**ATTACHMENT Q.1.b (2019-2020)** 

**INSURANCE POLICIES** 

**Uploaded as PDF File** 





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

July 3, 2019



Laurel County Water District PO Box 2598 London, KY 40744-2598

#### INFORMATION PAGES FOR POLICY NUMBER – **357023** KEMI 007

1. Policyholder:

Laurel County Water District PO Box 2598

London, KY 407442598

Federal ID: 610651148 Entity type: Municipality

#### 2. Policy Period:

Effective: 12:01 AM

06/30/2019

Expires:

12:01 AM 06/30/2020

#### 3. Coverage, Limits and Endorsements:

- A. Part One of this policy applies only to the Workers' Compensation Laws of the Commonwealth of Kentucky.
- B. Part Two of this policy (Employers' Liability Insurance) is subject to the limits of our liability listed below:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee



This policy includes these endorsements:

ENDORSEMENT CODE	ENDORSEMENT DESCRIPTION
KEMI 001_02	Special Fund Assessment
KEMI 002_03	Schedule of Additional Locations
KEMI_012_02	Premium Discount Endorsement
KEMI 014 04	Experience Modification Endorsement
KEMI_044_05	Terrorism Risk Insurance Program reauthorization Act Disclosure Endorsement
KEMI 045 02	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053	Application of Premium Payments Endorsement
KEMI_999_05	Policy Booklet

#### 4. Classifications

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE		PREMIUM
Laurel County Water District	8			
06/30/2019 - 06/30/2020				
8810-000	232,46	1	.15	\$349.00
7520-000	561,07	2	2.36	\$13,241.00

# Total Manual Premium: \$13,590.00

PREMIUM CALCULATION DETAIL	ТҮРЕ	FACTOR	AMOUNT
06/30/2019 - 06/30/2020	Total Manual Premium		\$13,590.00
	Employers Liability Limits	.011	\$149.00
	Total Subject Premium		\$13,739.00
	Experience Modification Premium	.770	-\$3,160.00
	Total Modified Premium		\$10,579.00
	Schedule Rating Premium	.800	-\$2,116.00
Final Estimate	Total Standard Premium		\$8,463.00
	Premium Discount		-\$377.00
	Expense Constant		\$260.00
	Terrorism Charge		\$79.00
	Estimated Annual Premium		\$8,425.00
	Kentucky Special Fund Assessment		\$540.04
	Total Amount Due		\$8,965.04



The INFORMATION PAGES and all the forms and endorsements and included with it, along with the policy document, complete this policy. Insurance under this policy is provided to the policyholder(s) listed in section 1 of the INFORMATION PAGES. In witness whereof the undersigned executed and attested this policy.



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

July 3, 2019

Laurel County Water District PO Box 2598 London, KY 40744-2598

#### **ENDORSEMENTS**

Effective Date: 06/30/2019

FOR POLICY NUMBER – 357023

**Laurel County Water District** 

POLICY 06/30/2019-06/30/2020

**KEMI 002** 

#### SCHEDULE OF NAMED INSUREDS AND WORKPLACES

Laurel County Water District Oak Ridge Church Rd London KY 40744	Effective Date 06/30/2019	Expiration Date 06/30/2020
Laurel County Water District Near I 75 London KY 40744	06/30/2019	06/30/2020
Laurel County Water District Robinson Creek Rd London KY 40744	06/30/2019	06/30/2020
Laurel County Water District Levi Jackson State Park London KY 40744	06/30/2019	06/30/2020
Laurel County Water District 3910 S Laurel Rd London KY 407448369	06/30/2019	06/30/2020
Laurel County Water District I 75 & Ky 1223 Near L&N Bridge London KY 40744	06/30/2019	06/30/2020
Laurel County Water District Us 25 Amc Greeting Rd London KY 40744	06/30/2019	06/30/2020
Laurel County Water District Industrial Park London KY 40744	06/30/2019	06/30/2020



Effective Date 06/30/2019

Expiration Date 06/30/2020

Laurel County Water District Lake Dorthea London KY 40744

Please contact our office at 859-425-7800 or 1-800-640-5364 with any questions.

# **AUTOMOBILE POLICY**

## **Philadelphia Indemnity Insurance Company**

POLICY NUMBER: PHPK2002267

COMMERCIAL AUTO CA DS 03 03 10

## **BUSINESS AUTO DECLARATIONS**

#### **ITEM ONE**

1000			1 7 1 18 3 7 6 1 1 3 8			
Named In	sured and Mailing	Address:				
3910 S	County Water Di Laurel Rd KY 40744-8369	istrict # 2				
		16	, p			
		a shi sharan	Policy Perio	d		the state of the
	07/01/2019					
	07/01/2020	At	12:01 AM Stan	dard Time at y	our mailing addre	ess shown above
Previous	Policy Number:					CARLES AND
Form Of	Business: CORPO	DRATION				
the insura	or the payment of the name as stated in this a shown is payable riod (If Applicable):	policy.	\$	e terms of this	Quarterly	with you to provide
		Endorsem	ents Attached	To This Polic	у	
		See	Schedule A	ttached		
		Countersignat	ure Of Authoria	zed Represer	tative	
Name:		12				
Title:						
riue:						
Signatur	e:					
Date:						
Date.						

## ITEM TWO Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Lim	nit	Premium
Liability	01	\$ 1,000,000	CSL	\$ 1,264.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	05	Separately Stated In Injury Protection En		\$ 485.00
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Personal Injury Prof Endorsement		\$ en interpretation en en en en
Property Protection Insurance (Michigan Only)		Separately Stated In Protection Insurance Minus  \$ For Each Accident	n The Property se Endorsement Deductible	\$
Auto Medical Payments		\$		\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Medical Expense And Income Loss Benefits (Virginia Only)	- visit in the second	Separately Stated In The Medical Expense And Income Loss Benefits Endorsement		\$
Uninsured Motorists	07	\$ 100,000	CSL	\$ 495.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 100,000	CSL	\$ 1,771.00

ITEM TWO
Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning  See Item Four for Hired or Borrowed Autos.	\$ 302.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible  For Each Covered Auto For Loss Caused By Mischief Or Vandalism  See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto  See Item Four for Hired or Borrowed Autos.	\$ 608.00
Physical Damage Towing And Labor	- 00	\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 6.00
		Premium For Endorsements	\$ 88.65
		Estimated Total Premium*	\$ 5,019.65

#### ITEM THREE Schedule Of Covered Autos You Own

	The state of the s	a 2700.50p.00 1407 100 150	CONTRACTOR		1157.52				
	Covered Auto Description								
Year:	Model: Trade Name:								
Body Type:			Serial Numb	oer (S):					
Vehicle Ider	tification Number	· (VIN):							
		Purcl	nased						
Original Cost Actual Cost		\$ Classit	New Fication	Used					
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code				
	SEE SCH	EDULE ATTACHED			in the same				

