

ATTACHMENT Q.1.b (2019-2020)

INSURANCE POLICIES

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WORKERS COMP POLICY

July 3, 2019



00005
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:

<u>Effective:</u>		<u>Expires:</u>	
12:01 AM	06/30/2019	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			
06/30/2019 - 06/30/2020			
8810-000	232,461	.15	\$349.00
7520-000	561,072	2.36	\$13,241.00

Total Manual Premium:
\$13,590.00

PREMIUM CALCULATION DETAIL	TYPE	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



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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.

Jon Stewart

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

	Effective Date	Expiration Date
Laurel County Water District Oak Ridge Church Rd London KY 40744	06/30/2019	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



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Laurel County Water District	Effective Date	Expiration Date
Lake Dorthea	06/30/2019	06/30/2020
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

Named Insured and Mailing Address: Laurel County Water District # 2 3910 S Laurel Rd London, KY 40744-8369	
Policy Period	
From: 07/01/2019	
To: 07/01/2020	At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number:	

Form Of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
See Schedule Attached

Countersignature Of Authorized Representative
Name:
Title:
Signature:
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	Limit	Premium
Liability	01	\$ 1,000,000 CSL	\$ 1,264.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	05	Separately Stated In Each Personal Injury Protection Endorsement Minus \$ SEE SCHED Deductible	\$ 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	\$ 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		\$ For Each Disabling Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 6.00
Premium For Endorsements			\$ 88.65
Estimated Total Premium*			\$ 5,019.65
*This policy may be subject to final audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:					
Town And State Where The Covered Auto Will Be Principally Garaged:					SEE SCHEDULE ATTACHED
Covered Auto Description					
Year:	Model:		Trade Name:		
Body Type:			Serial Number (S):		
Vehicle Identification Number (VIN):					
Purchased					
Original Cost New:		\$			
Actual Cost New Or Used:		\$		<input type="checkbox"/> New	<input type="checkbox"/> Used
Classification					
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 SCHEDULE ATTACHED				
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: SEE SCHEDULE(S)					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION							TERRITORY			
	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			
1	1988 CHEVROLET TRUCK, 1GBK7DBJV110824							106 London, KY 40744			
2	2012 FORD F150, 1FTEX1EM1CFB05845							106 London, KY 40744			
3	2013 FORD F150, 1FTMF1CM5DFC213602							106 London, KY 40744			
4	2015 FORD F150, 1FTMF1C88FKD18045							106 London, KY 40744			
5	2016 FORD F250, 1FD7X2B64GEC74334							106 London, KY 40744			
6	2016 FORD F150, 1FTFX1EF1GFD00551							106 London, KY 40744			
Covered Auto No.	CLASSIFICATION							PURCHASED			
	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1	LOCAL	S	5,000	12	1.000	1.000			01499	19,986	
2	LOCAL	S	5,000	8	1.000	1.000			01499	26,400	
3	LOCAL	S	5,000	7	1.000	1.000			01499	15,810	
4	LOCAL	S	5,000	5	1.000	1.000			01499	18,756	
5	LOCAL	S	5,000	4	1.000	1.000			01499	37,380	
6	LOCAL	S	5,000	4	1.000	1.000			01499	28,479	
Total Premium											
Covered Auto No.	LIABILITY			AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)					
	Limit (in thousands)	Premium		Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person		Premium			
1	1,000	123.00		NONE							
2	1,000	123.00		NONE							
3	1,000	123.00		NONE							
4	1,000	123.00		NONE							
5	1,000	123.00		NONE							
6	1,000	123.00		NONE							
Total Premium		738.00									
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1	SEE FORM (S)	48.00			100	206.00	X	X			
2	SEE FORM (S)	48.00			100	206.00	X	X			
3	SEE FORM (S)	48.00			100	206.00	X	X			
4	SEE FORM (S)	48.00			100	206.00	X	X			
5	SEE FORM (S)	48.00			100	206.00	X	X			
6	SEE FORM (S)	48.00			100	206.00	X	X			
Total Premium		288.00				1,236.00					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	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			257.00
Covered Auto No.	TOWING & LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL	
	Limit per disablement	Premium		Premium	
1				407.00	
2			See Schedule(s)	439.00	
3				429.00	
4				438.00	
5				464.00	
6				464.00	
Total Premium				2,641.00	

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	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, TO FOLLOW								106 London, KY 40744		
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
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	
10	LOCAL	S	5,000	1	1.000	1.000			01499	29,500	
11	LOCAL	S	5,000	1	1.000	1.000			01499	31,500	
Total Premium											
Covered Auto No.	LIABILITY		AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)						
	Limit (in thousands)	Premium	Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person	Premium					
7	1,000	123.00	NONE								
8	1,000	13.00	NONE								
9	1,000	123.00	NONE								
10	1,000	123.00	NONE								
11	1,000	123.00	NONE								
Total Premium		1,243.00									
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED						
	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	206.00	X	X			
8	SEE FORM(S)	5.00			100	206.00	X	X			
9	SEE FORM(S)	48.00			100	206.00	X	X			
10	SEE FORM(S)	48.00			100	206.00	X	X			
11	SEE FORM(S)	48.00			100	206.00	X	X			
Total Premium		485.00				2,266.00					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2002267

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	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 Auto No.	TOWING & LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL	
	Limit per disablement	Premium		Premium	
7					468.00
8			See Schedule(s)		240.00
9					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

<u>Coverage</u>	<u>State</u>	<u>Cost of Hire</u>	<u>Deductible</u>	<u>Rate</u>	<u>Premium</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 Premium -	\$ 152

GENERAL LIABILITY POLICY

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	Limits of Insurance
<input checked="" type="checkbox"/> Bodily Injury and Property Damage	\$ 1,000,000 Per Occurrence \$ 3,000,000 Bodily Injury and Property Damage Aggregate
<input checked="" type="checkbox"/> Personal and Advertising Injury	\$ 1,000,000 Per Person or Organization \$ 3,000,000 Personal and Advertising Injury Aggregate
<input checked="" type="checkbox"/> Professional Liability Retroactive Date: 07/01/99	\$ 1,000,000 Per Claim \$ 3,000,000 Professional Liability Aggregate
<input checked="" type="checkbox"/> Wrongful Acts Retroactive Date: 07/01/99	\$ 1,000,000 Per Claim \$ 3,000,000 Wrongful Acts Aggregate
<input checked="" type="checkbox"/> Employee Benefits Liability Retroactive Date: 07/01/99	\$ 1,000,000 Per Person \$ 3,000,000 Employee Benefits Liability Aggregate
<input checked="" type="checkbox"/> Damage To Premises Rented To You	\$ 100,000 Any One Premises
<input checked="" type="checkbox"/> 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) Comm'l Liability Coverage Part Supplemental Declarations
PI-WDI-051 (10/17) Comm'l 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 AND MAILING ADDRESS:

Laurel County Water District # 2
3910 S Laurel Rd

London, KY 40744

AGENT NAME AND ADDRESS:

Grundy Insurance
400 Horsham Road, Suite 150
Horsham PA 19044

AGENT NO.: 124922

POLICY PERIOD: From 07/01/2019 To 07/01/2020
at 12:01 a.m. Standard Time at your mailing address shown above.

TYPE OF DISTRICT: Water District Sewer District Irrigation District
 Other: _____

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

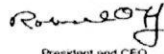
This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

	PREMIUM
Property and Inland Marine Coverage Part	\$ <u>Included</u>
Liability Coverage Part	\$ <u>Included</u>
Crime Coverage Part	\$ <u>Included</u>
Automobile Coverage Part	\$ <u>Included</u>
Employment-Related Practices Liability Coverage Part	\$ <u>Included</u>
_____	\$ _____
_____	\$ _____
TOTAL PREMIUM	\$ <u>18,991</u>

FORMS APPLICABLE TO ALL COVERAGE PARTS:

Refer to Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART SUPPLEMENTAL DECLARATIONS, COVERAGE PARTS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COUNTERSIGNED 07/01/2019 **DATE** by  **AUTHORIZED REPRESENTATIVE**
President and CEO

ATTACHMENT Q.1.b (2020-2021)

INSURANCE POLICIES

Uploaded as PDF File

WORKERS COMP POLICY



400 Quarrier Street
Charleston, WV 25301-2010

Workers Compensation and Employers Liability Insurance Policy



SummitPoint Insurance Company

A Stock Company

Policy Number	Policy Period	
	From	To
WCS3005691	06/30/2020	06/30/2021
(12:01 AM at the insured location)		

Information Page		Renewal/Rewrite of Policy Number	
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 Type
43662	61-0651148	160253290	Corporation

Additional Workplaces not shown above:
See attached schedule.

