

## SUMMARY OF PREMIUMS CHARGED

Attached to and forming part of  
 POLICY NUMBER: ETD 049 53 41 / ETA 049 53 41 Effective Date: 07-14-2019

Named Insured: CHRISTIAN COUNTY WATER DISTRICT

### THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM CHARGE IS INDICATED

Commercial Property Coverage Part <u>W/EBC</u>	\$	26,666
Commercial General Liability Coverage Part _____	\$	3,982
Commercial Auto Coverage Part _____	\$	18,372
Commercial Umbrella / Excess Liability Coverage Part _____	\$	3,614
<b>DATA DEFENDER COVERAGE PART</b>	\$	87
<b>CRIME AND FIDELITY COVERAGE PART</b>	\$	799
<b>CONTRACTORS EQUIPMENT SCHEDULED</b>	\$	3,818
<b>CONTRACTORS EQUIPMENT SUPPLEMENTAL COVERAGES</b>	\$	750
<b>EMPLOYEE BENEFIT LIABILITY</b>	\$	222
<b>KY MUNICIPAL TAX - REFER TO IA4376KY</b>	\$	5,544
<b>KY SURCHARGE - REFER TO IA4376KY</b>	\$	1,058
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
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_____	\$	
_____	\$	
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_____	\$	
_____	\$	
_____	\$	
_____	\$	
Terrorism Coverage _____	\$	608
Installment Charge _____	\$	
<b>ANNUAL TOTAL PAYMENTS</b>	<b>\$</b>	<b>65,520</b>

	First Installment	Remaining Installment(s)
QUARTERLY	*	*

\*SEE BILLING STATEMENT MAILED SEPARATELY

Automobile Coverages, Employers Liability, Employment Practices Liability Coverage, Professional Liability Coverage, Terrorism Coverage and / or Wrongful Acts Coverage, if included in the policy, are subject to Annual Adjustment of rates and premium on each anniversary of the policy.

Commercial Umbrella and Excess Liability, if included in the policy, may be subject to Annual Adjustment of premium on each anniversary. Refer to the Commercial Umbrella or Excess Liability Coverage Part Declarations form to see if this is applicable.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**



Statement Prepared On: 12/20/2018

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

000489 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:	\$15,668.00
Due Date:	01/14/2019

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



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	01/14/2019	\$15,668.00

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 01142019 000001566800 1



Statement Prepared On: 03/21/2019

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

001118 128 1000422651 16404 03  
CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

<b>Amount Due:</b>	\$15,668.00
<b>Due Date:</b>	04/14/2019

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

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

7665

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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	04/14/2019	\$15,668.00

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: 05/23/2019

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)  
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000399 128 1000422651 16404 03  
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

Amount Due:	\$523.00
Due Date:	06/14/2019

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

PAID  
1000422651  
17780

----- 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	06/14/2019	\$523.00

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: 06/20/2019

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



Statement – Premium Due

000611 128 1000422651 16404 06  
 CHRISTIAN COUNTY WATER DISTRICT  
 PO BOX 7  
 HOPKINSVILLE KY 42241-1000

Questions regarding your statement:

Cincinnati Corporate Billing  
 877-942-2455; *CinciBill@cinfin.com*  
 Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time  
 Saturday, 8 a.m.- noon Eastern Time

<b>Amount Due:</b>	\$16,383.00
<b>Due Date:</b>	07/14/2019

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

<b>Pay Online or by Phone:</b>	<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.
<b>Payment Address:</b>	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
<b>Overnight Payment Address:</b>	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

17829

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	07/14/2019	\$16,383.00

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

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Statement Prepared On: 09/19/2019

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

001510 128 1000422651 16404 03  
CHRISTIAN COUNTY WATER DISTRICT  
PO BOX 7  
HOPKINSVILLE KY 42241-1000

<b>Amount Due:</b>	\$15,872.00
<b>Due Date:</b>	10/14/2019

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

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

OCT 01 2019  
18002

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	10/14/2019	\$15,872.00

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 10142019 000001587200 2

**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. 25960</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	11/06/2019
Directs & Officers Liability		
POLICY #	LOAN #	
EMN 0515540		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
12/06/2018	12/06/2021	12/06/2019
AMOUNT PAID		AMOUNT DUE
\$6,026.00		\$6,026.00

Date Trm	Trm	Type	Loan #	Description	Amount
11/06/19	RIS	DOLI		D&O/EPLI--Annual 12/6/19	\$5,919.00
11/06/19	CFE	DOLI		Ky Tax	\$107.00
<b>Invoice Balance:</b>					<b>\$6,026.00</b>



25960  
11/06/2019  
8113

*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. 25401</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	01/28/2019
BOND		
POLICY #	LOAN #	
8320921		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
03/12/2019	03/12/2020	03/12/2019
AMOUNT PAID		AMOUNT DUE
		\$1,523.00

Date Tran	Type	Years	Loan #	Description	Amount
01/28/19	REN	BOND		Encroachment Bond Ren--Annual	\$1,500.00
01/28/19	CFE	BOND		Ky Taxes	\$23.00
<b>Invoice Balance:</b>					<b>\$1,523.00</b>



PAID  
01/28/2019  
17600

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. 25698</b>		Page 1
ACCOUNT NO.	GP	DATE
CHRIS-1	KM	06/25/2019
<b>BOND</b>		
POLICY #	LOAN #	
1230444		
<b>COMPANY</b>		
Cincinnati Insurance Co.		
<b>PRODUCER</b>		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
08/15/2019	08/15/2020	08/15/2019
<b>AMOUNT PAID</b>		<b>AMOUNT DUE</b>
\$ 2,138.00		\$2,138.00