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN

Covered										3					
Auto No.	Year Model; Trade Name; Body Type  Town or City & Zip where the Cove Serial Number (S); Vehicle Identification Number (VIN)  Town or City & Zip where the Cove will be principally garaged												Auto		
1	1988 CHEVROLET TRUCK, 1GBK7DBJV110824										106 London, KY 40744				
2	2012	ORD	F150, 1F		106 Lond	lon, KY	4074	4							
3	2013 FORD F150, 1FTMF1CM5DFC213602									106 Lond	lon, KY	4074	4		
4										106 Lond	lon, KY	4074	4		
5	2016	ORD	F250, 1F	D7X2B64GEC74	1334			8.3		106 Lond	lon, KY	4074	4		
6	2016	ORD	F150, 1F	TFX1EF1GFD00	)551					106 Lond	lon, KY	4074	4		
Covered				CLAS	SIFICAT	ION					PUR	CHASE	D		
Auto	Radius	,	Business Use s = service	Size GVW, CGW	Age	Primary Rat	ing Factor	Sec. Rat	ing Factor						
No.	Operation		r = retail c = comml.	or Vehicle Seating Capacity	Group	Liab.	Phy. Dam.	Liab.	Phy. Dam.	Code	Original Co	st New	t New Stated Amour		
1	LOC	AL	S	5,000	12	1.000	1.000			01499	19	,986			
2	LOC	AL	s	5,000	8	1.000	1.000			01499	26	,400			
3	LOC	AL	S	5,000	7	1.000	1.000			01499	15	,810		1	
4	LOC	AL	S	5,000	5	1.000	1.000	N. III		01499	18	,756		1	
5	LOC	AL	S	5,000	4	1.000	1.000			01499	37	,380			
6	LOC	AL	S	5,000	4	1.000	1.000			01499	28	,479			
Total Premium			- N			18.									
Covered			LIABILITY			AUT	D. MED.		ME		EXPENSE AND INCOME LOSS			S	
Auto No.	(in	Lin thou	nit sands)	Premium		Limit	Pr	emium	Exp. A	BENEFITS (VA ONLY) Stated In Each Med. And Inc. Loss Ben. I. For Each Person		Premium			
1			1,000	123.00		NO	ONE								
2			1,000	123.00		N	ONE								
3			1,000	123.00		NO	ONE								
4		70.00	1,000	123.00		N	ONE								
5			1,000	123.00		N	ONE								
6			1,000	123.00		N	ONE								
Total Premium				738.00											
Covered	PER	RSON	IAL INJURY F	ROTECTION	STREET, COMM	P.P.I. (I	lich, Only	)		UNINSURED/UNDERINSURED					
Auto No.	Limit sta	ted in	n each P.I.P.	Premium	-	t stated in e P.P.I. end.	ach Pr	remium		Limit thousands) Premiur		emium	ИМ	UIM	
1		SEE	FORM(S)	48.00					100			206.00	) X	х	
2		SEE	FORM(S)	48.00					100			206.00	) х	х	
3		SEE	FORM(S)	48.00					100			206.00	x	х	
4		SEE	FORM(S)	48.00					100		_	206.00		х	
5		SEE	FORM(S)	48.00					100			206.00	) X	х	
6			FORM(S)	48.00					100			206.00	х	х	
Total Premium		* 10		288.00	79672		1,142		4		1	236.00	2000年		

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered	COMPREH	ENSIVE	SPEC. CAUSES OF LOSS	COLLISION		
Auto No.	Deductible	Premium	Premium	Deductible	Premium	
1	500	11.00		500	19.00	
2	500	21.00		500	41.00	
3	500	17.00		500	35.00	
4	500	19.00		500	42.00	
5	500	27.00		500	60.00	
6	500	27.00		500	60.00	
Total Premium		122.00		En 12 Teach Constitution of the American	257.00	
Covered		TOWING & LABOR	1,54,62	Except for towing all physical damage loss is	TOTAL	
Auto No.	Limit per disable	ement	Premium	payable to you and the loss payee named below as interests may appear at the time of the loss.	Premium	
1	13 - 4 - 5 - 5 - 5		2 2 2		407.00	
2	7. Telephone 19	F	7 000 T	See Schedule(s)	439.00	
3					429.00	
4			1.03- 2 1,92		438.00	
5					464.00	
6					464.00	
Total Premium	Julia serve an			Constitution of the second	2,641.00	

Page 2 of 4

POLICY NUMBER: PHPK2002267

#### SCHEDULE OF COVERED AUTOS YOU OWN

Covered			OS YOU OWN	RIPTIO	V					TERR	ITORY		
Auto No.		Sprial N	Year Model; Trad							ity & Zip wh			Auto
7	2017 FORD		DRF3H6DHEB30		Cauon Num	DEI (VIIV)		-	106 Lond		4074		
8	No hard a gardenestic brook of		K, 4FZ1HD202		0229				106 Lond		4074	777	
9			TMF1EBXJKE86						106 Lond		4074	2301	
10		Advantage of the Control of the Cont	TFW1E53KFC12						106 Lond		4074		
11		F250, TO								06 London, KY 40744			
	1010	7 12007 10	LOTTON		///				TOO DONG	on, m	4074	-	_
Covered			CLASS	SIFICAT	ION					PURCHASED			
Auto	Radius of	Business Use s = service	Size GVW, CGW	Age	Primary Rat	ing Factor	Sec. Rat	ting Factor		Ser Tile			
No.	Operation	r = retail c = comml.	or Vehicle Seating Capacity	Group	Liab.	Phy. Dam.	Liab.	Phy. Dam.	Code	Original Cost	New	Stated Amo	unt
7	LOCAL	S	5,000	3	1.000	1.000			01499	38,	391		
8	LOCAL			2	0.100	0.450			68499	6,	490		
9	LOCAL	S	5,000	2	1.000	1.000			01499	28,	500	0	
10	LOCAL	S	5,000	1	1.000	1.000			01499	29,	500		1
11	LOCAL	s	5,000	1	1.000	1.000			01499	31,	500	10.00	
Total Premium		-					-					1	
		LIABILITY	a to a solitor		AUT	D. MED.		M	EDICAL EXPENSE AND INCOME LOSS		S		
Covered Auto	Limit (in thousands) Premium		+	Limit			BENEFITS (VA ONLY) it Stated In Each Med.						
No.			Premium	Limit		P	Premium Exp.		. And Inc. Loss Ben. d. For Each Person			Premium	
7		1,000	123.00		N	ONE							
8		1,000	13.00		N	ONE							
9		1,000	123.00		N	ONE							
10		1,000	123.00		N	ONE							
11		1,000	123.00		N	ONE							
Total Premium			1,243.00				114						
Covered	PERSON	NAL INJURY F	ROTECTION	C amount	P.P.I. (I	Mich, Only	()	100	UNINSU	RED/UNDE	RINSII	RED	
Auto No.	Limit stated in		Premium		stated in e P.P.I. end.	ach F	remium	(in t	Limit nousands)		nium	UM	UIN
7	SEI	E FORM(S)	48.00		1911			100		2	06.00	х	х
8	SEI	E FORM(S)	5.00					100		2	06.00	х	х
9 .	SEI	FORM(S)	48.00					100		2	06.00	х	х
10	SEI	FORM(S)	48.00					100		2	06.00	x	х
11	SEI	E FORM(S)	48.00					100		2	06.00	х	×
Total Premium			485.00							2.2	66.00		
remun	and the second s			A CONTRACTOR		TENDER BUT		A TRANSPORTER IN		SEPRESE.	3 of	FERRING STREET, STREET,	1-1/9/201

