

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

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

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

	Current	Transactions	
Explanation		Policy Period From To	Amount
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
		Current Charges	\$1,282.56

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

### **RETURN PAYMENT STUB**

For billing inquiries, please call your agent or (859) 425-7800. Policy Number Invoice Number 426832 2701317

Please check this box for change of address of email update (on rever

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

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

	If mailing payme	nt, please:
rse).	1. Make checks payable to K	EMI.
	2. Include your Policy and In	voice Numbers on check.
	3. Please do not staple chec	k to payment stub.
	4. Indicate change of addres	s or e-mail update on reverse side of stub.
	5. Write questions or comme	ents on separate enclosure.
	Due Date:	11/08/2021
	Amount Due:	\$1,282.56

1, Page 1 of

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

### INVOICE

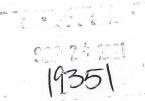
Christian County Water District PO Box 7 Hopkinsville, KY 42241

00025

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

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

	Current Transactions				
Explanation		Policy Period From To	Amount		
Audit Premium Adjustment		07/14/2020 - 07/14/2021	-\$16.00		
Audit Special Fund Assessment Adjustm	ent	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		
		Current Charges	\$1,265.54		



Previous BalancePayment ReceivedCurrent Charges\$1,282.56\$1,282.56\$1,265.54\$1,265.54

### **RETURN PAYMENT STUB**

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

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

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

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

#### 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.
- Indicate change of address or e-mail update on reverse side of stub.
   Write questions or comments on separate enclosure.

Due Date: 10/09/2021

Amount Due: \$1,265.54

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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

00085	

Christian County Water District PO Box 7 Hopkinsville, KY 42241

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

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

Current Transactions			
Explanation		Policy Period From To	Amount
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
		Current Charges	\$1,282.56



Previous Balance	Payment Received	Current Charges	Current Balance
\$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 2685655

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

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

1. Make checks payable to	KEMI
	Invoice Numbers on check.
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	ss or e-mail update on reverse side of stub.
5. Write questions or comm	nents on separate enclosure.
and a second	
Due Date:	00/10/2021
Due Date:	09/10/2021

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## **INVOICE**

ж. С	Invoice Date	
	June 9, 2021	
	Invoice Number	
	2666880 Policy Number	
	426832	
Current Balance	Due Date	
\$2,561.28	07/09/2021	

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

**Christian County Water District** 

Hopkinsville, KY 42241

00039

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PO Box 7

	Current	Transactions	
Explanation		Policy Period From To	Amount
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
		Current Charges	\$2,561.28

Previous Balance	Payment Received	L Current Charges		Current Balance
\$0.00	\$0.00	\$2,561.28	1 = [	\$2,561.28

### **RETURN PAYMENT STUB**

For billing inquiries, please call your agent or (859) 425-7800. Policy Number 426832 2666880

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

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1. Make checks payable to	
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	ess or e-mail update on reverse side of stub
5. Write questions or comr	nents on separate enclosure.
Due Date:	07/09/2021

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