

July 14, 2021

Christian County Water District
PO Box 7
Hopkinsville, KY 42241

INFORMATION PAGES
FOR POLICY NUMBER – **426832**
KEMI 007

1. Policyholder:

Christian County Water District
PO Box 7

Hopkinsville, KY 42241

Federal ID: 610921177
Entity type: Municipality

2. Policy Period:

<u>Effective:</u>		<u>Expires:</u>	
12:01 AM	07/14/2021	12:01 AM	07/14/2022

3. Coverage, Limits and Endorsements:

- A. Part One of this policy applies only to the Workers' Compensation Laws of the Commonwealth of Kentucky.
- B. Part Two of this policy (Employers' Liability Insurance) is subject to the limits of our liability listed below:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

This policy includes these endorsements:

ENDORSEMENT CODE	ENDORSEMENT DESCRIPTION
KEMI_001_03	Special Fund Assessment
KEMI_002_03	Schedule of Additional Locations
KEMI_012_02	Premium Discount Endorsement
KEMI_014_04	Experience Modification Endorsement
KEMI_044_06	Terrorism Risk Insurance Program reauthorization Act Disclosure Endorsement
KEMI_045_04	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053	Application of Premium Payments Endorsement
KEMI_061	Audit NonCompliance Charge Endorsement

4. Classifications

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Christian County Water District			
07/14/2021 - 07/14/2022			
7520-000	441,892	2.14	\$9,456.00
8810-000	96,521	.13	\$125.00

Total Manual Premium:
\$9,581.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/14/2021 - 07/14/2022	Total Manual Premium		\$9,581.00
	Employers Liability Limits	.008	\$77.00
	Total Subject Premium		\$9,658.00
	Experience Modification Premium	.810	-\$1,835.00
	Total Modified Premium		\$7,823.00
	Schedule Rating Premium	.900	-\$782.00
Final Estimate	Total Standard Premium		\$7,041.00
	Premium Discount		-\$222.00
	Expense Constant		\$260.00
	Terrorism Charge		\$54.00
	Catastrophe Charge		\$54.00
	Estimated Annual Premium		\$7,187.00
	Kentucky Special Fund Assessment		\$504.53
	Total Premium & Assessment		\$7,691.53

The INFORMATION PAGES and all the forms and endorsements and included with it, along with the policy document, complete this policy. Insurance under this policy is provided to the policyholder(s) listed in section 1 of the INFORMATION PAGES. In witness whereof the undersigned executed and attested this policy.

A handwritten signature in black ink that reads "Jon Stewart". The signature is written in a cursive, flowing style with a large loop at the end of the word "Stewart".

NOTICE OF INSURED'S RIGHTS

If you are insured under a workers' compensation insurance policy and believe that the rates or rating system have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to the insurance company or advisory organization. The insurance company or advisory organization has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, the insurance company or advisory organization shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of the review. Your appeal is to be sent to:

Legal Division
Department of Insurance
P.O. Box 517
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from the insurance company or advisory organization. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may after the hearing issue a final order affirming, modifying or reversing the action of the insurance company or advisory organization.

1. This notice is required by KRS 304.13-161 and 806 KAR 13.140
2. Requests for review and appeals do not relieve the insured from making premium payments during the course of the review process.

KEMI PRIVACY POLICY

Kentucky Employers' Mutual Insurance (KEMI) is committed to maintaining the privacy and confidentiality of information about its customers. This notice is to let you know about the current privacy practices of KEMI. **YOU DO NOT NEED TO DO ANYTHING IN RESPONSE TO THIS NOTICE. THIS NOTICE IS SIMPLY TO INFORM YOU ABOUT HOW WE SAFEGUARD YOUR INFORMATION.**

DISCLOSURE OF INFORMATION

We do not disclose any nonpublic personal financial information, including health information, about our customers or former customers to anyone, except as permitted or required by law.