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered	COMPRE	HENSIVE	SPEC. CAUSES OF LOSS	COLLISION		
Auto No.	Deductible	Premium	Premium	Deductible	Premium	
7	500	28.00		500	63.00	
8	500	7.00		500	9.00	
9	500	28.00		500	63.00	
10	500	28.00		500	63.00	
11	500	28.00		500	63.00	
Total Premium		241.00			518.00	
Covered		TOWING & LABOR		Except for towing all physical damage loss is	TOTAL	
Auto No.	Limit per disable	ement	Premium	payable to you and the loss payee named below as interests may appear at the time of the loss.	Premium	
7					468.00	
8				See Schedule(s)	240.00	
9				(90)	468.00	
10					468.00	
11					468.00	
Total Premium					4,753.00	

Policy Number: PHPK2002267

#### Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Coverage	<b>State</b>	Cost of Hire	<b>Deductible</b>	Rate	Pre	<u>mium</u>
Liability Coverage	KY	100		0.17200	\$	1
Physical Damage - Comp	KY	50,000	100	0.12100	\$	61
Physical Damage - Collision	KY	50,000	500	0.18000	\$	90
			Total Pr	emium -	\$	152



Philadelphia Indemnity Insurance Company
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax: 610.617.7940

#### COMMERCIAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS WATER DISTRICTS INSURANCE PROGRAM

7/1/19-7/1/20

Policy Number: PHPK2002267

SCHEDULE OF COVERAGES AND LIMITS OF INSURANCE

Insurance is provided only for the coverages indicated by an "X"

Coverage Whitehold with the late week	Limits of Insurance
⊠ Bodily Injury and Property Damage	\$ 1,000,000 Per Occurrence \$ 3,000,000 Bodily Injury and Property Damage Aggregate
□ Personal and Advertising Injury	\$ 1,000,000 Per Person or Organization \$ 3,000,000 Personal and Advertising Injury Aggregate
☑ Professional Liability     Retroactive Date: 07/01/99	\$ 1,000,000 Per Claim \$ 3,000,000 Professional Liability Aggregate
Wrongful Acts     Retroactive Date: 07/01/99	\$ 1,000,000 Per Claim \$ 3,000,000 Wrongful Acts Aggregate
☑ Employee Benefits Liability     Retroactive Date: 07/01/99	\$ 1,000,000 Per Person \$ 3,000,000 Employee Benefits Liability Aggregate
■ Damage To Premises Rented To You	\$100,000 Any One Premises
⊠ Medical Payments	\$ 10,000

#### FORMS AND ENDORSEMENTS

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

PI-WDI-051D (10/17) Comml Liability Coverage Part Supplemental Declarations

PI-WDI-051 (10/17) Comml Liability Coverage Form

PI-WDI-062 (10/17) Exclusion - Dams; PI-CYB-001 (12/15) Cyber Security Liability Endorsement

PI-WDI-075 (10/18) Wrongful Acts - Amended; PI-WDI-058 (10/17) Liability Deductible Endt

CG 21 70 (01/15) Cap on Losses From Certified Acts of Terrorism

Premium: \$ Incl

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

## COMMON POLICY DECLARATIONS WATER DISTRICTS INSURANCE PROGRAM

Policy No. PHPK2002267 Replacement No. NEW

NAMED INSURED A Laurel County Wate 3910 S Laurel Rd	AND MAILING ADDRESS: er District # 2		Grundy Insurar	AND ADDRESS: nce Road, Suite 150 PA 19044
London,	KY 40744	1	AGENT NO.: 1	24922
POLICY PERIOD:	From 07/01/2019 at 12:01 a.m. Standard Time a	To 07/01/202 at your mailing a		oove.
TYPE OF DISTRICT	C: ✓ Water District Sew		1 7 mg/2 m = 1 m = 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
In return for the payr insurance as stated	ment of the premium, and subjectin this policy.	ct to all the term	ns of this policy, w	e agree with you to provide the
This policy consists to adjustment.	of the following Coverage Parts	for which a pre	mium is indicated	. This premium may be subject
	Property and Inland Marine Co Liability Coverage Part Crime Coverage Part Automobile Coverage Part Employment-Related Practices	80	age Part	PREMIUM  \$ Included  Included  Included  Included  Included  Included  \$ Included
		Т	OTAL PREMIUM	\$ 18,991
FORMS APPLICABL	E TO ALL COVERAGE PARTS	S:		
Refer to Forms Sch	edule			
PART SUPPLEMEN	TIONS TOGETHER WITH TH ITAL DECLARATIONS, COVE DRM A PART THEREOF, COM	RAGE PARTS,	FORMS AND E	NDORSEMENTS, IF
COUNTERSIGNED	07/01/2019 <b>b</b>	J	ent and CEO ED REPRESENTATIV	

PI-WDI-999D (10/17)

**ATTACHMENT Q.1.b (2020-2021)** 

**INSURANCE POLICIES** 

**Uploaded as PDF File** 







SummitPoint Insurance	SummitPoint Insurance Company	Policy Number	Policy Period			
			From	То		
A Stock Company		WCS3005691	06/30/2020	06/30/2021		
			(12:01 AM at the in	sured location)		
Information Pa	age	Renewal/R	ewrite of Policy Nu	mber		
			NEW			
1. Named Insured and Address		Agency Information				
Laurel County Water District #2 3910 S Laurel Road London, KY 40744	33308307 Curneal & Hignite Insurance, Inc. 410 Ring Road Elizabethtown, KY 42701					
Carrier No.	FEIN	Risk ID	Entity	Туре		
43662	61-0651148	160253290	Corpo	oration		

Additional Workplaces not shown above: See attached schedule.

- 2. The Policy Period is from 06/30/2020 to 06/30/2021 12:01am Standard Time at the insured's mailing address.
- 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: KY
  - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under part Two are:

Bodily Injury by Accident: \$1,000,000.00 Each Accident
Bodily Injury by Disease: \$1,000,000.00 Policy Limit
Bodily Injury by Disease: \$1,000,000.00 Each Employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except North Dakota, Ohio, Washington, Wyoming, Puerto Rico, and the U.S. Virgin Islands, and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All Information required below is subject to verification and change by audit.

#### SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium: \$568.00 Total Estimated Annual Premium: \$7,415.00

Premium Discount:

Expense Constant: \$250.00

Deposit Premium: \$1,578.00

Issue Date: 06/19/2020

Issuing Office: Charleston, WV

WC 00 00 01 A (7-09)





Policy Number:	WCS3005691
Named Insured:	Laurel County Water District #2
Agency Name:	Curneal & Hignite Insurance, Inc.

