SUMMARY OF PREMIUMS CHARGED

Attached to and forming part of	
POLICY NUMBER: ETD 049 53 41 / ETA 049 53 41	Effective Date: 07-14-2020
Named Insured: CHRISTIAN COUNTY WATER DISTRICT	
THIS POLICY CONSISTS OF THE FOLLO PARTS FOR WHICH A PREMIUM CHARG	WING COVERAGE GE IS INDICATED
Commercial Property Coverage Part W/EBC	\$ 26,666
Commercial General Liability Coverage Part	\$3,982
Commercial Auto Coverage Part	\$ 16,347
Commercial Umbrella / Excess Liability Coverage Part	\$ 3,614
DATA DEFENDER COVERAGE PART	\$\$
CRIME AND FIDELITY COVERAGE PART	\$ 799
CONTRACTORS EQUIPMENT SCHEDULED	\$ 3,818
CONTRACTORS EQUIPMENT SUPPLEMENTAL COVERAGES	\$750
EMPLOYEE BENEFIT LIABILITY	\$ 222
KY MUNICIPAL TAX - REFER TO 1A4376KY	\$ 5,349
KY SURCHARGE - REFER TO IA4376KY	\$ 1,027
	\$
	\$
	\$
	\$
	\$
	\$
	\$\$
	\$
	\$
	\$
	\$
	\$
Terrorism Coverage	\$ 608
Installment Charge	\$
ANNUAL TOTAL PAYMENTS	\$ 63,269

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 – Premium Due

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

Amount Due: Due Date:

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\$16,092.00 01/14/2020

Account Number: 1000422651 Policy Number(s) with Premium Due: 0495341 Statement Prepared On: 12/23/2019

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

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

Pay Online	cinfin.com	
or by Phone:	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	

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
1000422031	01/14/2020	\$10,092.00

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



Statement – Premium Due

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

Amount Due: Due Date:

\$16,092.00 04/14/2020

Account Number: 1000422651 Policy Number(s) with Premium Due: 0495341 Statement Prepared On: 03/23/2020

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

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

Pay Online	cinfin.com	
or by Phone:	800-364-3400	
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover®, and American Express® cards.	
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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	



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	04/14/2020	\$16,092.00

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





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Statement – Premium Due

001219 128 1000422651 16404 06 CHRISTIAN COUNTY WATER DISTRICT PO BOX 7 HOPKINSVILLE KY 42241-1000

 Amount Due:
 \$15,818.00

 Due Date:
 07/14/2020

Account Number: 1000422651 Policy Number(s) with Premium Due: 0495341 Statement Prepared On: 06/22/2020

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

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

Pay Online	cinfin.com	
or by Phone:	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	The Cincinnati Insurance Company	
Payment	Attention: Corporate Accounts Receivable	
Address:	6200 South Gilmore Road	
	Fairfield, OH 45014 - 5141	



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

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



Statement – Premium Due

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

Amount Due: Due Date:

\$15,817.00 10/14/2020

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



Statement Prepared On: 09/22/2020

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

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

Pay Online	cinfin.com
or by Phone:	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	The Cincinnati Insurance Company
Payment	Attention: Corporate Accounts Receivable
Address:	6200 South Gilmore Road
	Fairfield, OH 45014 - 5141

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	10/14/2020	\$15,817.00

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

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 DATH M 06/12 LOAN Co. IC ATION BALA /2021 08/15 AMO	2/2020
• Date Trn Trn Type	Loan # Description		Amoun
06/12/20 REN BOND	Employee Dishonesty Bond	i Ren	\$2,100.0
06/12/20 CFE BOND	Ky Tax		\$38.0
	Invoice Balance:		\$2,138.0
		12102	
	مرید مرید مرید	18602	ξ F
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P.O. Box 33 Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	ACCOUNT NO: OP CHRIS-1 KM BOND	07/17/2020
Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	BOND	
	POLICY#	LOAN#
	8605249 COMPANY	
	Cincinnati Insurance Co. PRODUCER	STORE THE MARK AND A
Christian County Water Dist. Attn: James Owen. GM	Spencer Y. Kilijian, CIC EFFECTIVE EXPIRATION 08/17/2019 08/17/2022	BALANCE DUE ON 08/17/2020
PO Box 7 Hopkinsville, KY 42241	AMOUNT PAID DE 1,122,00	AMOUNT DUE \$1,122.00

07/17/20 CFE BOND

(Излок) Ку Тах

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Invoice Balance:

\$1,122.00

\$20.00

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CENTER OF INSURANCE	INVOICE NO. 26144 Page 1 ACCOUNT NO. OP DATE
P.O. Box 33	CHRIS-1 KM 02/27/2020
Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	BOND POLICY # LOAN #
	8320921 COMPANY
*	Cincinnati Insurance Co. PRODUCER
Christian County Water Dist.	Spencer Y. Kilijian, CIC EFFECTIVE EXPIRATION BALANCE DUE ON
Attn: James Owen. GM PO Box 7	03/12/2020 03/12/2021 03/12/2020
Hopkinsville, KY 42241	AMOUNT PAID AMOUNT DUE $(1,523.00)$

Daite Trin. Trin		Amour
02/27/20 REN	BOND Encroachment BondAnnual 3/12	\$1,500.0
02/27/20 CFE	BOND Ky Tax	\$23.0
	Invoice Balance:	\$1,523.0
•		
	18318	
	eron.	