NON-PUBLIC PERSONAL INFORMATION WE COLLECT

As part of KEMI's normal operating procedures we need to obtain information in order to determine eligibility for our products and services and to perform our insurance functions. We may collect non-public personal information about you from the following sources:

- Information we receive from you on applications or other forms (including names, address, financial, and health information);
- Information about your transactions with us, or others (including claims and payment information); and
- Information we receive from a consumer reporting agency (including creditworthiness and credit history)

CONFIDENTIALITY AND SECURITY

We restrict access to non-public personal financial information about you to only those employees who need access to the information to perform their job functions to provide products or services to you. Employees who misuse information are subject to disciplinary actions. We maintain physical, electronic and procedural safeguards that comply with applicable regulations to guard your non-public personal financial information.

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ENDORSEMENTS

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FOR POLICY NUMBER – **426832**

Christian County Water District

POLICY PERIOD 07/14/2021-07/14/2022

KEMI 001

KENTUCKY SPECIAL FUND ASSESSMENT

Assessment Charges - Kentucky

The amount charged to the insured for the special fund assessment under the Kentucky Workers' Compensation Law is not included as premium under the policy, pursuant to KRS 342.122, as now or hereafter amended. However, as KEMI is required to collect the assessment under the Kentucky Workers' Compensation Law, the assessment is included in the total amount due to KEMI.

The assessment percentage, in the amount and on the effective date shown, is determined by the Kentucky Workers' Compensation Funding Commission.

Assessment Percentage:	7.02%
Assessment Amount:	\$504.53
Effective Date:	07/14/2021

Please contact our office at 859-425-7800 or 1-800-640-5364 with any questions.

July 14, 2021

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Christian County Water District

POLICY 07/14/2021-07/14/2022

KEMI 002

SCHEDULE OF NAMED INSUREDS AND WORKPLACES

	Effective Date	Expiration Date
Christian County Water District 1940 Dawson Springs Rd Hopkinsville KY 42240	07/14/2021	07/14/2022

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July 14, 2021

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Christian County Water District
POLICY 07/14/2021-07/14/2022
KEMI 012
PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy may be eligible for a discount. This endorsement shows your estimated discount in the Schedule below. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

State	First \$5000	Next \$95000	Next \$400000	Balance
Kentucky	0.00%	10.90%	12.60%	14.40%

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ENDORSEMENTS

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Policy Name – **Christian County Water District**
POLICY 07/14/2021-07/14/2022
KEMI 014
NOTICE OF EXPERIENCE RATING

The premium for this policy is adjusted by the experience rating modification factor shown on this endorsement and the Information Page. This factor may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

Premium for this policy period is impacted by the following:

Risk ID	RED	Effective Date	Expiration Date	Factor	Type
160007737	07/14/2021	07/14/2021	07/14/2022	.81	Final

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POLICY PERIOD 07/14/2021-07/14/2022
KEMI 044

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier may charge premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers' compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

“Act of Terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured Loss” means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers’ compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule		
State	Rate	Premium
KY	(Payroll / 100) * 1%	\$54.00

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KEMI 045

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier may charge premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers' compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (KEMI 044), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (Other Than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers' compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of the Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers' compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule		
State	Rate	Premium
KY	(Payroll / 100) * 1%	\$54.00

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KEMI 053

APPLICATION OF PREMIUM PAYMENTS

KEMI reserves the right to alter or terminate a pay plan on an existing policy if payments are not received in a timely basis on the current or any prior policy. Restricted plans or 100% pay may be required if you fail to pay premiums by the due dates, carry balances from prior years or have other credit or financial issues.

If past due premium is owed and you provide a deposit or premium for a subsequent policy, that deposit or premium amount will be applied to the oldest premium amount owed to KEMI.

Any return premium due to you from other policy periods will be applied to any debts that remain outstanding. Additionally, any payments submitted by you or on your behalf for future coverage will be applied to the oldest premium amount owed to KEMI and additional coverage declined until your debt has been satisfied.

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KEMI 061

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five – Premium, Section E. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5-Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
KY	Estimated Annual Premium	Up to 2 times

Please contact our office at 859-425-7800 or 1-800-640-5364 with any questions.