# Extension of Information Page Classification of Operations

Class Code			Rate Per \$100 of	Estimated Annual
No.	Class Description	Exposure	Remuneration	Premium
State: K		8		
	Period: 06/30/2020 - 06/30/2021			
Location				
7520	WATERWORKS OPERATION & DRIVERS	\$602,839.00	1.65	\$9,947.00
8810	CLERICAL OFFICE EMPLOYEES NOC	\$235,847.00	0.09	\$212.00
9812	Employers Liability Limits		0.011	\$112.00
9848	Employers Liability Increased Limits Balance to Minimum Premium			\$8.00
9898	Experience Modification Premium		0.76	\$2,467.00CR
9887	Schedule Rating Premium		0.9	\$781.00CR
	Total Standard Premium			\$7,031.00
0900	Expense Constant			\$250.00
9740	Terrorism		0.005	\$42.00
9741	Catastrophe (Other than certified acts of terrorism)		0.011	\$92.00
9687	Kentucky Special Fund Assessment		0.0641	\$475.00
Policy Est	imated Annual Premium			\$7,415.00
Policy Tot	al Amount Due			\$7,890.00

Issue Date: 06/19/2020

Issuing Office: Charleston, WV



Policy Number:	WCS3005691	
Named Insured:	Laurel County Water District #2	
Agency Name:	Curneal & Hignite Insurance, Inc.	



### **Schedule of Endorsements**

State	Form Number	Form Title
KY	KY Posting Notice	Posting Notice KY
	PN-Privacy	Privacy Policy
	POL001	Policy Cover Letter
	WC 00 00 00 C	Workers Compensation & Employers Liability Insurance Policy
	WC 00 00 01 A	Policy Information Page
	WC 00 01 15	Notification Endorsement of Pending Law Change to Terrorism Risk Insurance Program Reauthorization Act of 2015
	WC 00 04 04	Pending Rate Change Endorsement
	WC 00 04 14 A	Notification Of Change In Ownership Endorsement
	WC 00 04 19	Premium Due Date Endorsement
	WC 00 04 21 D	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
	WC 00 04 22 B	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
	WC 00 04 24	Audit Noncompliance Charge Endorsement
	WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
KY	WC 16 03 05	Kentucky Part One Workers Compensation Insurance Endorsement
KY	WC 16 06 01	KY Cancellation And Nonrenewal Endorsement
KY	WC 16 06 02	KY Notice of Appeal Rights Endorsement
	WC 89 06 34	Installment Schedule
	WC 99 06 00	Extension of Information Page Classification of Operations
	WC 99 06 01	Schedule of Endorsements
	WC 99 06 02	Schedule of Locations
	WC 99 06 03 A	Signature Page

Issue Date:

06/19/2020

Issuing Office: Charleston, WV



Policy Number:	WCS3005691	
Named Insured:	Laurel County Water District #2	
Agency Name:	Curneal & Hignite Insurance, Inc.	



#### **Schedule of Locations**

Location No.	State	Location Name and Address	
1	KY	Laurel County Water District #2	
		3910 S Laurel Road London KY 40744	

Issue Date: 06/19/2020 Issuing Office: Charleston, WV





#### POLICY INSTALLMENT PLAN SCHEDULE

Laurel County Water District #2 Policy Number: WCS3005691

Coverage Period: 06/30/2020 to 06/30/2021

You have elected to pay the total estimated annual premium using an installment plan. There is a payment plan processing fee of \$0 for each installment. You may pay the entire balance at any time to avoid future installment charges.

The installment plan schedule presented below is an estimate. An invoice will be sent to you prior to each installment period. The payment schedule will change if there are changes to the total estimated premium due to mid-term policy activity.

#### **INSTALLMENT PLAN SCHEDULE**

Installment	Amount Due	Due Date	
Deposit Premium	\$1,578.00	06/30/2020	
Installment	\$790.00	08/19/2020	
Installment	\$790.00	09/19/2020	
Installment	\$790.00	10/20/2020	
Installment	\$790.00	11/19/2020	
Installment	\$790.00	12/20/2020	
Installment	\$790.00	01/19/2021	
Installment	\$790.00	02/19/2021	
Installment	\$782.00	03/21/2021	
otal Estimate Policy Premium	\$7,890.00		

Issue Date: 06/19/2020

Issuing Office: Charleston, WV



## **Philadelphia Indemnity Insurance Company**

POLICY NUMBER: PHPK2145195

COMMERCIAL AUTO CA DS 03 03 10

## **BUSINESS AUTO DECLARATIONS**

#### **ITEM ONE**

Named	Insured and Mailing	Address:		T	
Laurel 3910 S	County Water D. Laurel Rd	istrict # 2			
		P	olicy Period		
From:	07/01/2020				
To:	07/01/2021	At 12:0	1 AM Standard Time	at your mailing addr	ess shown above
Previou	s Policy Number:	PHPK2002267			
Form (	Of Business: CORPO	DRATION			
Premiu	for the payment of the ance as stated in this m shown is payable Period (If Applicable):	at inception: \$	Included Semiannually	his policy, we agree	e with you to provide
		Endorsomente	Attached To This De	llau	
-		Endorsements	Attached To This Po	шсу	
		See Sch	nedule Attached		
		Countersignature C	of Authorized Repres	entative	
Name:					
Title:					
Signatu	re:				
Date:	e 1				

## ITEM TWO Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Liability	01	\$ 1,000,000 CSL	\$ 2,280.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	05	Separately Stated In Each Personal Injury Protection Endorsement Minus  SEE SCHEDDeductible	\$ 485.00
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus  \$ Deductible For Each Accident	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	07	\$ 100,000 CSL	\$ 297.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 100,000 CSL	\$ 682.00

ITEM TWO
Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning  See Item Four for Hired or Borrowed Autos.	\$ 376.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto  See Item Four for Hired or Borrowed Autos.	\$ 766.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	
Terrorism	All	Per Coverage Endorsement	\$ 7.00
		Premium For Endorsements	\$ 87.95
		Estimated Total Premium*	\$ 4,980.95

### Philadelphia Indemnity Insurance Company

## Form Schedule - Commercial Auto

Policy Number: PHPK2145195

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	<b>Edition</b>	Description
CADS03	0310	Business Auto Declarations
Auto Schedule	0100	Business Auto Schedule
Hired Or Borrowed Auto Sche	0706	Schedule Of Hired Or Borrowed Covered Auto
CA0001	0310	Business Auto Coverage Form
CA0125	1202	Kentucky Changes
CA2176	0906	Kentucky Uninsured Motorists Coverage
CA2179	0310	Kentucky Underinsured Motorists Coverage
CA2216	0311	Kentucky Personal Injury Protection
CA9933	0299	Employees as Insureds
PI-AUT-001	0116	Cap On Losses From Certified Acts Of Terrorism