Invoice Date	Type	Loan #	Description	Amount
06/25/19	REN BOND		Employee Dishonesty Bond Ren	\$2,100.00
06/25/19	CFE BOND		Ky Tax	\$38.00
<b>Invoice Balance:</b>				<b>\$2,138.00</b>

17860

*Bob 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. 25568</b>		Page 11
ACCOUNT NO. <b>CHRIS-1</b>	OP <b>KM</b>	DATE <b>04/22/2019</b>
Commercial Package		
POLICY # <b>ETD 0495341</b>	TOWAN #	
COMPANY <b>Cincinnati Insurance Co.</b>		
PRODUCER <b>Bob Kilijian, CPCU</b>		
EFFECTIVE <b>07/14/2018</b>	EXPIRATION <b>07/14/2021</b>	BALANCE DUE ON <b>04/22/2019 5/15/19</b>
AMOUNT PAID <b>\$ 4,093.00</b>		AMOUNT DUE <b>\$4,093.00</b>

Date	From	To	Type	Amount	Description
04/22/19	AUD	PCKG		\$3,707.00	GL Audit--7/14/17 - 7/14/18
04/22/19	CFE	PCKG		\$386.00	Ky Tx
					Invoice Balance:
					\$4,093.00

*This is due to subcontractor costs related to Horsley Construction.*  
*Jim*

17730

*James,*

Thank you for your business!

*Jim*

**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. 25724</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	07/11/2019
<b>BOND</b>		
POLICY #	LOAN #	
8605249		
<b>COMPANY</b>		
Cincinnati Insurance Co.		
<b>PRODUCER</b>		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
08/17/2019	08/17/2022	08/17/2019
<b>AMOUNT PAID</b>		<b>AMOUNT DUE</b>
\$1,122.00		\$1,122.00

Date	Trn	Type	Loan #	Description	Amount
07/11/19	REN	BOND		R Bourland Bond--8/17/19	\$1,102.00
07/11/19	CFE	BOND		Ky Tax	\$20.00
Invoice Balance:					\$1,122.00

17888

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. 25782</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	08/12/2019
<b>BOND</b>		
POLICY #	LOAN #	
8877059		
<b>COMPANY</b>		
Cincinnati Insurance Co.		
<b>PRODUCER</b>		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
09/23/2019	09/23/2020	09/23/2019
<b>AMOUNT PAID</b>		<b>AMOUNT DUE</b>
\$ 76.00		\$76.00

Date Paid	Item	Type	Loan #	Description	Amount
08/12/19	REN	BOND		Ronald Adams Bond-Annual	\$75.00
08/12/19	CFE	BOND		Ky Tax	\$1.00
<b>Invoice Balance:</b>					<b>\$76.00</b>

17945

Thank you for your business!

**TER 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. 25783</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	08/12/2019
BOND		
POLICY #	LOAN #	
8877056		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
09/23/2019	09/23/2020	09/23/2019
AMOUNT PAID	AMOUNT DUE	
\$ 76.00	\$76.00	

Date	Item	Type	Loan #	Description	Amount
08/12/19	REN	BOND		Ashbel Brunson Bond--Annual	\$75.00
08/12/19	CFE	BOND		Ky Tax	\$1.00
<b>Invoice Balance:</b>					<b>\$76.00</b>

17945

Thank you for your business!

TER 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. 25784</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	08/12/2019
BOND		
POLICY #	LOAN #	
8877058		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
09/23/2019	09/23/2020	09/23/2019
AMOUNT PAID		AMOUNT DUE
\$ 76.00		\$76.00

Date	Item	Term	Loan #	Description	Amount
08/12/19	REN	BOND		Barbara Morris Bond--Annual	\$75.00
08/12/19	CFE	BOND		Ky Tax	\$1.00
Invoice Balance:					\$76.00

17945

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. 25785</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	08/12/2019
<b>BOND</b>		
POLICY #	LOAN #	
8877057		
<b>COMPANY</b>		
Cincinnati Insurance Co.		
<b>PRODUCER</b>		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
09/23/2019	09/23/2020	09/23/2019
<b>AMOUNT PAID</b>		<b>AMOUNT DUE</b>
\$ 76.00		\$76.00

Date	Type	Loan #	Description	Amount
08/12/19	REN BOND		David Johnson Bond--Annual	\$75.00
08/12/19	CFE BOND		Ky Tax	\$1.00
<b>Invoice Balance:</b>				<b>\$76.00</b>

17945

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. 25786</b>		Page 1
ACCOUNT NO.	OP	DATE
CHRIS-1	KM	08/12/2019
BOND		
POLICY #	LOAN #	
8877063		
COMPANY		
Cincinnati Insurance Co.		
PRODUCER		
Bob Kilijian, CPCU		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
09/23/2019	09/23/2020	09/23/2019
AMOUNT PAID		AMOUNT DUE
\$ 76.00		\$76.00

Date	Item	Type	Loan #	Description	Amount
08/12/19	REN	BOND		Stephen Hunt Bond-Annual	\$75.00
08/12/19	CFE	BOND		Ky Tax	\$1.00
Invoice Balance:					\$76.00

17945



Thank you for your business!