

INVOICE



Christian County Water District
PO Box 7
Hopkinsville, KY 42241

Invoice Date	
November 14, 2019	
Invoice Number	
2506046	
Policy Number	
426832	
Current Balance	Due Date
\$1,353.88	12/09/2019

AGENT: RISK ASSURANCE INC (270)886-3010

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#5	07/14/2019	07/14/2020	\$1,272.31
Special Fund Assessment Installment	#5	07/14/2019	07/14/2020	\$81.57
Current Charges				\$1,353.88

18116

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$1,353.85		\$1,353.85		\$1,353.88		\$1,353.88

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
426832

Invoice Number
2506046

Please check this box for change of address or e-mail update (on reverse).

To make a payment instantly, visit
www.kemi.com/pay

If mailing payment, please:

1. Make checks payable to KEMI.
2. Include your Policy and Invoice Numbers on check.
3. Please do not staple check to payment stub.
4. Indicate change of address or e-mail update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 12/09/2019
Amount Due: \$1,353.88

INVOICE



Christian County Water District
PO Box 7
Hopkinsville, KY 42241

Invoice Date	
October 14, 2019	
Invoice Number	
2497761	
Policy Number	
426832	
Current Balance	Due Date
\$1,353.85	11/08/2019

AGENT: RISK ASSURANCE INC (270)886-3010

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#4	07/14/2019	07/14/2020	\$1,272.30
Special Fund Assessment Installment	#4	07/14/2019	07/14/2020	\$81.55
Current Charges				\$1,353.85

PAID
10/16/2019
18059

Previous Balance	—	Payment Received	+	Current Charges	=	Current Balance
\$1,353.85		\$1,353.85		\$1,353.85		\$1,353.85

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
426832

Invoice Number
2497761

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Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 11/08/2019

Amount Due: \$1,353.85



250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

INVOICE



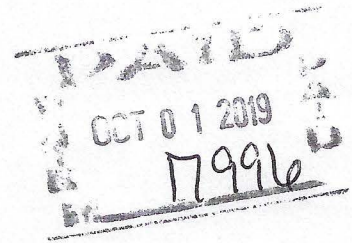
Christian County Water District
PO Box 7
Hopkinsville, KY 42241

Invoice Date	September 16, 2019
Invoice Number	2489703
Policy Number	426832
Current Balance	Due Date
\$1,353.85	10/11/2019

AGENT: RISK ASSURANCE INC (270)886-3010

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#3	07/14/2019	07/14/2020	\$1,272.30
Special Fund Assessment Installment	#3	07/14/2019	07/14/2020	\$81.55
Current Charges				\$1,353.85



Previous Balance	Payment Received	Current Charges	Current Balance
\$1,353.85	\$1,353.85	\$1,353.85	\$1,353.85

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number 426832 **Invoice Number** 2489703

Please check this box for change of address or e-mail update (on reverse).

To make a payment instantly, visit www.kemi.com/pay

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 5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 10/11/2019
Amount Due: \$1,353.85



Kentucky Employers' Mutual Insurance



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00035

250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

INVOICE

00034



Christian County Water District
PO Box 7
Hopkinsville, KY 42241

Invoice Date
August 14, 2019
Invoice Number
2480042
Policy Number
426832
Current Balance
Due Date
\$1,353.85
09/08/2019

AGENT: RISK ASSURANCE INC (270)886-3010

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	07/14/2019	07/14/2020	\$1,272.30
Special Fund Assessment Installment	#2	07/14/2019	07/14/2020	\$81.55
Current Charges				\$1,353.85

17951

Previous Balance	-	Payment Received	+	Current Charges	=	Current Balance
\$0.00		\$0.00		\$1,353.85		\$1,353.85

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
426832

Invoice Number
2480042

Please check this box for change of address or e-mail update (on reverse).

To make a payment instantly, visit
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3. Please do not staple check to payment stub.
4. Indicate change of address or e-mail update on reverse side of stub.
5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance
Payment Processing Center
P.O. Box 12500
Lexington, KY 40583-2500

Due Date: 09/08/2019

Amount Due: \$1,353.85

Premium Due Notice



A member of the Crum & Forster Enterprise

Seneca Insurance Company, Inc.
 160 Water Street 16th Floor
 New York, N.Y. 10038-4922
 Tel: (212) 344-3000

Type of Policy : WORKERS COMPENSATION
 Policy Number : SRS0921177
 Policy Period : 7/14/18 TO 7/14/19
 Insured Name : CHRISTIAN COUNTY WATER

Producer: 74451
 RISK ASSURANCE INC KY-HOP

Bill To : CHRISTIAN COUNTY WATER
 POB 7
 HOPKINSVILLE KY 42241-0007

Invoice Date: 2/25/19
 Due Date : 03/26/19

Description

Installment Due

PAID
 MAR 04 2019
 17614

This statement shows the next installment amount due on this policy.

Please pay the minimum premium due by the due date to avoid cancellation.

