**

Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26407</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	07/17/2020
BOND		
POLICY #	LOAN #	
8605249		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Spencer Y. Kilijian, CIC		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
08/17/2019	08/17/2022	08/17/2020
AMOUNT PAID		AMOUNT DUE
\$ 1,122.00		\$1,122.00

Date	Trm	Type	Loan #	Description	Amount
07/17/20	RIS	BOND		R Bourland Bond--8/17/20	\$1,102.00
07/17/20	CFE	BOND		Ky Tax (H350K)	\$20.00
Invoice Balance:					\$1,122.00

*B602*

*James*

*Spencer*

Thank you for your business!

**CENTER OF INSURANCE**

P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

**Christian County Water Dist.**

Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26144</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	02/27/2020
BOND		
POLICY #	LOAN #	
8320921		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Spencer Y. Kilijian, CIC		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
03/12/2020	03/12/2021	03/12/2020
AMOUNT PAID		AMOUNT DUE
① 1,523. <sup>00</sup>		\$1,523.00

Date	Trn	Trn	Type	Loan #	Description	Amount
02/27/20		REN	BOND		Encroachment Bond--Annual 3/12	\$1,500.00
02/27/20		CFE	BOND		Ky Tax	\$23.00
Invoice Balance:						\$1,523.00

18318

Thank you for your business!



**CENTER OF INSURANCE**


P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

Christian County Water Dist.  
Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26453</b>		Page 1
ACCOUNT NO. CHRIS-1	OP KM	DATE 08/20/2020
<b>BOND</b>		
POLICY # 8877058		LOAN #
COMPANY Cincinnati Insurance Co.		
PRODUCER Spencer Y. Kilijian, CIC		
EFFECTIVE 09/23/2020	EXPIRATION 09/23/2021	BALANCE DUE ON 09/23/2020
AMOUNT PAID \$ 76.00		AMOUNT DUE \$76.00

Date	Trn	Type	Loan #	Description	Amount
08/20/20	REN	BOND		Barbara Morris Bond--Annual	\$75.00
08/20/20	CFE	BOND		Ky Tax	\$1.00
Invoice Balance:					\$76.00

*18659*

Thank you for your business! 

**CENTER OF INSURANCE**

P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

**Christian County Water Dist.**  
Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26454</b>		Page 1
ACCOUNT NO. CHRIS-1	OP KM	DATE 08/20/2020
<b>BOND</b>		
POLICY # 8877057	LOAN #	
<b>COMPANY</b> Cincinnati Insurance Co.		
<b>PRODUCER</b> Spencer Y. Kilijian, CIC		
EFFECTIVE 09/23/2020	EXPIRATION 09/23/2021	BALANCE DUE ON 09/23/2020
AMOUNT PAID \$ 76.00	AMOUNT DUE \$76.00	

Date	Trm	Type	Loan #	Description	Amount
08/20/20	REN	BOND		David Johnson Bond--Annual	\$75.00
08/20/20	CFE	BOND		Ky Tax	\$1.00
Invoice Balance:					\$76.00

18659

*James*

*Spencer*

Thank you for your business!

**ENTER OF INSURANCE**

P.O. Box 33  
 Hopkinsville, KY 42241-0033  
 Phone: 270-886-3010 Fax: 866-838-3526

**Christian County Water Dist.**

Attn: James Owen. GM  
 PO Box 7  
 Hopkinsville, KY 42241

<b>INVOICE NO. 26455</b>		Page 1
ACCOUNT NO. CHRIS-1	OP KM	DATE 08/20/2020
BOND		
POLICY # 8877063	LOAN #	
COMPANY Cincinnati Insurance Co.		
PRODUCER Spencer Y. Killijian, CIC		
EFFECTIVE 09/23/2020	EXPIRATION 09/23/2021	BALANCE DUE ON 09/23/2020
AMOUNT PAID \$ 76.00	AMOUNT DUE \$76.00	

Date Trn	Trn Type	Loan #	Description	Amount
08/20/20	REN BOND		Stephen Hunt Bond--Annual	\$75.00
08/20/20	CFE BOND		Ky Tax	\$1.00
			Invoice Balance:	\$76.00

8659

*James*

*Spencer*

Thank you for your business!

ENTER OF INSURANCE

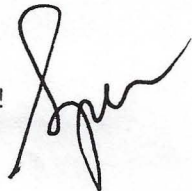
P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

Christian County Water Dist.  
Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26452</b>		<b>Page 1</b>
ACCOUNT NO. CHRIS-1	OP KM	DATE 08/20/2020
<b>BOND</b>		
POLICY # 8877056		LOAN #
COMPANY Cincinnati Insurance Co.		
PRODUCER Spencer Y. Kilijian, CIC		
EFFECTIVE 09/23/2020	EXPIRATION 09/23/2021	BALANCE DUE ON 09/23/2020
AMOUNT PAID \$ 76.00		AMOUNT DUE \$76.00

Date	Trn	Trn Type	Loan #	Description	Amount
08/20/20	REN	BOND		Ashbel Brunson Bond--Annual	\$75.00
08/20/20	CFE	BOND		Ky Tax	\$1.00
<b>Invoice Balance:</b>					<b>\$76.00</b>

18659



Thank you for your business!

**CENTER OF INSURANCE**

P.O. Box 33  
Hopkinsville, KY 42241-0033  
Phone: 270-886-3010 Fax: 866-838-3526

**Christian County Water Dist.**  
Attn: James Owen. GM  
PO Box 7  
Hopkinsville, KY 42241

<b>INVOICE NO. 26451</b>		Page 1
ACCOUNT NO. CHRIS-1	OP KM	DATE 08/20/2020
BOND		
POLICY # 8877059	LOAN #	
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Spencer Y. Kilijian, CIC		
EFFECTIVE 09/23/2020	EXPIRATION 09/23/2021	BALANCE DUE ON 09/23/2020
AMOUNT PAID	AMOUNT DUE	
\$ 76.00	\$76.00	

Date	Trn	Type	Loan #	Description	Amount
08/20/20	REN	BOND		Ron Adams Bond--Annual	\$75.00
08/20/20	CFE	BOND		Ky Tax	\$1.00
Invoice Balance:					\$76.00

18659

Thank you for your business!