- The Policy Period is from 06/30/2020 to 06/30/2021 12:01am Standard Time at the insured's mailing address.
- 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)

**Workers Compensation and Employers
Liability Insurance Policy**



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	Exposure	Rate Per \$100 of Remuneration	Estimated Annual Premium
State: KY				
Premium Period: 06/30/2020 - 06/30/2021				
Location: 1				
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 Estimated Annual Premium			\$7,415.00
	Policy Total Amount Due			\$7,890.00

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

**Workers Compensation and Employers
Liability Insurance Policy**

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



400 Quarrier Street

Charleston, WV 25301-2010

Workers Compensation and Employers Liability Insurance Policy



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



400 Quarrier Street

Charleston, WV 25301-2010



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
Total Estimate Policy Premium	\$7,890.00	

Issue Date: 06/19/2020

Issuing Office: Charleston, WV

Contact us at www.brickstreet.com or Call Us at 866.45BRICK (452-7425)

AUTOMOBILE POLICY

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2145195

COMMERCIAL AUTO
CA DS 03 03 10

BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address: Laurel County Water District # 2 3910 S Laurel Rd London, KY 40744-8369	
Policy Period	
From: 07/01/2020	
To: 07/01/2021	At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: PHPK2002267	

Form Of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$ <input type="checkbox"/> Included
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
See Schedule Attached

Countersignature Of Authorized Representative
Name:
Title:
Signature:
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	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 SCHEDeductible	\$ 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
*This policy may be subject to final audit.			

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	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

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2145195

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	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		
1	1988 CHEVROLET TRUCK, 1GBK7DBJV110824								106 London, KY 40744		
2	2012 FORD F150, 1FTEX1EM1CFB05845								106 London, KY 40744		
3	2013 FORD F150, 1FTMF1CM5DFC213602								106 London, KY 40744		
4	2015 FORD F150, 1FTMF1C88FKD18045								106 London, KY 40744		
5	2016 FORD F250, 1FD7X2B64GEC74334								106 London, KY 40744		
6	2016 FORD F150, 1FTFX1EF1GFD00551								106 London, KY 40744		
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1	LOCAL	S	5,000	12	1.000	1.000			01499	19,986	
2	LOCAL	S	5,000	9	1.000	1.000			01499	26,400	
3	LOCAL	S	5,000	8	1.000	1.000			01499	15,810	
4	LOCAL	S	5,000	6	1.000	1.000			01499	18,756	
5	LOCAL	S	5,000	5	1.000	1.000			01499	37,380	
6	LOCAL	S	5,000	5	1.000	1.000			01499	28,479	
Total Premium											
Covered Auto No.	LIABILITY			AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)					
	Limit (in thousands)	Premium		Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person			Premium		
1	1,000	222.00		NONE							
2	1,000	222.00		NONE							
3	1,000	222.00		NONE							
4	1,000	222.00		NONE							
5	1,000	222.00		NONE							
6	1,000	222.00		NONE							
Total Premium		1,332.00									
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich. Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1	SEE FORM (S)	48.00			100	89.00	X	X			
2	SEE FORM (S)	48.00			100	89.00	X	X			
3	SEE FORM (S)	48.00			100	89.00	X	X			
4	SEE FORM (S)	48.00			100	89.00	X	X			
5	SEE FORM (S)	48.00			100	89.00	X	X			
6	SEE FORM (S)	48.00			100	89.00	X	X			
Total Premium		288.00				534.00					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2145195

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	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 Premium		146.00			297.00
Covered Auto No.	TOWING & LABOR		Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL
	Limit per disablement				Premium
1					396.00
2				See Schedule(s)	432.00
3					417.00
4					428.00
5					462.00
6					462.00
Total Premium					2,597.00

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2145195

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY				
	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				
CLASSIFICATION													
Covered Auto No.	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount		
					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			
PURCHASED													
LIABILITY													
Covered Auto No.	Limit (in thousands)		Premium		Limit		Premium		Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person		Premium		
7	1,000		222.00		NONE								
8	1,000		23.00		NONE								
9	1,000		222.00		NONE								
10	1,000		222.00		NONE								
11	1,000		222.00		NONE								
AUTO. MED.													
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)													
PERSONAL INJURY PROTECTION													
Covered 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	X	X	
8	SEE FORM (S)		5.00						100	89.00	X	X	
9	SEE FORM (S)		48.00						100	89.00	X	X	
10	SEE FORM (S)		48.00						100	89.00	X	X	
11	SEE FORM (S)		48.00						100	89.00	X	X	
P.P.I. (Mich, Only)													
UNINSURED/UNDERINSURED													
Total Premium													
			2,243.00										
			485.00							979.00			