Thank you for your business!

ANTER 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	INVOICE NO. ACCOUNT NO. OP CHRIS-1 KM BOND POLICY # 8877058 COMPANY Cincinnati Insurance Co. PRODUCER Spencer Y. Kilijian, CIC EFFECTIVE EXPIRATION 09/23/2020 09/23/2021 AMOUNT PAID D 710.DO	26453 Page 1 DATE 08/20/2020 LOAN #
Date Trn Trn Type	Description	Amount
08/20/20 REN BOND	Barbara Morris BondAnnual	\$75.00
08/20/20 CFE BOND	Ky Tax	\$1.00
	Invoice Balance:	\$76.00
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NTER OF INSURANCE	INVOICE NO.	26454 Page 1
.O. Box 33	ACCOUNT NO. OP CHRIS-1 KM	DATE 08/20/2020
Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	BOND POLICY # 8877057	LOAN #
	COMPANY Cincinnati Insurance Co. PRODUCER	
Christian County Water Dist. Attn: James Owen. GM	Spencer Y. Kilijian, CIC EFFECTIVE EXPIRATION 09/23/2020 09/23/2021	BALANCE DUE ON 09/23/2020
PO Box 7 Hopkinsville, KY 42241	AMOUNT PAID	AMOUNT DUE \$76.00

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

16659

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ENTER OF INSURANCE P.O. Box 33	INVOICE NO. 26455 ACCOUNT NO. OP DATE CHRIS-1 KM 08/20/2020	Page 1
Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	BOND POLICY # LOAN # 8877063	
· · · ·	COMPANY Cincinnati Insurance Co. PRODUCER	
Christian County Water Dist. Attn: James Owen. GM	Spencer Y. Kilijian, CICEFFECTIVEEXPIRATION09/23/202009/23/202109/23/2020	ON
		and the second
PO Box 7 Hopkinsville, KY 42241	AMOUNT PAID AMOUNT DUE AMOUNT DUE AMOUNT DUE	\$76.00
Hopkinsville, KY 42241 Date Trn Trn Type	Loan # Description	Amour
Hopkinsville, KY 42241	5 7 k.00	\$76.00 Amour \$75.0
Hopkinsville, KY 42241 Date Trn Trn Type	Loan # Description	Amour
Hopkinsville, KY 42241 Date Trn Trn Type 08/20/20 REN BOND	Loan # Description Stephen Hunt BondAnnual	Amour \$75.0
Hopkinsville, KY 42241 Date Trn Trn Type 08/20/20 REN BOND	Loan # Description Stephen Hunt BondAnnual Ky Tax	Amour \$75.0 \$1.0
Hopkinsville, KY 42241 Date Trn Trn Type 08/20/20 REN BOND	Loan # Description Stephen Hunt BondAnnual Ky Tax	Amour \$75.0 \$1.0

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Thank you for your business!

NTER OF INSURANCE 2.0. Box 33 Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	INVOICE NO.2645ACCOUNT NO.OPDATECHRIS-1KM08/20BONDPOLICY #LOAN8877056COMPANYCincinnati Insurance Co.PRODUCER)/2020
Christian County Water Dist. Attn: James Owen. GM PO Box 7 Hopkinsville, KY 42241	09/23/2020 09/23/2021 09/23	NCE DUE ON 5/2020 UNT DUE \$76.00
Date Trn Trn Type	Loan # Description	Amount
08/20/20 REN BOND	Ashbel Brunson BondAnnual	\$75.00
08/20/20 CFE BOND	Ку Тах	\$1.00
	Invoice Balance:	\$76.00

156659

Thank you for your business!

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NTER OF INSURANCE	INVOICE NO.	26451 Page 1
/.O. Box 33	ACCOUNT NO. OP CHRIS-1 KM	DATE 08/20/2020
Hopkinsville, KY 42241-0033 Phone: 270-886-3010 Fax: 866-838-3526	BOND POLICY # 8877059	LOAN #
	COMPANY Cincinnati Insurance Co. PRODUCER	
Christian County Water Dist. Attn: James Owen. GM	Spencer Y. Kilijian, CIC EFFECTIVE EXPIRATION 09/23/2020 09/23/2021	BALANCE DUE ON 09/23/2020
PO Box 7 Hopkinsville, KY 42241	AMOUNT PAID DP 76.00	AMOUNT DUE \$76.00

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

18659

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