POLICY NUMBER: PHPK2145195

SCHEDIII	FOF	COVERED	AUTOS	YOU OWN

Covered					RIPTION						TERRITORY				
Auto		Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)									Town or City & Zip where the Covered Auto				
No.			Serial Nu	umber (S); Vehic	e Identifi	cation Num	ber (VIN	)		-	will be principally garaged 106 London, KY 40744				
1				CK, 1GBK7DB		24					106 Lond		4074		
2				rex1em1cfB0							106 Lond		4074		
3		2013 FORD F150, 1FTMF1CM5DFC213602 2015 FORD F150, 1FTMF1C88FKD18045								106 Lond		4074		-	
4		1501/19/20											4074		_
5				D7X2B64GEC7							106 Lond				
6	2016 FC	RD	F150, 1F	rFX1EF1GFD0							106 London, KY 40744				
Covered				CLAS	SIFICAT	ION						PUF	CHASE	D	
Auto No.	Radius of Operation		Business Use s = service r = retail	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rat	-	$\dashv$	Sec. Rati	ng Factor Phy. Dam.	Code	Original Co	st New	Stated Amo	unt
- 1	TOCA	+	c = comml.	5,000	12	Liab.	Phy. Dar		LIAD.	Phy. Dam.	01499	19	,986		
2	LOCA	-	S	5,000	9	1.000	1.00	-			01499		,400		
3	LOCA		S	5,000	8	1.000	1.00				01499		,810		
4	LOCA		s	5,000	6	1.000	1.00	_	-		01499	18	756		
	LOCA	_	S	5,000	5	1.000	1.00	_			01499		7,380		
5 6	LOCA		S	5,000	5	1.000	1.00				01499		3,479		
Total	LOCA	+	- 3	3,000		1.000		+							
Premium				74				ᆚ			DIOAL EV	DENOE A	ND INC	OME LOS	•
Covered			LIABILITY			AUT	O. MED	•		ME	DICAL EXI	IEFITS (V			3
Auto No.	(in t	Lim	it sands)	Premium	Limit			Premium Exp.		Exp. /	it Stated In Each Med. p. And Inc. Loss Ben. nd. For Each Person			Premium	
1			1,000	222.0	0	NONE				End.	For Each P	erson			
2			1,000	222.0	0	N	ONE								
3			1,000	222.0			ONE								
4			1,000	222.0			ONE			1					
5	-	_	1,000	222.0		N	ONE	7 - 10							
6			1,000	222.0		N	ONE	-		+					
Total			1,000	1,332.0	design of the							Wall to			
Premium	PER	SON	AL INJURY	PROTECTION	The Real Property of	P.P.I. (	Mich, O	nly)			UNINSURED/UNDERINSURED				
Auto No.	Limit stat	ed in	n each P.I.P.	Premium	Lim	it stated in e	each	Prei	mium	(in th	Limit nousands)		remium	UM	UII
1		_	FORM(S)	48.0	0						100		89.0	0 X	3
2		SEE	FORM(S)	48.0	0						100		89.0	0 X	
3		SEE	FORM(S)	48.0	0						100		89.0	0 X	
4		SEE	FORM(S)	48.0	0						100		89.0	0 X	
5		SEF	FORM(S)	48.0	0						100		89.0	0 X	
6			FORM(S)	48.0							100		89.0	0 X	
		PATHONNESSON	AT MANY REPORTS OF THE PARTY OF	288.0	- 10000114	Salar Barrer Sta	(Substitute			1000 X - 投資 1000		STORE .	534.0	- CT (C) (C)	Section 5

POLICY NUMBER: PHPK2145195

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered	COMPREH		SPEC. CAUSES OF LOSS	COLLISION	
Auto No.	Deductible	Premium	Premium	Deductible	Premium
1	500	14.00		500	23.00
2	500	26.00		500	47.00
3	500	20.00		500	38.00
4	500	22.00		500	47.00
5	500	32.00		500	71.00
6	500	32.00		500	71.00
Total		146.00			297.00
Premium		TOWING & LABOR		Except for towing all physical damage loss is	TOTAL
Auto No.	Limit per disabl	CI THE INC. IN CO.	Premium	payable to you and the loss payee named below as interests may appear at the time of the loss.	Premium
1					396.00
2				See Schedule(s)	432.00
3					417.00
4					428.00
					462.00
5					462.00
6		Control of the Section of the Sectio			2,597.00
Total Premium	No or Property Months		0.5	Page 2 of	4

POLICY NUMBER: PHPK2145195

Covered	DESCRIPTION	TERRITORY
Auto No.	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)	Town or City & Zip where the Covered Auto will be principally garaged
7	2017 FORD F350, 1FDRF3H6DHEB30306	106 London, KY 40744
8	2018 GATOR AARDVARK, 4FZ1HD2020JS040229	106 London, KY 40744
9	2018 FORD F150, 1FTMF1EBXJKE86631	106 London, KY 40744
10	2019 FORD F150, 1FTFW1E53KFC12412	106 London, KY 40744
11	2019 FORD F250, 1FT7X2B64KEE88561	106 London, KY 40744

Covered	CLASSIFICATION								PURCHASED				
Auto  Radius of Service Size G	Radius of		Size GVW, CGW	Age	Primary Rat	ing Factor	Sec. Rati	ing Factor	Code	Original Cost New	Stated Amount		
	or Vehicle Seating Capacity	Group	Liab.	Phy. Dam.	Liab.	Phy. Dam.							
7	LOCAL	S	5,000	4	1.000	1.000			01499	38,391			
8	LOCAL			3	0.100	0.450			68499	6,490			
9	LOCAL	s	5,000	3	1.000	1.000			01499	28,500			
10	LOCAL	S	5,000	2	1.000	1.000			01499	29,500			
11	LOCAL	S	5,000	2	1.000	1.000			01499	40,660			
Total Premium						41							
		LIABILITY	<i>(</i>		AUT	O. MED.		ME		PENSE AND INC			

Covered					BENEFITS (VA ONLY)					
Auto No.	Limit (in thousands)	Premium	Limit	Premium	Limit Stated In Each M Exp. And Inc. Loss Be End. For Each Perso	en. Pr	emium			
7	1,000	222.00	NONE							
8	1,000	23.00	NONE							
9	1,000	222.00	NONE							
10	1,000	222.00	NONE			9.84				
11	1,000	222.00	NONE							
Total Premium	57	2,243.00								
Covered	PERSONAL INJURY PI	ROTECTION	P.P.I. (Mich,	Only)	UNINSURED	/UNDERINSUR	ED			
Auto No.	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM		
7	SEE FORM(S)	48.00			100	89.00	х	х		
8	SEE FORM(S)	5.00			100	89.00	х	x		
9	SEE FORM(S)	48.00			100	89.00	х	х		
10	SEE FORM(S)	48.00			100	89.00	х	х		
11	SEE FORM(S)	48.00			100	89.00	х	х		

485.00

Page 3 of

979.00

POLICY NUMBER: PHPK2145195

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered	COMPREH		SPEC. CAUSES OF LOSS	COLLISION	
Auto No.	Deductible	Premium	Premium	Deductible	Premium
7	500	33.00		500	75.00
8	500	9.00		500	12.00
9	500	35.00		500	79.00
10	500	35.00		500	79.00
11	500	42.00		500	111.00
Total		300.00			653.00
Premium		TOWING & LABOR		Except for towing all physical damage loss is	TOTAL
Auto No.	Limit per disable		Premium	payable to you and the loss payee named below as interests may appear at the time of the loss.	Premium
7					467.00
8				See Schedule(s)	138.00
					473.00
9					473.00
10					512.00
11					
Total		to the AMERICAN STATE			4,660.00

Policy Number: PHPK2145195

# Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Coverage	<b>State</b>	<b>Cost of Hire</b>	<b>Deductible</b>	Rate	Pre	mium
Liability Coverage	KY	100		0.31200	\$	1
Physical Damage - Comp	KY	50,000	100	0.15200	\$	76
Physical Damage - Collision	KY	50,000	500	0.22600	\$	113
			Total Pr	emium -	\$	190



Philadelphia Indemnity Insurance Company
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax: 610.617.7940

## COMMERCIAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS WATER DISTRICTS INSURANCE PROGRAM

7/1/20-7/1/21

Policy Number: PHPK2145195

SCHEDULE OF COVERAGES AND LIMITS OF INSURANCE

Insurance is provided only for the coverages indicated by an "X"				
Coverage Limits of Insurance				
	\$ 1,000,000 Per Occurrence			
	\$ 3,000,000 Bodily Injury and Property Damage Aggregate			
Personal and Advertising Injury	\$ 1,000,000 Per Person or Organization			
	\$ 3,000,000 Personal and Advertising Injury Aggregate			
▼ Professional Liability	\$ 1,000,000 Per Claim			
Retroactive Date: 07/01/2020	\$ 3,000,000 Professional Liability Aggregate			
▼ Wrongful Acts	\$ 1,000,000 Per Claim			
Retroactive Date: 07/01/2020	\$ 3,000,000 Wrongful Acts Aggregate			
	\$ 1,000,000 Per Person			
Retroactive Date: 07/01/2020	\$ 3,000,000 Employee Benefits Liability Aggregate			
☑ Damage To Premises Rented To You	\$ 100,000 Any One Premises			
X Medical Payments	\$ 10,000			

#### **FORMS AND ENDORSEMENTS**

Forms and endors	sements applying to	this Coverage Pa	art and made part	of this policy at tir	ne of issue:
Refer To Forms					

Premium: \$ \_\_Included

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Form Schedule – General Liability

Policy Number: PHPK2145195

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-WDI-051D	1017	Liability Cov Dec Water Districts Insurance Program
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
PI-WDI-051	1017	Liability Cov Form Water Districts Insurance Program
PI-WDI-058	1017	Deductible Liability Endorsement
PI-WDI-062	1017	Exclusion - Dams
PI-WDI-075	1018	Wrongful Acts - Amended

ATTACHMENT Q.1.b (2021-2022)

INSURANCE POLICIES

Uploaded as PDF File







400 Quarrier St., Charleston, WV 25301

SummitPoint Insurance Company A Stock Company		Policy Number Policy Period From To		
, 333, 33, 34, 34, 34, 34, 34, 34, 34, 3	9	WCS3005691	06/30/2021	06/30/2022
			(12:01 AM at the insured location)	
Information P	age .	Renewal/R	ewrite of Policy Nu	mber
			WCS3005691	
1. Named Insured and Address		Agency Information		Parameter State of the State of
Laurel County Water District #2 3910 S Laurel Road London, KY 40744		33308307 Curneal & Hignite Ins 410 Ring Road Elizabethtown, KY 42		
Carrier No.	FEIN	Risk ID	Entity	Туре
43662	61-0651148	160253290	Corpo	ration

Additional Workplaces not shown above:

Refer to Schedule of Locations Endorsement WC 99 06 02 A (07-20)

- 2. The Policy Period is from 06/30/2021 to 06/30/2022 12:01am Standard Time at the insured's mailing address.
- 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: KY
  - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under part Two are:

Bodily Injury by Accident: \$1,000,000.00 Each Accident
Bodily Injury by Disease: \$1,000,000.00 Policy Limit
Bodily Injury by Disease: \$1,000,000.00 Each Employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except North Dakota, Ohio, Washington, Wyoming, Puerto Rico, and the U.S. Virgin Islands, and states designated in Item 3.A. of the Information Page.
- D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE
- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All Information required below is subject to verification and change by audit.

#### SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium: \$544.00 Total Estimated Annual Premium: \$7,037.00

Premium Discount:

Expense Constant: \$250.00 Deposit Premium: \$1,506.00

Issue Date: 06/29/2021

Issuing Office: Charleston, WV

WC 00 00 01 A (7-09)



Policy Number:	WCS3005691
Named Insured:	Laurel County Water District #2
Agency Name:	Curneal & Hignite Insurance, Inc.

# Extension of Information Page Classification of Operations

Class Code No.	Class Description	Evacoure	Rate Per \$100 of	Estimated Annual
State: K		Exposure	Remuneration	Premium
	Period: 06/30/2021 - 06/30/2022			
Location				
7520	WATERWORKS OPERATION & DRIVERS	\$576,000.00	1.45	\$8,352.00
8810	CLERICAL OFFICE EMPLOYEES NOC	\$220,000.00	0.08	\$176.00
9812	Employers Liability Limits		0.011	\$94.00
9848	Employers Liability Increased Limits Balance to Minimum Premium			\$26.00
9898	Experience Modification Premium		0.77	\$1,989.00CR
)	Total Standard Premium			\$6,659.00
0900	Expense Constant			\$250.00
9740	Terrorism		0.005	\$40.00
9741	Catastrophe (Other than certified acts of terrorism)		0.011	\$88.00
9687	Kentucky Special Fund Assessment		0.0702	\$494.00
Policy Est	imated Annual Premium			\$7,037.00
	al Amount Due			\$7,531.00

Issue Date: 06/29/2021

Issuing Office: Charleston, WV



Policy Number:	WCS3005691
Named Insured:	Laurel County Water District #2
Agency Name:	Curneal & Hignite Insurance, Inc.

#### **Schedule of Endorsements**

State	Form Number	Form Title
KY	KY Posting Notice	Posting Notice KY
	PN-Privacy	Privacy Policy
	POL001	Policy Cover Letter
	WC 00 00 00 C	Workers Compensation & Employers Liability Insurance Policy
	WC 00 00 01 A	Policy Information Page
	WC 00 04 04	Pending Rate Change Endorsement
	WC 00 04 14 A	Notification Of Change In Ownership Endorsement
	WC 00 04 19	Premium Due Date Endorsement
<i>Y</i>	WC 00 04 21 E	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
	WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
	WC 00 04 24	Audit Noncompliance Charge Endorsement
	WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
KY	WC 16 03 05	Kentucky Part One Workers Compensation Insurance Endorsement
KY	WC 16 06 01	KY Cancellation And Nonrenewal Endorsement
KY	WC 16 06 02	KY Notice of Appeal Rights Endorsement
	WC 89 06 34 A	Installment Schedule
	WC 99 06 00 A	Extension of Information Page Classification of Operations
	WC 99 06 01 A	Schedule of Endorsements
	WC 99 06 02 A	Schedule of Locations
	WC 99 06 03 B	Signature Page
	WC 99 06 14	Additional Policy Provisions Notice

Issue Date: 06/29/2021 Issuing Office: Charleston, WV



Policy Number:	WCS3005691
Named Insured:	Laurel County Water District #2
Agency Name:	Curneal & Hignite Insurance, Inc.

#### **Schedule of Locations**

Location No.	State	Location Name and Address	
1	KY	Laurel County Water District #2	
		3910 S Laurel Road London KY 40744	

Issue Date: 06/29/2021
Issuing Office: Charleston, WV



#### POLICY INSTALLMENT PLAN SCHEDULE

Laurel County Water District #2 Policy Number: WCS3005691

Coverage Period: 06/30/2021 to 06/30/2022

You have elected to pay the total estimated annual premium using an installment plan. There is a payment plan processing fee of \$0 for each installment. You may pay the entire balance at any time to avoid future installment charges.

The installment plan schedule presented below is an estimate. An invoice will be sent to you prior to each installment period. The payment schedule will change if there are changes to the total estimated premium due to mid-term policy activity.