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2145195

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	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 Premium		300.00			653.00
Covered Auto No.	TOWING & LABOR		Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL
	Limit per disablement				Premium
7					467.00
8				See Schedule(s)	138.00
9					473.00
10					473.00
11					512.00
Total Premium					4,660.00

Policy Number: PHPK2145195

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

<u>Coverage</u>	<u>State</u>	<u>Cost of Hire</u>	<u>Deductible</u>	<u>Rate</u>	<u>Premium</u>
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 Premium -	\$ 190

GENERAL LIABILITY POLICY

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
<input checked="" type="checkbox"/> Bodily Injury and Property Damage	\$ 1,000,000 Per Occurrence \$ 3,000,000 Bodily Injury and Property Damage Aggregate
<input checked="" type="checkbox"/> Personal and Advertising Injury	\$ 1,000,000 Per Person or Organization \$ 3,000,000 Personal and Advertising Injury Aggregate
<input checked="" type="checkbox"/> Professional Liability Retroactive Date: 07/01/2020	\$ 1,000,000 Per Claim \$ 3,000,000 Professional Liability Aggregate
<input checked="" type="checkbox"/> Wrongful Acts Retroactive Date: 07/01/2020	\$ 1,000,000 Per Claim \$ 3,000,000 Wrongful Acts Aggregate
<input checked="" type="checkbox"/> Employee Benefits Liability Retroactive Date: 07/01/2020	\$ 1,000,000 Per Person \$ 3,000,000 Employee Benefits Liability Aggregate
<input checked="" type="checkbox"/> Damage To Premises Rented To You	\$ 100,000 Any One Premises
<input checked="" type="checkbox"/> 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:

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.

Philadelphia Indemnity Insurance Company

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

WORKERS COMP POLICY



INSURANCE

400 Quarrier St., Charleston, WV 25301

SummitPoint Insurance Company

A Stock Company

Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period	
	From	To
WCS3005691	06/30/2021	06/30/2022
(12:01 AM at the insured location)		

Information Page		Renewal/Rewrite of Policy Number	
		WCS3005691	
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 Type
43662	61-0651148	160253290	Corporation

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)



**Workers Compensation and Employers
Liability Insurance Policy**

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	Exposure	Rate Per \$100 of Remuneration	Estimated Annual Premium
State: KY				
Premium Period: 06/30/2021 - 06/30/2022				
Location: 1				
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 Estimated Annual Premium				\$7,037.00
Policy Total Amount Due				\$7,531.00

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



Workers Compensation and Employers Liability Insurance Policy

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
	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



**Workers Compensation and Employers
Liability Insurance Policy**

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
Total Estimate Policy Premium	\$7,531.00	

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

Contact us at www.encova.com or Call Us at 866.452.7425

AUTOMOBILE POLICY

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2291000

COMMERCIAL AUTO
CA DS 03 03 10

BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address: Laurel County Water District # 2 3910 S Laurel Rd London, KY 40744-8369	
Policy Period	
From: 07/01/2021	
To: 07/01/2022	At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: PHPK2145195	

Form Of Business: CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception: \$ <input type="checkbox"/> Included
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
See Schedule Attached

Countersignature Of Authorized Representative
Name:
Title:
Signature:
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	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
*This policy may be subject to final audit.			

Philadelphia Indemnity Insurance Company

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

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2291000

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	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		
1	2012 FORD F150, 1FTEX1EM1CFB05845								106 London, KY 40744		
2	2013 FORD F150, 1FTMF1CM5DFC213602								106 London, KY 40744		
3	2015 FORD F150, 1FTMF1C88FKD18045								106 London, KY 40744		
4	2016 FORD F250, 1FD7X2B64GEC74334								106 London, KY 40744		
5	2016 FORD F150, 1FTFX1EF1GFD00551								106 London, KY 40744		
6	2017 FORD F350, 1FDRF3H6DHEB30306								106 London, KY 40744		
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1	LOCAL	S	5,000	10	1.000	1.000			01499	26,400	
2	LOCAL	S	5,000	9	1.000	1.000			01499	15,810	
3	LOCAL	S	5,000	7	1.000	1.000			01499	18,756	
4	LOCAL	S	5,000	6	1.000	1.000			01499	37,380	
5	LOCAL	S	5,000	6	1.000	1.000			01499	28,479	
6	LOCAL	S	5,000	5	1.000	1.000			01499	38,391	
Total Premium											
Covered Auto No.	LIABILITY		AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)						
	Limit (in thousands)	Premium	Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person		Premium				
1	1,000	236.00	NONE								
2	1,000	236.00	NONE								
3	1,000	236.00	NONE								
4	1,000	236.00	NONE								
5	1,000	236.00	NONE								
6	1,000	236.00	NONE								
Total Premium		1,416.00									
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1	SEE FORM(S)	51.00			100	95.00	X	X			
2	SEE FORM(S)	51.00			100	95.00	X	X			
3	SEE FORM(S)	51.00			100	95.00	X	X			
4	SEE FORM(S)	51.00			100	95.00	X	X			
5	SEE FORM(S)	51.00			100	95.00	X	X			
6	SEE FORM(S)	51.00			100	95.00	X	X			
Total Premium		306.00				570.00					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2291000

