



Kentucky Employers' Mutual Insurance



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

# INVOICE

00100



**Christian County Water District**  
PO Box 7  
Hopkinsville, KY 42241

<b>Invoice Date</b>
<b>November 16, 2020</b>
<b>Invoice Number</b>
<b>2610025</b>
<b>Policy Number</b>
<b>426832</b>
<b>Current Balance</b>
<b>\$1,389.36</b>
<b>Due Date</b>
<b>12/11/2020</b>

<b>Current Balance</b>
<b>\$1,389.36</b>

**AGENT: RISK ASSURANCE INC (270)886-3010**

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#5	07/14/2020	07/14/2021	\$1,305.66
Special Fund Assessment Installment	#5	07/14/2020	07/14/2021	\$83.70
<b>Current Charges</b>				<b>\$1,389.36</b>

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<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$1,389.34		\$1,389.34		\$1,389.36		\$1,389.36

## RETURN PAYMENT STUB

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

**Policy Number**  
426832

**Invoice Number**  
2610025

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

To make a payment instantly, visit  
[www.kemi.com/pay](http://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:** 12/11/2020

**Amount Due:** \$1,389.36

**INVOICE**

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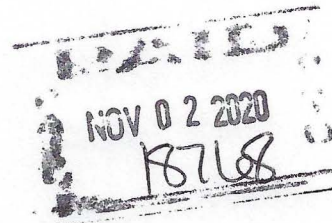
**Christian County Water District**  
**PO Box 7**  
**Hopkinsville, KY 42241**

<b>Invoice Date</b>	<b>October 14, 2020</b>
<b>Invoice Number</b>	<b>2601897</b>
<b>Policy Number</b>	<b>426832</b>
<b>Current Balance</b>	<b>Due Date</b>
<b>\$1,389.34</b>	<b>11/08/2020</b>

AGENT: RISK ASSURANCE INC (270)886-3010

**Current Transactions**

<b>Explanation</b>		<b>Policy Period</b>		<b>Amount</b>
		<b>From</b>	<b>To</b>	
Premium Installment	#4	07/14/2020	07/14/2021	\$1,305.65
Special Fund Assessment Installment	#4	07/14/2020	07/14/2021	\$83.69
<b>Current Charges</b>				<b>\$1,389.34</b>



<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$1,389.34		\$1,389.34		\$1,389.34		\$1,389.34

**RETURN PAYMENT STUB**

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

**Policy Number**

426832

**Invoice Number**

2601897

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

**Due Date:** 11/08/2020**Amount Due:** \$1,389.34



Kentucky Employers' Mutual Insurance

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# INVOICE

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**Christian County Water District**  
PO Box 7  
Hopkinsville, KY 42241

<b>Invoice Date</b>
September 14, 2020
<b>Invoice Number</b>
2593607
<b>Policy Number</b>
426832
<b>Current Balance</b>
\$1,389.34
<b>Due Date</b>
10/09/2020

AGENT: RISK ASSURANCE INC (270)886-3010

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#3	07/14/2020	07/14/2021	\$1,305.65
Special Fund Assessment Installment	#3	07/14/2020	07/14/2021	\$83.69
<b>Current Charges</b>				<b>\$1,389.34</b>



<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$1,967.15		\$1,967.15		\$1,389.34		\$1,389.34

## RETURN PAYMENT STUB

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

**Policy Number**  
426832

**Invoice Number**  
2593607

To make a payment instantly, visit  
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Kentucky Employers' Mutual Insurance  
Payment Processing Center  
P.O. Box 12500  
Lexington, KY 40583-2500

**Due Date:** 10/09/2020

**Amount Due:** \$1,389.34



Kentucky Employers' Mutual Insurance



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

# INVOICE

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**Christian County Water District**  
PO Box 7  
Hopkinsville, KY 42241

<b>Invoice Date</b>
August 14, 2020
<b>Invoice Number</b>
2585369
<b>Policy Number</b>
426832
<b>Current Balance</b>
\$1,967.15
<b>Due Date</b>
09/08/2020

AGENT: RISK ASSURANCE INC (270)886-3010

### Current Transactions

Explanation	Policy Period		Amount
	From	To	
Audit Premium Adjustment	07/14/2019	07/14/2020	\$543.00
Audit Special Fund Assessment Adjustment	07/14/2019	07/14/2020	\$34.81
Premium Installment #2	07/14/2020	07/14/2021	\$1,305.65
Special Fund Assessment Installment #2	07/14/2020	07/14/2021	\$83.69
<b>Current Charges</b>			<b>\$1,967.15</b>

*18661*

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$1,967.15		\$1,967.15

## RETURN PAYMENT STUB

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

<b>Policy Number</b>	<b>Invoice Number</b>
426832	2585369

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

**Due Date:** 09/08/2020  
**Amount Due:** \$1,967.15



Kentucky Employers' Mutual Insurance



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# INVOICE

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**Christian County Water District**  
PO Box 7  
Hopkinsville, KY 42241

<b>Invoice Date</b>
June 9, 2020
<b>Invoice Number</b>
2566591
<b>Policy Number</b>
426832
<b>Current Balance</b>
\$2,774.52
<b>Due Date</b>
07/09/2020

AGENT: RISK ASSURANCE INC (270)886-3010

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	07/14/2020	07/14/2021	\$2,607.39
Special Fund Assessment Installment	#1	07/14/2020	07/14/2021	\$167.13
<b>Current Charges</b>				<b>\$2,774.52</b>

*Handwritten:* 10542

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$2,774.52		\$2,774.52

### RETURN PAYMENT STUB

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

**Policy Number**  
426832

**Invoice Number**  
2566591

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

To make a payment instantly, visit  
[www.kemi.com/pay](http://www.kemi.com/pay)

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

**Due Date:** 07/09/2020

**Amount Due:** \$2,774.52