#### **INSTALLMENT PLAN SCHEDULE**

Installment	Amount Due	Due Date	
Deposit Premium	\$1,506.00	06/30/2021	
Installment	\$753.00	08/19/2021	
Installment	\$753.00	09/19/2021	
Installment	\$753.00	10/20/2021	
Installment	\$753.00	11/19/2021	
Installment	\$753.00	12/20/2021	
Installment	\$753.00	01/19/2022	
Installment	\$753.00	02/19/2022	
Installment	\$754.00	03/21/2022	
otal Estimate Policy Premium	\$7,531.00		

Issue Date: 06/29/2021

ssuing Office: Charleston, WV



POLICY NUMBER: PHPK2291000

COMMERCIAL AUTO CA DS 03 03 10

# **BUSINESS AUTO DECLARATIONS**

#### **ITEM ONE**

Named I	sured and Mailing Address:
3910 S	County Water District # 2 Laurel Rd KY 40744-8369
	Policy Period
From:	07/01/2021
To:	At 12:01 AM Standard Time at your mailing address shown above
Previou	Policy Number: PHPK2145195
Form O	Business: CORPORATION
romic	Business. Corporation
In return the insura	or the payment of the premium, and subject to all the terms of this policy, we agree with you to provide as stated in this policy.
Premiu	or the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the as stated in this policy.  Included  Included
Premiu	nce as stated in this policy.  n shown is payable at inception: \$ Included
Premiu	nce as stated in this policy.  Included  riod (If Applicable): Annually Semiannually Quarterly Monthly
Premiu	nshown is payable at inception: \$ Included riod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy
Premiu	nce as stated in this policy.  In shown is payable at inception: \$ Included  riod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy
Premiu	nce as stated in this policy.  Included griod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy
Premiu	shown is payable at inception: \$ Included riod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy  See Schedule Attached
Premiu Audit P	shown is payable at inception: \$ Included riod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy  See Schedule Attached
Premiu Audit P	shown is payable at inception: \$ Included riod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy  See Schedule Attached  Countersignature Of Authorized Representative
Premiu Audit P	shown is payable at inception: \$ Included riod (If Applicable): Annually Semiannually Quarterly Monthly  Endorsements Attached To This Policy  See Schedule Attached  Countersignature Of Authorized Representative

# ITEM TWO Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Liability	01	\$ 1,000,000 CSL	\$ 2,187.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	05	Separately Stated In Each Personal Injury Protection Endorsement Minus  \$ SEE SCHED Deductible	\$ 464.00
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus  Deductible For Each Accident	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	07	\$ 100,000 CSL	\$ 290.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 100,000 CSL	\$ 660.00

ITEM TWO
Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning  See Item Four for Hired or Borrowed Autos.	\$ 306.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism  See Item Four for Hired or Borrowed Autos.	\$ ¥
Physical Damage Collision Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto  See Item Four for Hired or Borrowed Autos.	\$ 659.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
			\$
		Premium For Endorsements	\$ 82.19
		Estimated Total Premium*	\$ 4,648.19

# Form Schedule - Commercial Auto

Policy Number: PHPK2291000

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
CADS03	0310	Business Auto Declarations
Auto Schedule	0100	Business Auto Schedule
Hired Or Borrowed	Auto Sche 0706	Schedule Of Hired Or Borrowed Covered Auto
CA0001	0310	Business Auto Coverage Form
CA0125	1202	Kentucky Changes
CA2176	0906	Kentucky Uninsured Motorists Coverage
CA2179	0310	Kentucky Underinsured Motorists Coverage
CA2216	0311	Kentucky Personal Injury Protection
CA9933	0299	Employees as Insureds
PI-AUT-001	0116	Cap On Losses From Certified Acts Of Terrorism

POLICY NUMBER: PHPK2291000

SCHEDUI	FOF	COVERED	AUTOS	YOU	OWN
SCHEDUL		COAFIVED	70.00		~

CHEDUL										TERRITORY					
Auto	Year Model; Trade Name; Body Type									Town or City & Zip where the Covered Auto					
No.	Serial Number (S); Vehicle Identification Number (VIN)										will be principally garaged				
1	2012 FORD F150, 1FTEX1EM1CFB05845									106 London, KY 40744					
2	2013 F	ORD	F150, 1F	TMF1CM5DFC2	13602					106 Lond	on, KY	4074			
3	2015 F	ORD	F150, 1F	TMF1C88FKD1	3045	10-1-11-11-11				106 Lond	on, KY	4074			
4	2016 F	ORD	F250, 1F	D7X2B64GEC7	4334					106 Lond	on, KY	4074	4		
5	2016 F	ORD	F150, 1F	TFX1EF1GFD0	0551					106 Lond	on, KY	4074	4		
6	2017 F	ORD	F350, 1F	DRF3H6DHEB3	0306					106 Lond	on, KY	4074	4		
Covered				CLAS	SIFICAT	ION					PUR	CHASE	D		
Auto No.	Radius of		Business Use s = service r = retail	Size GVW, CGW or Vehicle	Age Group	Primary Rat	ing Factor	Sec. Rat	ting Factor	Code	Original Cos	t New	Stated Amor	unt	
	Operation	'	c = comml.	Seating Capacity	Gloup	Liab.	Phy. Dam.	Liab.	Phy. Dam.						
1	LOCA	AL	S	5,000	10	1.000	1.000			01499		,400			
2	LOCA	AL	S	5,000	9	1.000	1.000			01499	15	,810			
3	LOCA	AL	S	5,000	7	1.000	1.000			01499	18	,756			
4	LOCA	AL	s	5,000	6	1.000	1.000			01499	37	, 380			
5	LOCA	AL	S	5,000	6	1.000	1.000			01499	28	,479			
6	LOC	_	S	5,000	5	1.000	1.000			01499	38	, 391			
Total Premium															
			LIABILITY			AUT	O. MED.		MI	EDICAL EX				S	
Auto No.	(in	Lin thou	nit sands)	Premium		Limit	Pr	emium	Exp.			Premium			
1			1,000	236.00	-	N	ONE		End	. For Each P	erson				
2			1,000	236.00	5	N	ONE								
3			1,000	236.00	_	N	ONE								
4		_	1,000	236.00			ONE		+						
5			1,000	236.00			ONE								
6		_	1,000	236.00			ONE								
Total Premium		學為透	1,000	1,416.0	25000000000						4				
Covered	PER	SON	NAL INJURY	PROTECTION	Seek (Seek Stolk)	P.P.I. (	Mich, Only	)	The state of the s	UNINSU	RED/UND	ERINSU	RED		
Auto No.	Limit sta	ted ii	n each P.I.P.	Premium	Lim	it stated in e	each Pr	remium	(in t	Limit housands)	Pre	emium	UM	UIN	
1		SEE	E FORM(S)	51.0	0					100		95.00	x	X	
2		SEI	E FORM(S)	51.0	0					100		95.00	х	Х	
3		_	E FORM(S)	51.0	_					100		95.00	x	3	
4			E FORM(S)	51.0						100		95.0	_	3	
5			E FORM(S)	51.0						100		95.0	0 X	3	
6			E FORM(S)	51.0						100		95.0	x	1 3	
0															

