



Making workers' comp work

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

# INVOICE

00030



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

<b>Invoice Date</b>
October 14, 2021
<b>Invoice Number</b>
2701317
<b>Policy Number</b>
426832
<b>Current Balance</b>
\$1,282.56
<b>Due Date</b>
11/08/2021

AGENT: RISK ASSURANCE INC (270)886-3010

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#4	07/14/2021	07/14/2022	\$1,198.43
Special Fund Assessment Installment	#4	07/14/2021	07/14/2022	\$84.13
<b>Current Charges</b>				<b>\$1,282.56</b>

19432

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$1,265.54		\$1,265.54		\$1,282.56		\$1,282.56

## RETURN PAYMENT STUB

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

Policy Number

426832

Invoice Number

2701317

To make a payment instantly, visit

[www.kemi.com/quikpay](http://www.kemi.com/quikpay)

Please check this box for change of address of email update (on reverse).

### 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:** 11/08/2021

**Amount Due:** \$1,282.56



Making workers' comp work



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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>
September 14, 2021
<b>Invoice Number</b>
2693366
<b>Policy Number</b>
426832
<b>Current Balance</b>
\$1,265.54
<b>Due Date</b>
10/09/2021

<b>Current Balance</b>
\$1,265.54

AGENT: RISK ASSURANCE INC (270)886-3010

### Current Transactions

Explanation	Policy Period		Amount
	From	To	
Audit Premium Adjustment	07/14/2020	07/14/2021	-\$16.00
Audit Special Fund Assessment Adjustment	07/14/2020	07/14/2021	-\$1.02
Premium Installment #3	07/14/2021	07/14/2022	\$1,198.43
Special Fund Assessment Installment #3	07/14/2021	07/14/2022	\$84.13
<b>Current Charges</b>			<b>\$1,265.54</b>

09/24/21  
19351

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$1,282.56		\$1,282.56		\$1,265.54		\$1,265.54

## RETURN PAYMENT STUB

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[www.kemi.com/quikpay](http://www.kemi.com/quikpay)

or billing inquiries, please call your agent or (859) 425-7800.  
Policy Number 426832 Invoice Number 2693366

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

**Due Date:** 10/09/2021  
**Amount Due:** \$1,265.54



Kentucky Employers' Mutual Insurance

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 16, 2021
<b>Invoice Number</b>
2685655
<b>Policy Number</b>
426832
<b>Current Balance</b>
\$1,282.56
<b>Due Date</b>
09/10/2021

<b>Current Balance</b>
\$1,282.56

AGENT: RISK ASSURANCE INC (270)886-3010

### Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#2	07/14/2021	07/14/2022	\$1,198.43
Special Fund Assessment Installment	#2	07/14/2021	07/14/2022	\$84.13
<b>Current Charges</b>				<b>\$1,282.56</b>

**PAID**  
AUG 19 2021  
19291

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$1,282.56		\$1,282.56

### RETURN PAYMENT STUB

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

**Policy Number**  
426832

**Invoice Number**  
2685655

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

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

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

**Due Date:** 09/10/2021

**Amount Due:** \$1,282.56

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Kentucky Employers' Mutual Insurance

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>	June 9, 2021
<b>Invoice Number</b>	2666880
<b>Policy Number</b>	426832
<b>Current Balance</b>	<b>Due Date</b>
\$2,561.28	07/09/2021

AGENT: RISK ASSURANCE INC (270)886-3010

**Current Transactions**

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	07/14/2021	07/14/2022	\$2,393.27
Special Fund Assessment Installment	#1	07/14/2021	07/14/2022	\$168.01
<b>Current Charges</b>				<b>\$2,561.28</b>

19173

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Charges</b>	=	<b>Current Balance</b>
\$0.00		\$0.00		\$2,561.28		\$2,561.28

**RETURN PAYMENT STUB**

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

**Policy Number**

426832

**Invoice Number**

2666880

To make a payment instantly, visit  
[www.kemi.com/pay](http://www.kemi.com/pay) Please check this box for change of address or e-mail update (on reverse).**If mailing payment, please:**

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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:** 07/09/2021**Amount Due:** \$2,561.28