Payment Plan	Premium	Installment Charge	Minimum Due
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FULL PAY	973.70	5.00	978.70
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FOR IMMEDIATE CLAIM SERVICE CALL (212) 344-3000 EXTENSION 4274 (24 HOURS /7DAYS)
YOU CAN PAY YOUR BILL ONLINE THRU eCHECK. GO TO WWW.SENECAINSURANCE.COM
AND USE THE PAYMENTS LINK. For Billing Inquiries e-mail SenAccountingInquiry@senecainsurance.com
 Please detach and return this part with your payment in the preaddressed envelope to:

Seneca Insurance Company, Inc.
 160 Water Street 16th Floor
 New York, N.Y. 10038-4922

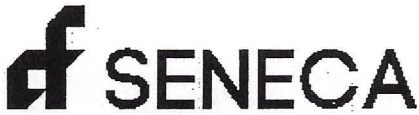
Type of Policy : WORKERS COMPENSATION
 Policy Number : SRS0921177
 Policy Period : 7/14/18 TO 7/14/19
 Insured Name : CHRISTIAN COUNTY WATER
 Producer: : 74451 RISK ASSURANCE INC KY-HOP

Amount Due	978.70
Due Date	03/26/19

Amount Paid: 978.70

YOU CAN PAY YOUR BILL ONLINE THRU eCHECK. GO TO WWW.SENECAINSURANCE.COM
AND USE THE PAYMENTS LINK.

Premium Due Notice



A member of the Crum & Forster Enterprise

Seneca Insurance Company, Inc.
160 Water Street 16th Floor
New York, N.Y. 10038-4922
Tel: (212) 344-3000

Type of Policy : WORKERS COMPENSATION
Policy Number : SRS0921177
Policy Period : 7/14/18 TO 7/14/19
Insured Name : CHRISTIAN COUNTY WATER

Producer: 74451
RISK ASSURANCE INC KY-HOP

Bill To : CHRISTIAN COUNTY WATER
POB 7
HOPKINSVILLE KY 42241-0007

Invoice Date: 1/25/19
Due Date : 02/24/19

Description

Installment Due



This statement shows the next installment amount due on this policy.
Please pay the minimum premium due by the due date to avoid cancellation.

Payment Plan	Premium	Installment Charge	Minimum Due
FULL PAY	1,947.40		1,947.40
20% DOWN + 8 PAYMENTS OF 10%	973.70	5.00	978.70

Select one of above

FOR IMMEDIATE CLAIM SERVICE CALL (212) 344-3000 EXTENSION 4274 (24 HOURS /7DAYS)

YOU CAN PAY YOUR BILL ONLINE THRU eCHECK. GO TO WWW.SENECAINSURANCE.COM AND USE THE PAYMENTS LINK. For Billing Inquiries e-mail SeaAccountingInquiry@senecainsurance.com

Please detach and return this part with your payment in the preaddressed envelope to:

Seneca Insurance Company, Inc.
160 Water Street 16th Floor
New York, N.Y. 10038-4922

Type of Policy : WORKERS COMPENSATION
Policy Number : SRS0921177
Policy Period : 7/14/18 TO 7/14/19
Insured Name : CHRISTIAN COUNTY WATER
Producer: : 74451 RISK ASSURANCE INC KY-HOP

Amount Due	978.70
Due Date	02/24/19

Amount Paid: \$ 978.70

YOU CAN PAY YOUR BILL ONLINE THRU eCHECK. GO TO WWW.SENECAINSURANCE.COM AND USE THE PAYMENTS LINK.

Premium Due Notice



A member of the Crum & Forster Enterprise

Seneca Insurance Company, Inc.
 160 Water Street 16th Floor
 New York, N.Y. 10038-4922
 Tel: (212) 344-3000

Type of Policy : WORKERS COMPENSATION
 Policy Number : SRS0921177
 Policy Period : 7/14/18 TO 7/14/19
 Insured Name : CHRISTIAN COUNTY WATER

Producer: 74451
 RISK ASSURANCE INC KY-HOP

Bill To : CHRISTIAN COUNTY WATER
 POB 7
 HOPKINSVILLE KY 42241-0007

Invoice Date: 12/26/18
 Due Date : 01/25/19

PAID
 JAN 02 2019
 17478

Description

Installment Due

This statement shows the next installment amount due on this policy.
 Please pay the minimum premium due by the due date to avoid cancellation.

Payment Plan	Premium	Installment Charge	Minimum Due
FULL PAY	2,921.10		2,921.10
20% DOWN + 8 PAYMENTS OF 10%	973.70	5.00	978.70

Select one of above

FOR IMMEDIATE CLAIM SERVICE CALL (212) 344-3000 EXTENSION 4274 (24 HOURS /7DAYS)

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Seneca Insurance Company, Inc.
 160 Water Street 16th Floor
 New York, N.Y. 10038-4922

Type of Policy : WORKERS COMPENSATION
 Policy Number : SRS0921177
 Policy Period : 7/14/18 TO 7/14/19
 Insured Name : CHRISTIAN COUNTY WATER
 Producer: : 74451 RISK ASSURANCE INC KY-HOP

Amount Due	978.70
Due Date	01/25/19

Amount Paid: \$978.70

YOU CAN PAY YOUR BILL ONLINE THRU eCHECK. GO TO WWW.SENECAINSURANCE.COM AND USE THE PAYMENTS LINK.