POLICY NUMBER: PHPK2291000

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered	COMPRE		SPEC. CAUSES OF LOSS	COLLISION			
Auto No.	Deductible	Premium	Premium	Deductible	Premium		
1	500	27.00		500	47.00		
2	500	22.00		500	38.00		
3	500	24.00		500	48.00		
4	500	31.00		500	69.00		
5	500	31.00		500	69.00		
6	500	34.00		500	77.00		
Total		169.00			348.00		
Premium Service Covered	Construction of the Constr	TOWING & LABOR		Except for towing all physical damage loss is	TOTAL		
Auto No.	Limit per disablement		Premium	payable to you and the loss payee named below as interests may appear at the time of the loss.	Premium		
1					456.00		
2				See Schedule(s)	442.00		
3					454.00		
4					482.00		
					482.00		
5					493.00		
6					2,809.00		
Total Premium	CAPACITA STATES			Page 2 of	2,003.00		

POLICY NUMBER: PHPK2291000

Covered			OS YOU OWN	RIPTION	N				TERRITORY					
Auto			Year Model; Trad	e Name	: Body Type	)			Town or City & Zip where the Covered Auto					
No.			will be principally garaged											
7			K, 4FZ1HD202		0229				106 Lond		4074			
8	2018 FORD F150, 1FTMF1EBXJKE86631									on, KY	4074	4		
9	2019 FOR	F150, 1F	TFW1E53KFC12	412					106 Lond	on, KY	4074	4		
10	10 2019 FORD F250, 1FT7X2B64KEE88561 106 Londo							on, KY	4074	4				
Covered			CLASS	SIFICAT	ION					PUR	CHASE	D		
Auto No.	Radius of Operation	Business Use s = service r = retail	Size GVW, CGW or Vehicle	Age Group	Primary Rat	ing Factor	Sec. Ra	ting Factor	Code	Original Cos	st New	Stated Amo	unt	
	Operation	c = comml.	Seating Capacity		Liab.	Phy. Dam.	Liab.	Phy. Dam.						
7	LOCAL			4	0.100	0.450			68499	6	,490			
8	LOCAL	S	5,000	4	1.000	1.000			01499		,500			
9	LOCAL	S	5,000	3	1.000	1.000			01499		,500			
10	LOCAL	s	5,000	3	1.000	1.000			01499	40	,660			
									-		-			
Total Premium		640												
Covered		LIABILITY		AUTO. MED.					PENSE AN			S		
Auto No.		mit usands)	Premium		Limit	Pr	remium	Exp.	Stated In Each And Inc. Los	ch Med. s Ben.		Premium		
7		1,000	24.00		N	ONE		Lilo	. FUI CACITE	CISOII				
8		1,000	236.00		N	ONE								
9		1,000	236.00		N	ONE			,					
10		1,000	236.00		N	ONE								
						_								
Total Premium			2,148.00						Kilo Kilo	vi die po				
Covered	PERSO	NAL INJURY	PROTECTION		P.P.I. (I	Mich, Only	)		UNINSU	RED/UND	ERINSU	RED		
Auto No.		in each P.I.P.	Premium		t stated in e P.P.I. end.	ach	remium	(in t	Limit housands)		mium	ИМ	UIN	
7		E FORM(S)	5.00	_					100		95.00	x	3	
8	SE	E FORM(S)	51.00						100		95.00	x	7	
9	SE	E FORM(S)	51.00		46.00				100		95.00	x	3	
10	SE	E FORM(S)	51.00					-	100		95.00	) x	,	
Total									22000111100					
		The second secon	464.00											

POLICY NUMBER: PHPK2291000

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered	COMPREHE	NSIVE	SPEC. CAUSES OF LOSS	COLLISION		
Auto No.	Deductible	Premium	Premium	Deductible	Premium	
7	500	9.00		500	12.00	
8	500	36.00		500	81.00	
9	500	38.00		500	86.00	
10	500	46.00		500	120.00	
Total		298.00			647.00	
Premium  Covered	T	TOWING & LABOR		Except for towing all physical damage loss is	TOTAL	
Auto No.	Limit per disablement		Premium	payable to you and the loss payee named below as interests may appear at the time of the loss.	Premium	
7					145.00	
8				See Schedule(s)	499.00	
9					506.00	
					548.00	
10						
Total Premium		es a discount of the			4,507.00	

Policy Number: PHPK2291000

# Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Coverage	<b>State</b>	Cost of Hire	<b>Deductible</b>	Rate	Prem	<u>ium</u>
Liability Coverage	KY	100		0.33000		
Physical Damage - Comp	KY	5,000	100	0.16500	\$	8
Physical Damage - Collision	KY	5,000	500	0.24500	\$	12
			Total Pr	emium -	\$	20



Philadelphia Indemnity Insurance Company
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax: 610.617.7940

# COMMERCIAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS WATER DISTRICTS INSURANCE PROGRAM

Policy Number: PHPK2291000

SCHEDULE OF COVERAGES AND LIMITS OF INSURANCE

Insurance is provided only for the coverages indicated by an "X"

Coverage	Limits of Insurance
	\$ 1,000,000 Per Occurrence
Personal and Advertising Injury	\$ 3,000,000 Bodily Injury and Property Damage Aggregate \$ 1,000,000 Per Person or Organization
▼ Professional Liability	\$ 3,000,000 Personal and Advertising Injury Aggregate \$ 1,000,000 Per Claim
Retroactive Date: 07/01/2021	\$ 3,000,000 Professional Liability Aggregate
Wrongful Acts  Retroactive Date: 07/01/2021	\$ 1,000,000 Per Claim \$ 3,000,000 Wrongful Acts Aggregate
Employee Benefits Liability  Retroactive Date: 07/01/2021	\$ 1,000,000 Per Person \$ 3,000,000 Employee Benefits Liability Aggregate
▼ Damage To Premises Rented To You	\$ 100,000 Any One Premises
X Medical Payments	\$ 10,000

#### FORMS AND ENDORSEMENTS

Forms and	d endorsements applying	to this Coverage P	art and made part o	f this policy at time o	f issue:
Refer To	Forms Schedule				

Premium: \$ Included

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

# Form Schedule - General Liability

Policy Number: PHPK2291000

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition Description		
PI-WDI-051D	1017 Liability Cov Dec Water Districts Insurance Program	m	
CG2170	0115 Cap On Losses From Certified Acts Of Terrorism		
PI-WDI-051	1017 Liability Cov Form Water Districts Insurance Progr	am	
PI-WDI-058	1017 Deductible Liability Endorsement		
PI-WDI-075	1018 Wrongful Acts - Amended		
PI-WDI-077	0920 Exclusion - Communicable Disease		

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Curneal & Hignite Insurance, Inc.		NAMED INSURED Laurel County Water District #2 3910 S Laurel Road London, KY 40744 Laurel	
POLICY NUMBER PHPK2291000			
CARRIER	NAIC CODE		
Philadelphia Indemnity Insurance Company	18058	EFFECTIVE DATE: 07/01/2021	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 75 FORM TITLE: INSURANCE BINDER

Special Conditions
Public Officials Liability \$1M/\$3M with \$2,500 Deductible
Employment Practices Liability \$1M/\$3? with \$2,500 Deductible