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	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 Premium		169.00			348.00
Covered Auto No.	TOWING & LABOR		Premium	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL
	Limit per disablement				Premium
1					456.00
2				See Schedule(s)	442.00
3					454.00
4					482.00
5					482.00
6					493.00
Total Premium					2,809.00

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2291000

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION								TERRITORY		
	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	2018 GATOR AARDVARK, 4FZ1HD2020JS040229								106 London, KY 40744		
8	2018 FORD F150, 1FTMF1EBXJKE86631								106 London, KY 40744		
9	2019 FORD F150, 1FTFW1E53KFC12412								106 London, KY 40744		
10	2019 FORD F250, 1FT7X2B64KEE88561								106 London, KY 40744		
CLASSIFICATION											
Covered Auto No.	Radius of Operation	Business Uses = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					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	28,500	
9	LOCAL	S	5,000	3	1.000	1.000			01499	29,500	
10	LOCAL	S	5,000	3	1.000	1.000			01499	40,660	
LIABILITY											
Covered Auto No.	Limit (in thousands)		Premium		Limit		Premium		Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person		
7	1,000		24.00		NONE						
8	1,000		236.00		NONE						
9	1,000		236.00		NONE						
10	1,000		236.00		NONE						
AUTO. MED.											
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)											
PERSONAL INJURY PROTECTION											
Covered Auto No.	Limit stated in each P.I.P. end.		Premium		Limit stated in each P.P.I. end.		Premium		Limit (in thousands)		
7	SEE FORM(S)		5.00						100		
8	SEE FORM(S)		51.00						100		
9	SEE FORM(S)		51.00						100		
10	SEE FORM(S)		51.00						100		
P.P.I. (Mich, Only)											
UNINSURED/UNDERINSURED											
UM											
UIM											
Total Premium											
			2,148.00								
			464.00						950.00		

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2291000

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	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 Premium		298.00			647.00
Covered Auto No.	TOWING & LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL	
	Limit per disablement	Premium		Premium	
7				145.00	
8			See Schedule(s)	499.00	
9				506.00	
10				548.00	
Total Premium				4,507.00	

Policy Number: PHPK2291000

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

<u>Coverage</u>	<u>State</u>	<u>Cost of Hire</u>	<u>Deductible</u>	<u>Rate</u>	<u>Premium</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 Premium -	\$ 20

GENERAL LIABILITY POLICY

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

7/1/21 - 7/1/22

**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
<input checked="" type="checkbox"/> Bodily Injury and Property Damage	\$ 1,000,000 Per Occurrence \$ 3,000,000 Bodily Injury and Property Damage Aggregate
<input checked="" type="checkbox"/> Personal and Advertising Injury	\$ 1,000,000 Per Person or Organization \$ 3,000,000 Personal and Advertising Injury Aggregate
<input checked="" type="checkbox"/> Professional Liability Retroactive Date: 07/01/2021	\$ 1,000,000 Per Claim \$ 3,000,000 Professional Liability Aggregate
<input checked="" type="checkbox"/> Wrongful Acts Retroactive Date: 07/01/2021	\$ 1,000,000 Per Claim \$ 3,000,000 Wrongful Acts Aggregate
<input checked="" type="checkbox"/> Employee Benefits Liability Retroactive Date: 07/01/2021	\$ 1,000,000 Per Person \$ 3,000,000 Employee Benefits Liability Aggregate
<input checked="" type="checkbox"/> Damage To Premises Rented To You	\$ 100,000 Any One Premises
<input checked="" type="checkbox"/> 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:

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.

Philadelphia Indemnity Insurance Company

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
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-075	1018	Wrongful Acts - Amended
PI-WDI-077	0920	Exclusion - Communicable Disease



ADDITIONAL REMARKS SCHEDULE

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