

Insurance Agency, Inc.
West Market Street
Princeton, KY 42445
Phone: (270) 365-9682 Fax: (270) 365-4502
Email: info@insurewithgoodwin.com

Invoice

BJ

Date: May 24, 2021
Invoice No: 424
Customer ID: LY210511110328223
Amount Due: \$2,290.50

Lyon County Water Distrist
PO Box 309
Kuttawa, KY 42055

Customer ID	Due Date	Producer
LY210511110328223	06/15/2021	Goodwin Insurance

Description	Effective / Expiration	Policy Number	Amount
Renewal Bond - Fidelity Liberty Mutual Insurance	06/30/2021 06/30/2022	LSF030494	\$2,250.00
Renewal - State Tax Bond - Fidelity	06/30/2021 06/30/2022	LSF030494	\$40.50

Thank you for your business. Please contact us for all your Insurance Needs !

Total	\$2,290.50
Amount Paid	\$0.00
Amount Due	\$2,290.50

PLEASE DETACH AND ENCLOSE BOTTOM PORTION WITH PAYMENT



Invoice

7-23-21
Billy Ash

Kentucky Association of Counties All Lines Fund
400 Englewood Drive
Frankfort, KY 40601
Tel: 1-800-264-5226
Fax: 1-502-875-8240

Invoice Number K210407
Invoice Date 05/31/2021
Due Date 08/01/2021

Insured Name and Address

Member Number 0934

Lyon County Water District
PO Box 489
Kuttawa, KY 42055

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Billy	Asher	Superintendent	(270)388-0271	(270)388-9825	lyoncowater@gmail.com

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2021	Annual Premium for 2021-2022 Policy Renewal	\$17,617.00	\$17,617.00
Total Due			\$17,617.00

Payment Options:

- Option 1: Save 1%; pay \$17,440.83 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$8,808.49 plus 3 monthly payments of \$2,936.17

Please Note: Effective January 1, 2022, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2021.

7/23/21. 50% = \$8,808.49
 8/20/21 Payment 1 = \$2,936.17
 Payment 2 =
 Payment 3 =

Servicing Agency
Kentucky Association of Counties All Lines Fund
1-800-264-5226

For claims service please call:
1-866-367-5226

Please return a copy of this invoice with your payment

KACo Insurance Agency

400 Englewood Drive
Frankfort, Kentucky 40601
Tel: 800-264-5226
Fax: 502-875-8242

INVOICE NO: B27520

INVOICE DATE: 11/19/2021

DUE DATE: 12/19/2021

INSURED:

Lyon County Water District
PO Box 489
Kuttawa

KY 42055

COUNTY: Lyon

BOND NO: 82C013486

EFFECTIVE: 01/25/2022 EXPIRES: 01/25/2023

PRINCIPAL: Lyon County Water District

OBLIGEE:

*AWD
12-19-21*

<i>Effective</i>	<i>Description</i>	<i>Annual Cost</i>	<i>Pro Rata Due</i>
01/25/2022	ANNUAL PREMIUM ON \$370,000.00 POSITION SCHEDULE BOND RENEWAL.	\$925.00	\$925.00

Sub Total: \$925.00

KY Surcharge: \$16.65

Total Due: \$941.65

*MAIS
12/2/21*

Payment Info

Date Paid:	<input type="text"/>
Amount Paid:	<input type="text"/>
Check No.	<input type="text"/>

Please return a copy of this invoice with your payment!

Name Schedule Listing

Name:	Position:	Bond Amount:
Chairman		\$185,000.00
Vice Chairman		\$185,000.00
		\$370,000.00

Servicing Agency

Kentucky Association of Counties Insurance Agency
(800) 264-5226

MEMBER NO: 0934

Buyer
723-21

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

- ITEM 1 -** Name and Address of Insured:
Lyon County Water District
PO Box 489
Kuttawa, KY 42055
- ITEM 2 -** Certificate Number: WC2021-2486
- ITEM 3 -** Effective Date: Thursday, July 01, 2021 Expiration Date: Friday, July 01, 2022
12:01 A.M., standard time at the address of the Insured as stated herein.
Cancellation Notice: 60 Days - Pursuant to KRS 304.50
- ITEM 4 -** Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
- ITEM 5 -** Company's Limit of Indemnity Each Occurrence:

(a) For Workers Compensation:	Statutory
(b) For Employers Liability:	\$2,500,000
- ITEM 6 -** Workers Compensation Premium: \$2,103.00
- ITEM 7 -** Special Fund Tax: \$148.00
- ITEM 8 -** **TOTAL PREMIUM:*** \$2,251.00
- ITEM 9 -** Payment Options:
 - (1) Full payment by 8/1/2021. 1% discount applied = \$2,228.49
 - (2) 50% payment by 8/1/2021 and 3 subsequent equal monthly prmts. on balance.
50% = \$1,125.49 Plus 3 monthly payments of \$375.17

Please Note: Effective January 1, 2022 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2021

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 1st day of June, 2021


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky