



Allied World National Assurance Company  
 199 Water Street, 24th Floor  
 New York, NY 10038  
 (646) 794-0500

## PROPERTY AND INLAND MARINE POLICY DECLARATIONS

<b>Item</b>	Renewal of : 5700-0238-00	Date Issued: 07/16/2018	Policy No.: 5700-0238-01
1	<b>NAMED INSURED AND ADDRESS</b>  Gallatin County Water District 4500 Hwy 455 Sparta, KY 41086  <div style="text-align: right; font-size: small;">RETURN TO COMPANY IF CANCELLED</div>		
2	<b>POLICY PERIOD: From: 7/1/2018 To: 7/1/2019</b> 12:01 a.m. Standard Time at Your Mailing Address Shown Above		
3	<b>THIS INSURANCE POLICY IS ISSUED BY:</b>  APR - MuniPlus 10 West Main Street Suite 200 Mesa, AZ 85201	<b>Producer Name and Address</b>  Governmental Risk Insurance Plans LLC 812 State St Bowling Green, KY 42101	
4	<b>FORM OF BUSINESS:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Organization <i>(Other than Partnership or Joint Venture)</i>		
5	<b>BUSINESS DESCRIPTION:</b> Special District		
6	In return for the payment of 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 part(s) for which a premium is indicated. This premium may be subject to adjustment.			
<b>Coverage Part(s)</b>		<b>Coverage Part Declarations Form (Number and Edition Date)</b>	<b>Advance Premium</b>
Commercial Property Coverage Part		APR-PR 00032 00 (03/12)	Included
Commercial Inland Marine Coverage Part		APR-IM 00026-00 (03/12)	Included
Other <i>(Specify):</i> Equipment Breakdown		APR-PR 00060 00 (03/12)	Included
7	<b>Total Premium: \$ Included</b>		
8	<b>FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS <i>(Number and Edition Date)</i></b>  See Attached Schedule of Forms and Endorsements- APR-IL 00011 00 (03/12)		

# PROPERTY COVERAGE FORM DECLARATIONS

Policy No. 5700-0238-01

DESCRIPTION OF PREMISES		
Prem. No.	Bldg. No.	Location, Construction & Occupancy
<b>Per Schedule on File with Company</b>		

COVERAGE PROVIDED -- Insurance at the Described Premises applies only for coverages for which a limit of insurance is shown.					
PREM/ BLDG. NO.	COVERAGE	CO-INSURANCE	LIMIT OF INSURANCE	DEDUCTIBLE (If other than \$250)	COVERED CAUSE OF LOSS (Form and Edition Date)
Blanket Blanket	Building & BPP Pumps & Lift Stations	100% 100%	\$ 4,107,654 Included in Blanket Limit	\$ 1,000 \$ 5,000	APR-PR 00032 00 (03/12) APR-PR 00032 00 (03/12)

**COVERAGE OPTIONS** - The following coverage options are provided when designated by an [x] and an entry under the Premises listed below.

COVERAGE:	Prem.	Bldg.	Prem.	Bldg.	Prem.	Bldg.
<b>BUILDING - All</b>						
Replacement Cost (x)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Inflation Guard		%		%		%
<input checked="" type="checkbox"/> Agreed Value (expiration date)						
<b>PERSONAL PROPERTY - All</b>						
Replacement Cost (x)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Replacement Cost (incl. stock)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Inflation Guard		%		%		%
<input checked="" type="checkbox"/> Agreed Value (expiration date)						
<b>BUSINESS INCOME</b>						
<input type="checkbox"/> Monthly Limit of Indemnity (fraction)						
<input type="checkbox"/> Maximum Period of Indemnity		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Agreed Value (expiration date)						
<input type="checkbox"/> Other (describe)						

MORTGAGE HOLDER(S)	
Prem. No.	Bldg. No. Mortgage Holder Name and Mailing Address
<b>See Form APR-PR 00046 00 (03/12), If Applicable</b>	

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

# PROPERTY COVERAGE FORM DECLARATIONS

Policy No. 5700-0238-01

DESCRIPTION OF PREMISES		
Prem. No.	Bldg. No.	Location, Construction & Occupancy
<b>Per Schedule on File with Company</b>		

COVERAGE PROVIDED – Insurance at the Described Premises applies only for coverages for which a limit of insurance is shown.					
PREM./BLDG. NO.	COVERAGE	CO-INSURANCE	LIMIT OF INSURANCE	DEDUCTIBLE (If other than \$250)	COVERED CAUSE OF LOSS (Form and Edition Date)
Blanket	Building & BPP	100%	\$ 4,107,654	\$ 1,000	APR-PR 00032 00 (03/12)
Blanket	Pumps & Lift Stations	100%	Included in Blanket Limit	\$ 5,000	APR-PR 00032 00 (03/12)

**COVERAGE OPTIONS** - The following coverage options are provided when designated by an [x] and an entry under the Premises listed below.

COVERAGE:	Prem.	Bldg.	Prem.	Bldg.	Prem.	Bldg.
<b>BUILDING - All</b>						
Replacement Cost (x)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Inflation Guard		%		%		%
<input checked="" type="checkbox"/> Agreed Value (expiration date)						
<b>PERSONAL PROPERTY - All</b>						
Replacement Cost (x)		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Replacement Cost (incl. stock)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Inflation Guard		%		%		%
<input checked="" type="checkbox"/> Agreed Value (expiration date)						
<b>BUSINESS INCOME</b>						
<input type="checkbox"/> Monthly Limit of Indemnity (fraction)						
<input type="checkbox"/> Maximum Period of Indemnity		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Agreed Value (expiration date)						
<input type="checkbox"/> Other (describe)						

MORTGAGE HOLDER(S)	
Prem. No.	Bldg. No. Mortgage Holder Name and Mailing Address
<b>See Form APR-PR 00046 00 (03/12), If Applicable</b>	

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Allied World National Assurance Company

STATEMENT OF VALUES

Gallatin County Water District Sparta KY 41086

Policy Year 7/1/2018 - 7/1/2019

TRANS TYPE*	LOC ID	BLDG NUM	ADDRESS	BUILDING DESCRIPTION	CONST	YEAR BUILT	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE
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E	1	1	Dry Creek Road	Pump House	NC	1986	\$18,658	\$84,804	\$103,462
E	2	1	Highway 18 & Eagle Tunnel	Water Tower	NC	1986	\$364,000	\$0	\$364,000
E	3	1	Highway 486 Boone Road	Standpipe	NC	1986	\$208,000	\$0	\$208,000
E	4	1	I-75 @ KY 455	Office / Maintenance	JM	2001	\$468,000	\$104,000	\$572,000
E	5	1	Highway 35	New Well / Pump Station	NC	1986	\$434,243	\$0	\$434,243
E	5	2	Highway 35	KY Speedway Building	NC	1986	\$12,272	\$0	\$12,272
E	5	3	Highway 35	KY Speedway Valve Vault	NC	1986	\$24,648	\$0	\$24,648
E	5	4	Highway 35	450,000 Painted Steel Tank	NC	1986	\$480,168	\$0	\$480,168
E	6	1	Highway 455 & 465	Booster Station	NC	1986	\$83,200	\$0	\$83,200
E	7	1	4500 Highway 455	Storage Building	NC	2001	\$150,000	\$10,400	\$160,400
E	7	2	4500 KY Highway 455	New Storage Building	NC		\$13,500	\$0	\$13,500
E	8	1	8917 Highway 16	Booster Pump Station	NC	2007	\$99,720	\$0	\$99,720
E	9	1	1500 Meadow Lark Lane	68,000 Gal Glass Lined Water Tank	NC	2007	\$100,552	\$0	\$100,552

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted  
Page 1 of 2

\_\_\_\_\_  
AUTHORIZED SIGNATURE

Allied World National Assurance Company

STATEMENT OF VALUES

Gallatin County Water District Sparta KY 41086

Policy Year 7/1/2018 - 7/1/2019

TRANS TYPE*	LOC ID	BLDG NUM	ADDRESS	BUILDING DESCRIPTION	CONST	YEAR BUILT	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE
E	10	1	1281 KY Highway 1992	68,000 Gal Glass Lined Water Tank	NC	2007	\$90,269	\$0	\$90,269
E	10	2	1281 KY Highway 1992	New Well-Booster Pump Station	NC	2007	\$512,455	\$0	\$512,455
E	11	1	782 Ambrose Road	200,000 Gal Elevated Water Tower	NC	2007	\$464,339	\$0	\$464,339
E	12	1	55 Mars Drive	100,000 Gal Elevated Water Tower	NC	2007	\$384,426	\$0	\$384,426

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted  
Page 2 of 2

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AUTHORIZED SIGNATURE

# CONTRACTOR'S EQUIPMENT DECLARATIONS

Attached to and made a part of policy number: **5700-0238-01**

<b>PREMIUM FOR THIS COVERAGE FORM:</b> \$ <u>          </u> INCLUDED
--

**LIMITS OF INSURANCE:**

The most we will pay is:

\$ **217,923** in any one "loss" but not more than the Limit of Insurance shown opposite each item described below or in the Schedule attached.

**SCHEDULE OF COVERED PROPERTY**

Item No.	(Year, Name of Manufacturer, Type, Model, Serial Number)	Limit of Insurance
	Scheduled Contractors' Equipment – on file with Company	\$ 217,923
	Unscheduled Contractors' Equipment	\$ 302,923

**OPTIONAL COVERAGE applying to Contractor's Equipment coverage:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Valuation Changes<br><input type="checkbox"/> ACV<br><input checked="" type="checkbox"/> Replacement Cost<br><input type="checkbox"/> Stated Amount<br><br><input checked="" type="checkbox"/> Combination Endorsement<br>(\$302,923) Employee's Tools<br>(\$ ) All Employees<br>(\$ ) Any one employee | <input checked="" type="checkbox"/> Borrowed Equipment<br>\$100,000 (any one item)<br><input type="checkbox"/> Contingent Leased and Rented<br>\$ (any one item)<br><input checked="" type="checkbox"/> Leased or Rented Equipment<br>\$250,000 (any one item)<br><input type="checkbox"/> Rental Expense<br>(\$ ) Any one day<br>(\$ ) Any one policy year<br>(\$ ) Other |
|---|--|

**DEDUCTIBLE: \$ 500**

**FORMS AND ENDORSEMENTS:** See Attached Schedule of Forms and Endorsements APR-00011 00 (03/12)

# DATA COMPROMISE COVERAGE DECLARATIONS

Attached to and made a part of policy number: **5700-0238-01**

<b>PREMIUM FOR THIS COVERAGE FORM:</b> \$ <u>INCLUDED</u>
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Insurance is provided only for which Limits of Insurance are stated in the place in these Declarations.

## Data Compromise Limit of Insurance

\$ 50,000                      Per Personal Data Compromise and Annual Aggregate

## Legal and Forensic Information Technology Review Sublimit of Insurance

\$ 5,000                      Per Personal Data Compromise and Annual Aggregate

## Data Compromise Deductible

\$ 2,500                      Per Personal Data Compromise

**Allied World National Assurance Company**

**INLAND MARINE SCHEDULED ITEMS**

**Gallatin County Water District Sparta KY 41086**

**Policy Year 7/1/2018 - 7/1/2019**

<b>Item #</b>	<b>Inland Marine Type</b>	<b>Description</b>	<b>Serial #</b>	<b>Value</b>
1	Contractors Equipment	Rod Pusher Boring Machine w/ add Equipment P40		\$4,305
2	Contractors Equipment	Pumps, Motors & Controls w/ Water Fac Transfer Equipment		\$100,000
3	Contractors Equipment	1998 Case 580 Super L	JJG0259822	\$48,577
4	Contractors Equipment	2001 Ditch Witch Trencher	3V0429	\$17,000
5	Contractors Equipment	2007 Kubota Zero Turn Mower	16302	\$9,500
6	Contractors Equipment	2007 Moritz International LRB 18 4WXUU182	571015786	\$2,650
7	Contractors Equipment	2008 Caterpillar 303 CCR ID #AXT13243	OBXTO30382	\$35,891
8	Contractors Equipment Unscheduled	Unscheduled Equipment		\$302,923





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POLICY NUMBER: 5700-0238-01

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)

The Crime And Fidelity Coverage Part (Government Entities) consists of this Declarations Form and the Government Crime Coverage Form.

Coverage Is Written:

- Primary
  Excess
  Coindemnity
  Concurrent

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$25,000	\$1,000
2. Employee Theft – Per Employee Coverage	Not Covered	None
3. Forgery Or Alteration	\$25,000	\$1,000
4. Inside The Premises – Theft Of Money And Securities	\$25,000	\$1,000
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$25,000	\$1,000
6. Outside The Premises	\$25,000	\$1,000
7. Computer Fraud	\$50,000	\$1,000
8. Funds Transfer Fraud	\$50,000	\$1,000
9. Money Orders And Counterfeit Money	\$50,000	\$1,000

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

If Added by Endorsement:		
Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
N/A	\$N/A	\$N/A

Endorsements Forming Part Of This Coverage Part When Issued:  
 See Schedule of Forms and Endorsements APR – IL 00011 00 (03/12)

**Cancellation Of Prior Insurance Issued By Us:**

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. \_\_\_\_\_ ; the cancellation to be effective at the time this Coverage Part becomes effective.

**Countersignature Of Authorized Representative**

**Name:** Vickie F. Kartchner

**Title:** President

**Signature:** *V. F. Kartchner*

**Date:** 7/16/2018



Allied World National Assurance Company  
199 Water Street, 24th Floor  
New York, NY 10038  
(646) 794-0500

<b>5700-0238-00</b>		Policy Number:
Renewal of Number		<b>5700-0238-01</b>
<b>COMMON POLICY DECLARATIONS</b>		
Named Insured and Mailing Address		Agent Name and Address
Gallatin County Water District 4500 Hwy 455 Sparta, KY 41086		Governmental Risk Insurance Plans LLC 812 State St Bowling Green, KY 42101
Policy Period From: 7/1/2018		To: 7/1/2019
12:01 A.M. Standard Time at your mailing address.		

BUSINESS DESCRIPTION: **Special District**

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.

Policy Premium                    \$ Included

State Fee or Surcharge        \$ Included

**\*IMPORTANT: PUBLIC OFFICIALS LIABILITY COVERAGE AND EMPLOYEE PRACTICES LIABILITY COVERAGE ARE CLAIMS-MADE COVERAGES. PLEASE READ YOUR POLICY CAREFULLY.**

This policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the policy. Those policies cover only claims actually made against the insured while the policy remains in effect (or incidents reported if the insurer utilizes written notice of incident as the trigger of coverage under the policy) and all coverage under the policy ceases upon the termination of the policy, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

**Form(s) and Endorsement(s) made a part of the policy at time of issue:**

See Schedule of Forms and Endorsements APR-IL 00011 00 (03/12)

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

Liab Dec-1

# Liability Coverage Form Supplemental Declaration Page

These supplemental declarations form a part of policy number: 5700-0238-01

This policy consists of the following coverage forms for which a limit of liability is shown; if no limit is shown, there is no coverage.

COVERAGE	LIMITS OF LIABILITY
<b>General Liability Coverage Form (Occurrence coverage)</b>	
Bodily Injury and Property Damage Limit	\$ <u>1,000,000</u>
Personal Injury and Advertising Injury Limit	\$ <u>1,000,000</u>
Employee Benefits Injury Limit	\$ <u>1,000,000</u>
Fire, Lightning of Explosion Limit (Specified Perils)	\$ <u>1,000,000</u>
Medical Payments	\$ <u>5,000</u>
Products & Completed Operations Aggregate	\$ <u>1,000,000</u>
General Aggregate Limit	\$ <u>3,000,000</u>
Failure to Supply Limit	\$ <u>1,000,000</u>
Deductible For Each Occurrence or Offense	<u>None</u>

## Law Enforcement Liability Coverage Form (Occurrence Coverage)

\$ Not Covered Each Person  
\$ Not Covered Each Law Enforcement Wrongful Act  
\$ Not Covered Annual Aggregate  
\$ None Deductible For Each Law Enforcement Wrongful Act

Law Enforcement Department or Agency: \_\_\_\_\_

## Public Officials Liability Coverage Form (This is a Claims-Made Coverage.)

\$ 1,000,000 Each Public Officials Wrongful Act  
\$ 3,000,000 Annual Aggregate  
\$ 2,500 Deductible For Each Public Officials Wrongful Act

## Employment Practices Liability Coverage Form (This is a Claims-Made Coverage.)

\$ 1,000,000 Each Employment Practices Wrongful Act  
\$ 3,000,000 Annual Aggregate  
\$ 2,500 Deductible For Each Employment Practices Wrongful Act

This supplemental declarations, together with the Common Policy Declarations, Common Policy Conditions, Coverage Part(s), Coverage Form(s) and endorsements, if any, complete the above numbered policy.

5700-0238-00

Renewal of Number

Policy Number

5700-0238-01

BUSINESS AUTOMOBILE COVERAGE FORM DECLARATIONS

ITEM 1. NAMED INSURED and MAILING ADDRESS

Gallatin County Water District
4500 Hwy 455
Sparta, KY 41086

AGENT NAME and ADDRESS

Governmental Risk Insurance Plans LLC
812 State St
Bowling Green, KY 42101

Policy Period From: 7/1/2018

To: 7/1/2019

12:01 A.M. Standard Time at your mailing address.

Form of Business Special District

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.

ITEM 2—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.

Table with 4 columns: COVERAGES, COVERED AUTOS\*, LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, and COMPREHENSIVE COVERAGE.

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

\*Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.
\*\*Or equivalent No-fault coverage.

Countersigned by

Handwritten signature: U. A. Kartchner

By

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

Auto Dec

**BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**

Policy No. 5700-0238-01

Effective Date: 7/1/2018 to 7/1/2019

Named Insured: Gallatin County Water District

Agent: Governmental Risk Insurance Plans LLC

**ITEM 3 – Schedule of Covered Autos You Own**  
See Business Auto Policy Schedule Attached

**ITEM 4 – Schedule of Hired or borrowed Covered Auto Coverage and Premiums, Liability Coverage**  
Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate per Each \$100 Cost of Hire	Factor (if Liability Coverage Is Primary)	Premium
KY	If any	\$ Included		\$ Included
		\$		\$
		\$		\$
		\$		\$
			<b>Total Premium</b>	<b>\$ Included</b>

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners, employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**PHYSICAL DAMAGE COVERAGE**

Coverages	Limit of Insurance The Most We Will Pay Deductible	Rate	Premium
COMPREHENSIVE	Actual cash value, cost of repairs or \$1,000, whichever is less, minus \$500 Deductible for each covered auto	\$ Included	\$ Included
SPECIFIED CAUSES OF LOSS			\$
COLLISION	Actual cash value, cost of repairs or \$1,000, whichever is less, minus \$500 Deductible for each covered auto	\$ Included	\$ Included
		<b>Total Premium</b>	<b>\$ Included</b>

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is Excess unless indicated below by "checkbox".

If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct basis and for purposes of the condition Entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

**BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**

Policy No. 5700-0238-01

Effective Date: 7/1/2018 to 7/1/2019

Named Insured: Gallatin County Water District

Agent: Governmental Risk Insurance Plans LLC

**ITEM 5 – Schedule for Non-Ownership Liability**

Named Insured's Business		Rating Basis	Number	Premium
			If Any	\$ Included
Other Than Social Service Agency	Number of Employees			\$
	Number of Partners			\$
Social Service Agency	Number of Employees			\$
	Number of Partners			\$
<b>Total Premium</b>				<b>\$ Included</b>

**ITEM 6 – Schedule for Gross Receipts or Mileage Basis – Liability Coverage  
Public Auto or Leasing Concerns**

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	Rates		Premiums	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		Liability Coverage	Auto Medical Payments
N/A		Auto Medical Payments	Liability Coverage	Auto Medical Payments
	N/A	N/A	\$ N/A	\$ N/A
			\$	\$
			\$	\$
<b>Total Premiums</b>			\$ N/A	\$ N/A
<b>Minimum Premiums</b>			\$	\$

When used as a premium basis:

**FOR PUBLIC AUTOS**

**Gross Receipts** means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does NOT include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits;
- B. Advertising Revenue
- C. Taxes which you collect as a separate limit and remit directly to a governmental division.

**Mileage** means the total live and dead mileage of all revenue producing units operated during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

**Gross Receipts** means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental Division.

**Mileage** means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

**Allied World National Assurance Company**  
**Gallatin County Water District Sparta KY 41086**

**Auto Schedule**  
**Policy Year Effective 7/1/2018**

<b>TYPE ***</b>	<b>AUTO #</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>COST NEW</b>	<b>COMP DED</b>	<b>COLL DED</b>	<b>VIN</b>
E	1	1997	Hurst	Trailer	\$2,750	\$500	\$500	1HT9T41834V1057027
E	2	1998	GMC	Sierra	\$22,000	\$500	\$500	1GDJC34R6WF032684
E	3	2008	Ford	F250	\$26,295	\$500	\$500	1FTNF215X8EB43580
E	4	2010	Ford	F250	\$26,295	\$500	\$500	1FTSX2B50AE08886
E	6	2012	Ford	F250	\$35,000	\$500	\$500	1FT7X2B58CEA12859
E	6	2016	Ford	F150	\$27,204	\$500	\$500	1FTX1EF8GFB03420

\*\*\*Type Codes E-Existing, N-New, M-Modified, D-Deleted, PD-Previously Deleted



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**PUBLIC OFFICIALS LIABILITY AND  
EMPLOYMENT PRACTICES LIABILITY POLICY**

**POLICY NUMBER: 5700-0238-01**

**RENEWAL OF: 5700-0238-00**

**NOTICES**

SUBJECT TO ITS TERMS, THIS POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD. DEFENSE EXPENSES ARE PAID IN ADDITION TO THE LIMITS OF LIABILITY; EXCEPT THAT FOR SPECIFIC CLAIMS UNDER INSURING AGREEMENT I.A(2), THE APPLICABLE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

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*PLEASE READ THE ENTIRE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE BROKER.*

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**DECLARATIONS**

**ITEM 1. NAMED INSURED:** Gallatin County Water District

**ADDRESS:** 4500 Hwy 455  
Sparta, KY 41086

**ITEM 2. POLICY PERIOD:** Inception Date: 7/1/2018      Expiration: 7/1/2019  
(12:01 a.m. Standard Time at the address stated in Item 1)

**ITEM 3. LIMITS OF LIABILITY**

**(A) PUBLIC OFFICIALS LIABILITY**

\$ 1,000,000      Insurer's maximum Limit of Liability for all Loss from each Claim under INSURING AGREEMENT I.A(1);

**(B) NON-MONETARY COVERAGE – DEFENSE ONLY**

(1) \$ 50,000      Insurer's maximum Limit of Liability for all Defense Expenses from each Claim under INSURING AGREEMENT I.A(2);

(2) \$100,000      Insurer's maximum Limit of Liability for all Defense Expenses from all Claims under INSURING AGREEMENT I.A(2);

**(C) EMPLOYMENT PRACTICES LIABILITY AND THIRD PARTY LIABILITY**

\$1,000,000      Insurer's maximum Limit of Liability for all Loss from each Claim under INSURING AGREEMENT I.B.



A FAIRFAX Company

- (D) **POLICY AGGREGATE LIMIT OF LIABILITY**  
\$3,000,000 Insurer's aggregate Limit of Liability for all Loss from all Claims under INSURING AGREEMENTS I.A(1) and INSURING AGREEMENT I.B. and for all Defense Expenses from all Claims under INSURING AGREEMENT I.A(2).
- (E) **PUBLIC OFFICIALS CRISIS MANAGEMENT LIMIT OF INSURANCE**  
\$25,000 Insurer's maximum Limit of Insurance for all Crisis Management Expenses from all Public Crisis Events under Section I.C(2)

**ITEM 4. RETENTIONS:**

- (a) \$2,500 each and every Claim under INSURING AGREEMENT I.A(1)
- (b) \$2,500 each and every Claim under INSURING AGREEMENT I.A(2)
- (c) \$2,500 each and every Claim under INSURING AGREEMENT I.B.
- (d) \$2,500 each and every Public Crisis Event under Section I.C(2)

**ITEM 5. NOTICES REQUIRED TO BE GIVEN TO THE INSURER MUST BE ADDRESSED TO:**

Notice of Claims and Circumstances: networknewloss@networkadjusters.com

All Other Notices: Allied World National Assurance Company  
199 Water Street, 24th Floor  
New York, NY 10038

**ITEM 6. POLICY PREMIUM:** \$ Included

**ITEM 7. RETROACTIVE DATE:** None- Full Prior Acts

**ITEM 8. ENDORSEMENTS ATTACHED AT ISSUANCE:**  
See Schedule of Forms and Endorsements APR-IL 00011 00 (03/12)

- 1.
- 2.
- 3.

THESE DECLARATIONS, THE POLICY FORM, ANY ENDORSEMENTS AND THE APPLICATION CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE INSURED RELATING TO THIS INSURANCE.

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.

PRESIDENT

SECRETARY



5800-0227-00  
 Renewal of Number

Policy Number:  
**5800-0227-01**

**UMBRELLA COVERAGE FORM DECLARATIONS**

**NAMED INSURED AND MAILING ADDRESS:**

Gallatin County Water District  
 4500 Hwy 455  
 Sparta, KY 41086

**AGENT NAME AND ADDRESS:**

Governmental Risk Insurance Plans LLC  
 812 State St  
 Bowling Green, KY 42101

**AGENT NUMBER:** Not As

**Item 2: Policy Period From:** 7/1/2018 **To:** 7/1/2019  
 12:01 A.M. Standard Time at your mailing address.

**BUSINESS DESCRIPTION:** Special District

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.

**Item 3. PREMIUM SCHEDULE**

Total Estimated Premium For This Coverage Part	\$	1,749.00
Terrorism (if Accepted)	\$	29.00
State Surcharge or Fee	\$	31.48

**Item 4. LIMITS OF INSURANCE**

4.a. Each Occurrence Limit	\$	2,000,000
4.b. Products—Completed Operations Aggregate Limit	\$	2,000,000
4.c. General Aggregate Limit (Other Than Products—Completed Operations)	\$	2,000,000
4.d. Retained Limit (1) Underlying Insurance (see Schedule Following)		
(2) or If no Underlying Insurance	\$	10,000

**Item 5. SCHEDULE OF UNDERLYING INSURANCE**

See Supplemental Schedule

**Item 6 RETROACTIVE DATE:** NONE

**Item 7. FORMS AND ENDORSEMENTS**

Form(s) and Endorsement(s) made a part of this policy at time of issue\*:

**See Forms Schedule APR-IL 00001 00 (03/12)**

#Entry optional if shown in Common Policy Declarations  
 \*Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in this policy.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

## SCHEDULE OF UNDERLYING INSURANCE – UMBRELLA LIABILITY

Policy No. 5800-0227-01

Effective Date: 7/1/2018

Named Insured: Gallatin County Water District

Agent: Governmental Risk Insurance Plans LLC

**TYPE OF COVERAGE, INSURER, POLICY NUMBER AND POLICY PERIOD**

**APPLICABLE LIMITS**

**General Liability**

Insurer's Name: Allied World National Assurance Company	\$1,000,000	Each Occurrence
	\$1,000,000	Personal and Advertising Injury
Policy Number: 5700-0238-01	\$3,000,000	General Aggregate (other than products/ Completed operations) Applies per Policy.
Policy Period: 7/1/2018 – 7/1/2019		
	\$1,000,000	Products/Completed Operations Aggregate

**Employee Benefits Liability**

Insurer's Name: Allied World National Assurance Company	\$1,000,000	Each Employee
Policy Number: 5700-0238-01	\$3,000,000	Aggregate
Policy Period: 7/1/2018 – 7/1/2019		

**Automobile Liability**

Insurer's Name: Allied World National Assurance Company	\$1,000,000	Bodily Injury and Property Damage Limit
Policy Number: 5700-0238-01		
Policy Period: 7/1/2018 – 7/1/2019		

**Employer's Liability**

or

**Stop Gap Liability**

Bodily Injury Limit

Insurer's Name: N/A	\$ Not Covered	Each Accident (by accident)
Policy Number: N/A	\$ Not Covered	Policy Limit (by disease)
Policy Period: N/A	\$ Not Covered	Each Employee (by disease)

**\*Note: If Stop Gap Liability is selected then Bodily Injury Limits are included in the General Liability Limits.**

## SCHEDULE OF UNDERLYING INSURANCE – UMBRELLA LIABILITY

Policy No. 5800-0227-01

Effective Date: 7/1/2018

Named Insured: Gallatin County Water District

Agent: Governmental Risk Insurance Plans  
LLC

TYPE OF COVERAGE, INSURER, POLICY NUMBER AND POLICY PERIOD	APPLICABLE LIMITS
---	-------------------

**Law Enforcement Liability**

Insurer's Name: N/A

\$ Not Covered Each Person

Policy Number: N/A5700-0238-01

\$ Not Covered Each Occurrence

Policy Period: N/A

\$ Not Covered Annual Aggregate

**Public Officials Liability**

Insurer's Name: Allied World National Assurance Company

\$1,000,000 Each Loss

Policy Number: 5700-0238-01

\$3,000,000 Annual Aggregate

Policy Period: 7/1/2018 – 7/1/2019

**Employment Practices Liability**

Insurer's Name: Allied World National Assurance Company

\$1,000,000 Each Loss

Policy Number: 5700-0238-01

\$3,000,000 Annual Aggregate

Policy Period: 7/1/2018 – 7/1/2019

Insurance is provided by:

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way  
Schaumburg, IL 60196-1056

Policy Number CPO-0632562-00

**COMMON POLICY DECLARATIONS**

**A Stock Insurer**

**Item 1. Named Insured and Mailing Address**

Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

**Agent Name and Address**

Allied Public Risk, LLC  
4507 North Front Street Suite 200  
Harrisburg, PA 17110  
Producer No. 56139000

**Item 2. Policy Period From: 7/1/2019 To: 7/1/2020**

at 12:01 A.M., Standard Time at your mailing address shown above.

**Item 3. Business Description: Special District**

Form of Business: N/A

**Item 4. 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Parts(s)	Premium
Commercial Property Coverage Part	\$ 6,790.00
Commercial General Liability Coverage Part	\$ 2,861.00
Commercial Crime Coverage Part	\$ 494.00
Commercial Inland Marine Coverage Part	\$ 2,034.00
Commercial Auto (Business or Truckers)	\$ 2,202.00
Commercial Garage Coverage Part	\$ Not Covered
Total Policy Premium	\$ 14,381.00
Terrorism	\$ 188.00
Total Policy Premium including Terrorism	\$ 14,569.00
Taxes & Surcharges	\$ 92.16
Electronic Data Management Fee	\$ 250.00
Total Premium including Terrorism Surcharges and Fees	\$ 14,911.16

Form(s) and Endorsement(s) made a part of this Policy at time of issue:

**See Schedule of Forms and Endorsements**

COUNTERSIGNED: DATE: 8/29/2019

BY: (Authorized Representative)

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

Policy Number: CPO-0632562-00

Insurance is Provided by:  
**ZURICH AMERICAN INSURANCE COMPANY**  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
A Stock Insurer

**COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Named Insured	Gallatin County Water District 4500 Hwy 455 Sparta, KY 41086	Effective Date	7/1/2019
Agent Name	Allied Public Risk, LLC 4507 North Front Street – Suite 200 Harrisburg, PA 17110	Producer No.	56139000

Item 1. Business Description: Special District

Item 2. Premises Described: See Schedule of Locations

Item 3. \$1,000 Deductible unless otherwise indicated.

Item 4. Coverage Provided

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
		See Attached Schedule of Locations	\$4,107,654	Special	90%

**Other Provisions**

Agreed Value: Blanket Expires: 7/1/2020  Replacement Cost  
 Business Income Indemnity: Monthly Limit: Period: Maximum  Inflation Guard: 0.0000%  
 Reporting Extended Days BI Media  
 Extension of Recovery Period: Months  
 Deductible: \$1,000 AOP unless otherwise specified Earthquake Deductible: See Sched of Locations Exceptions: Per Policy

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

Agreed Value: Expires:  Replacement Cost  
 Business Income Indemnity: Monthly Limit: Period: Maximum  Inflation Guard: %  
 Reporting Extended Days BI Media  
 Extension of Recovery Period: Months  
 Deductible: Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

Agreed Value: Expires:  Replacement Cost  
 Business Income Indemnity: Monthly Limit: Period: Maximum  Inflation Guard: %  
 Reporting Extended Days BI Media  
 Extension of Recovery Period: Months  
 Deductible: Earthquake Deductible: % Exceptions

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

**ALLIED PUBLIC RISK – SCHEDULE OF LOCATIONS**  
 Zurich American Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2019 - 7/1/2020

TRANS TYPE *	LOC ID	BLDG NUM	ADDRESS**	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	EARTH-QUAKE DED %	VALUATION
E	1	1	Dry Creek Road	Pump House	\$18,658	\$84,804	\$103,462	48%	Agreed Value RC
E	2	1	Highway 18 & Eagle Tunnel	Water Tower	\$364,000	\$0	\$364,000	14%	Agreed Value RC
E	3	1	Highway 486 Boone Road	Standpipe	\$208,000	\$0	\$208,000	24%	Agreed Value RC
E	4	1	I-75 @ KY 455	Office / Maintenance	\$468,000	\$104,000	\$572,000	9%	Agreed Value RC
E	5	1	Highway 35	New Well / Pump Station	\$434,243	\$0	\$434,243	12%	Agreed Value RC
E	5	2	Highway 35	KY Speedway Building	\$12,272	\$0	\$12,272	100%	Agreed Value RC
E	5	3	Highway 35	KY Speedway Valve Vault	\$24,648	\$0	\$24,648	100%	Agreed Value RC
E	5	4	Highway 35	450,000 Painted Steel Tank	\$480,168	\$0	\$480,168	10%	Agreed Value RC
E	6	1	Highway 455 & 465	Booster Station	\$83,200	\$0	\$83,200	60%	Agreed Value RC
E	7	1	4500 Highway 455	Storage Building	\$150,000	\$10,400	\$160,400	31%	Agreed Value RC
E	7	2	4500 KY Highway 455	New Storage Building	\$13,500	\$0	\$13,500	100%	Agreed Value RC

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted

\*\*Denotes No Flood Coverage applies to the location

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**



ALLIED PUBLIC RISK – SCHEDULE OF LOCATIONS  
 Zurich American Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2019 - 7/1/2020

TRANS TYPE *	LOC ID	BLDG NUM	ADDRESS**	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	EARTH-QUAKE DED %	VALUATION
E	8	1	8917 Highway 16	Booster Pump Station	\$99,720	\$0	\$99,720	50%	Agreed Value RC
E	9	1	1500 Meadow Lark Lane	68,000 Gal Glass Lined Water Tank	\$100,552	\$0	\$100,552	50%	Agreed Value RC
E	10	1	1281 KY Highway 1992	68,000 Gal Glass Lined Water Tank	\$90,269	\$0	\$90,269	55%	Agreed Value RC
E	10	2	1281 KY Highway 1992	New Well-Booster Pump Station	\$512,455	\$0	\$512,455	10%	Agreed Value RC
E	11	1	782 Ambrose Road	200,000 Gal Elevated Water Tower	\$464,339	\$0	\$464,339	11%	Agreed Value RC
E	12	1	55 Mars Drive	100,000 Gal Elevated Water Tower	\$384,426	\$0	\$384,426	13%	Agreed Value RC

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted

\*\*Denotes No Flood Coverage applies to the location

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AUTHORIZED SIGNATURE

Insurance is provided by:  
ZURICH AMERICAN INSURANCE COMPANY  
1299 Zurich Way  
Schaumburg, IL 60196-1056

AAIS  
IM 7900 04 04

A Stock Insurer

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## INLAND MARINE -- DECLARATIONS

POLICY NUMBER CPO-0632562-00

COMPANY NAME Zurich American Insurance Company

PRODUCER NAME Allied Public Risk, LLC  
4507 North Front St, 200  
Harrisburg, PA 17110

AND NUMBER 56139000

NAME OF INSURED Gallatin County Water District

MAILING ADDRESS 4500 Hwy 455  
Sparta, KY 41086

POLICY PERIOD: From 7/1/2019 To: 7/1/2020 at  
12:01 a.m. Standard Time at your mailing address shown above.

IN RETURN FOR YOUR PAYMENT OF THE PREMIUM, WE PROVIDE THE INSURANCE AS DESCRIBED IN THIS POLICY.

BUSINESS DESCRIPTION Special District

LOSS PAYABLE NAME AND MAILING ADDRESS  
\_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

FORMS APPLICABLE TO ALL COVERAGES

See Schedule of Forms

PREMIUM \$ 2,034 PAYABLE: As Billed

COUNTERSIGNATURE \_\_\_\_\_ DATE 8/29/2019  
(Authorized Representative)

Company Officer's Signature

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IM 7900 04 04

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**ALLIED PUBLIC RISK –INLAND MARINE SCHEDULED ITEMS**  
**Zurich American Insurance Company**  
**INSURED: Gallatin County Water District Sparta KY 41086**  
**POLICY YEAR EFFECTIVE: 7/1/2019 - 7/1/2020**

ITEM #	INLAND MARINE TYPE	DESCRIPTION	SERIAL #	VALUE	VALUATION
1	Contractors Equipment	Rod Pusher Boring Machine w/ add Equipment P40		\$4,305	Actual Cash Value
2	Contractors Equipment	Pumps, Motors & Controls w/ Water Fac Transfer Equipment		\$100,000	Actual Cash Value
3	Contractors Equipment	1998 Case 580 Super L	JJG0259822	\$48,577	Actual Cash Value
4	Contractors Equipment	2001 Ditch Witch Trencher	3V0429	\$17,000	Actual Cash Value
5	Contractors Equipment	2007 Kubota Zero Turn Mower	16302	\$9,500	Actual Cash Value
6	Contractors Equipment	2007 Moritz International LRB 18 4WXUU182	571015786	\$2,650	Actual Cash Value
7	Contractors Equipment	2008 Caterpillar 303 CCR ID #AXT13243	OBXTO30382	\$35,891	Actual Cash Value
8	Unscheduled Contractors Equipment	Unscheduled Equipment		\$302,923	Actual Cash Value

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## SCHEDULE OF COVERAGES CONTRACTORS' EQUIPMENT

(The entries required to complete this schedule  
will be shown below or on the "schedule of coverages".)

### PROPERTY COVERED

(check one)

Scheduled Equipment (Refer to Equipment Schedule)

Schedule On File

"Limit"

Catastrophe Limit -- The most "we" pay  
for loss in any one occurrence is: \$ 217,923

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ N/A

### SUPPLEMENTAL COVERAGES

Employee Tools \$ N/A

Equipment Leased or Rented From Others \$ N/A

Newly Purchased Equipment (check one)

Percentage of Catastrophe Limit N/A %

Dollar Limit \$ N/A

Pollutant Cleanup and Removal \$ N/A

Rental Reimbursement

-- Reimbursement Limit \$ N/A

-- Waiting Period N/A

Spare Parts and Fuel \$ N/A

**COINSURANCE** (check one)

80%     90%     100%     Other \_\_\_\_\_%

**REPORTING CONDITIONS** (check if applicable)

**Equipment Leased or Rented From Others**

-- Reporting Rate                                  \$     N/A    

-- Deposit Premium    \$     N/A    

-- Minimum Premium    \$     N/A    

**VALUATION** (check if applicable)

Actual Cash Value                     Replacement Cost

Indicated on Equipment Schedule

**DEDUCTIBLE** (check one)

Flat Deductible Amount    \$     500    

Percentage Deductible        N/A     %

Maximum Deductible Amount    \$     N/A    

Minimum Deductible Amount    \$     N/A    

**ADDITIONAL INFORMATION**

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**SCHEDULE OF COVERAGES  
CONTRACTORS' EQUIPMENT  
BLANKET EQUIPMENT FORM**

(The entries required to complete this schedule  
will be shown below or on the "schedule of coverages".)

**PROPERTY COVERED**

Blanket Equipment Coverage

**"Limit"**

Equipment Limit – The most "we" pay for loss to any one piece of "contractors' equipment" is:	\$ 2,500
Catastrophe Limit -- The most "we" pay for loss in any one occurrence is:	\$ 302,923

**COVERAGE EXTENSIONS**

Additional Debris Removal Expenses	\$ N/A
Equipment Leased Or Rented To Others	\$ N/A
Equipment Loaned To Others	\$ N/A
Fraud And Deceit	\$ N/A
Waterborne Equipment	\$ N/A

**SUPPLEMENTAL COVERAGES**

Construction Trailers	\$ N/A
-- Any One Trailer	\$ N/A
-- Any One Loss	\$ N/A
Employee Tools	\$ N/A
Fire Department Service Charge	\$ N/A
Pollutant Cleanup And Removal	\$ N/A
Recharge of Fire Extinguishing Equipment	\$ N/A

**SUPPLEMENTAL COVERAGES (cont)**

**"Limit"**

**Rental Reimbursement**

-- Reimbursement Limit \$  N/A

-- Waiting Period  NA

**Spare Parts And Fuel** \$  N/A

**REPORTING CONDITIONS (check if applicable)**

**Your Contractors' Equipment**

-- Reporting Rate \$  N/A

-- Reporting Period -- (check one)

Monthly

Quarterly

Annual

**Additional Premium Due After Expiration** -- When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

-- Deposit Premium \$  N/A

-- Minimum Premium \$  N/A

**Equipment Leased Or Rented From Others**

-- Reporting Rate \$  N/A

-- Deposit Premium \$  N/A

-- Minimum Premium \$  N/A

**Equipment Leased Or Rented To Others**

-- Reporting Rate \$  N/A

-- Deposit Premium \$  N/A

-- Minimum Premium \$  N/A

**VALUATION** (check if applicable)

- Actual Cash Value
- Replacement Cost

**DEDUCTIBLE** (check one)

- Flat Deductible Amount            \$500
- Percentage Deductible          N/A       %
- Maximum Deductible Amount    \$       N/A
- Minimum Deductible Amount     \$       N/A

**ADDITIONAL INFORMATION**

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## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)

The Crime And Fidelity Coverage Part (Government Entities) consists of this Declarations form and the Government Crime Coverage Form.

**Coverage Is Written:**

Primary
  Excess
  Coindemnity
  Concurrent

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$ 25,000	\$ 1,000
2. Employee Theft – Per Employee Coverage	\$ Not Covered	\$ Not Covered
3. Forgery Or Alteration	\$ 25,000	\$ 1,000
4. Inside The Premises – Theft Of Money and Securities	\$ 25,000	\$ 1,000
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$ 25,000	\$ 1,000
6. Outside The Premises	\$ 25,000	\$ 1,000
7. Computer And Funds Transfer Fraud	\$ 50,000	\$ 1,000
8. Money Orders And Counterfeit Money	\$ 50,000	\$ 1,000

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this Policy are deleted.

**If Added by Endorsement:**

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$
	\$	\$
	\$	\$

**Endorsements Forming Part Of This Coverage Part When Issued: See Schedule of Forms and Endorsements.**

Policy Number: CPO-0632562-00

Insurance is Provided by:  
**ZURICH AMERICAN INSURANCE COMPANY**  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
A Stock Insurer

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Named Insured: Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Policy Period: Coverage begins 7/1/2019 at 12:01 A.M.; Coverage ends 7/1/2020 at 12:01 A.M.

**Producer Name:**

Allied Public Risk, LLC  
4507 N Front Street Suite 200  
Harrisburg, PA 17110

Agent No. 56139000

**Item 1. Business Description:** Special District

**Item 2. Limits of Insurance**

GENERAL AGGREGATE LIMIT	<u>\$3,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	<u>\$1,000,000</u>	
EACH OCCURRENCE LIMIT	<u>\$1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	<u>\$1,000,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	<u>\$5,000</u>	Any one person
PERSONAL AND ADVERTISING INJURY LIMIT	<u>\$1,000,000</u>	Any one person or organization

**Item 3. Retroactive Date (CG 00 02 ONLY)**

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" offense which occurs before the Retroactive Date, if any, shown here: None  
(Enter Date or "None" if no Retroactive Date applies)

**Item 4. Form of Business and Location Premises**

Form of Business: Special District

Location of All Premises You Own, Rent or Occupy: **Schedule of Locations on File with Carrier**

**Item 5. Schedule of Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this Policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Item 6. Premiums**

Coverage Part Premium:	<b>\$ 2,861</b>
Other Premium	<b>\$ Included</b>
<b>Total Premium</b>	<b>\$ 2,861</b>

Policy Number: CPO-0632562-00

**COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**

Named Insured: Gallatin County Water District

Effective Date: 7/1/2019  
12:01 A.M., Standard Time

Agent Name: Allied Public Risk LLC

Agent No.: 56139000

**Item 5. Location of Premises**

Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

Code No. 99943	Premium Basis Payroll per 1000	Premises/Operations	
Location	Exposure 171,802	Rate	Premium \$1,959
Classification: Water Company		Products/Completed Operations	
		Rate	Premium Included

Policy Number: CPO-0632562-00

ZURICH AMERICAN INSURANCE COMPANY  
1299 Zurich Way  
Schaumburg, IL 60196-1056

A Stock Insurer

**EMPLOYEE BENEFITS LIABILITY COVERAGE PART – CLAIMS MADE DECLARATIONS**

Named Insured: Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Policy Period: Coverage begins 7/1/2019 at 12:01 A.M.; Coverage ends 7/1/2020 at 12:01 A.M.

Producer Name: Allied Public Risk, LLC c/o  
4507 North Front Street Suite 200  
Harrisburg, PA 17110

Producer No.:56139000

**Item 1. Limits of Insurance**

\$ 3,000,000 Aggregate Limit  
\$ 1,000,000 Each Claim Limit

**Item 2. Form of Business:**

- Individual       Partnership       Joint Venture       Corporation  
 Other Special District

**Item 3. Premium Schedule:**

Code No.	Premium Basis (Estimated # of Employees)	Rate	Advance Premium
	<u>4.0000</u>	<u>\$ Included</u> Per Employee	<u>\$ Included</u>
		<u>\$</u> Flat Charge	<u>\$</u>

Total Advance Premium For This Coverage Part: \$ Payable per Billing

Audit Period:  Annual       Semi-annual       Quarterly       Monthly       Not Auditable

**Forms And Endorsements Applicable To This Coverage Part:**

**See Attached Schedule of Forms and Endorsements**

Retroactive Date: 7/1/1999 (Enter date or "None" if no Retroactive Date applies)

This insurance does not apply to damages caused by an act, error, or omission which occurred before the Retroactive Date, if any, shown above.



**ABUSIVE ACT LIABILITY COVERAGE FORM  
DECLARATIONS**

Administrative Office  
1299 Zurich Way  
Schaumburg, IL 60196

Policy Number: **CPO-0632562-00**

Named Insured: **Gallatin County Water District**

Policy Period: Coverage begins 7/1/2019 at 12:01 A.M.  
Coverage ends 7/1/2020 at 12:01 A.M.

Producer Name: **Allied Public Risk, LLC**  
**4507 North Front Street, Suite 200** Producer Number: **56139000**  
**Harrisburg, PA 17110**

**Item 1.** Business Description: Special District

**Item 2.** Limits of Insurance  
Abusive Act Liability

Each Abusive Act Limit	\$ 250,000
Aggregate Limit	\$ 500,000
Each Abusive Act Retention	\$ 0
Special Supplementary Payment Limit	\$ 0

**Item 3.** Form of business and Location of Premises  
Form of business: Special District  
Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

**Item 4.** Form(s) and Endorsement(s) made a part of this Policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Item 5.** Premiums

Abusive Act Liability Coverage Part Premium:	\$ Included
Other Premium:	\$ 0
Total Premium:	\$ Included

POLICY NUMBER: CPO-0632562-00

COMMERCIAL AUTO

ZURICH AMERICAN INSURANCE COMPANY  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## BUSINESS AUTO DECLARATIONS

### ITEM ONE

**PRODUCER:** Allied Public Risk, LLC  
4507 North Front Street Suite 200  
Harrisburg, PA 17110

**Producer No:** 56139000

**NAMED INSURED:** Gallatin County Water District

**MAILING ADDRESS:** 4500 Hwy 455  
Sparta, KY 41086

**POLICY PERIOD:** From 7/1/2019 to 7/1/2020 at 12:01 A.M. Standard Time at your mailing address shown above

**PREVIOUS POLICY NUMBER:** New

**FORM OF BUSINESS:**

CORPORATION                       LIMITED LIABILITY COMPANY                       INDIVIDUAL  
 PARTNERSHIP                       OTHER Special District

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 as billed: Not Au					
AUDIT PERIOD (NOT APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY	

**ENDORSEMENTS ATTACHED TO THIS POLICY:**

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)  
IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

COUNTERSIGNED \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (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	
COVERED AUTOS LIABILITY	1	\$1,000,000	\$	1,125
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$	Included
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)	N/A	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.- see following page	\$	Not Covered
PROPERTY PROTECTION INSURANCE (Michigan only)	N/A	SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS N/A DEDUCTIBLE FOR EACH ACCIDENT.	\$	Not Covered
AUTO MEDICAL PAYMENTS	N/A	EACH INSURED	\$	Not Covered
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)	N/A	SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	Not Covered
UNINSURED MOTORISTS	2	\$100,000	\$	96
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$100,000	\$	316
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7, 8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired or Borrowed Autos.	\$	314
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	N/A	ACTUAL CASH VALUE OR COST OF REPAIR,WHICHEVER IS LESS, MINUS N/A DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	\$	N/A
PHYSICAL DAMAGE COLLISION COVERAGE	7, 8	ACTUAL CASH VALUE OR COST OF REPAIR,WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$	351
PHYSICAL DAMAGE TOWING AND LABOR	3	\$50 FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	\$	Included
<b>TAX/SURCHARGE/FEE</b>			\$	39.55
<b>PREMIUM FOR ENDORSEMENTS</b>			\$	
<b>*ESTIMATED TOTAL PREMIUM</b>			\$	2,241.55

\*This policy may be subject to final audit.

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

<b>COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)</b>			
<b>COVERED AUTOS LIABILITY COVERAGE</b>	<b>STATE</b>	<b>ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE</b>	<b>PREMIUM</b>
Primary Coverage			
Excess Coverage			
<b>TOTAL HIRED AUTO PREMIUM</b>			<b>N/A</b>

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

<b>COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)</b>			
<b>COVERED AUTOS LIABILITY COVERAGE</b>	<b>STATE</b>	<b>ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE</b>	<b>PREMIUM</b>
Primary Coverage	<input checked="" type="checkbox"/>		
Excess Coverage			
<b>TOTAL HIRED AUTO PREMIUM</b>			<b>\$ Included</b>

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.



**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)**

<b>Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)</b>				
<b>COVERAGE</b>	<b>STATE</b>	<b>LIMIT OF INSURANCE</b>	<b>ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)</b>	<b>PREMIUM</b>
<b>COMPREHENSIVE</b>	<b>KY</b>	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	<b>\$1,000</b>	<b>Included</b>
<b>SPECIFIED CAUSES OF LOSS</b>		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	<b>N/A</b>	<b>N/A</b>
<b>COLLISION</b>	<b>KY</b>	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO.	<b>\$1,000</b>	<b>Included</b>
<b>TOTAL HIRED AUTO PREMIUM</b>				<b>Included</b>
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.				

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)**

<b>Rental Period Rating Basis For Mobile Or Farm Equipment</b>					
<b>COVERAGE</b>	<b>TOWN AND STATE WHERE THE JOB SITE IS LOCATED</b>	<b>ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED</b>		<b>PREMIUM</b>	
		<b>Mobile Equipment</b>	<b>Farm Equipment</b>	<b>Mobile Equipment</b>	<b>Farm Equipment</b>
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
<b>TOTAL HIRED AUTO PREMIUMS</b>				N/A	N/A

**ITEM FIVE**

**SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY**

<b>NAMED INSURED'S BUSINESS</b>	<b>RATING BASIS</b>	<b>NUMBER</b>	<b>PREMIUM</b>
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	0-25	INCLUDED
	Number Of Partners (Active and Inactive)		
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos	N/A	N/A
	Number Of Partners (Active and Inactive)		
Social Service Agencies	Number Of Employees	N/A	N/A
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
<b>TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM</b>			INCLUDED

**ALLIED PUBLIC RISK –AUTO SCHEDULE**  
**Zurich American Insurance Company**  
**INSURED: Gallatin County Water District Sparta KY 41086**  
**POLICY YEAR EFFECTIVE: 7/1/2019**

<b>TYPE ***</b>	<b>AUTO #</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>COST NEW</b>	<b>COMP DED</b>	<b>COLL DED</b>	<b>VIN</b>	<b>VALUATION</b>
E	1	1997	Hurst	Trailer	\$2,750	\$500	\$500	1HT9T41834V1057027	Actual Cash Value
E	2	1998	GMC	Sierra	\$22,000	\$500	\$500	1GDJC34R6WF032684	Actual Cash Value
E	3	2008	Ford	F250	\$26,295	\$500	\$500	1FTNF215X8EB43580	Actual Cash Value
E	4	2010	Ford	F250	\$26,295	\$500	\$500	1FTSX2B50AE08886	Actual Cash Value
E	5	2012	Ford	F250	\$35,000	\$500	\$500	1FT7X2B68CEA12959	Actual Cash Value
E	6	2016	Ford	F150	\$27,204	\$500	\$500	1FTX1EF9GF803420	Actual Cash Value
E	7	2017	Chevrolet	1500	\$29,948	\$500	\$500	1GCUYAEF4KZ310485	Actual Cash Value

\*\*\*Type Codes E-Existing, N-New, M-Modified, D-Deleted, PD-Previously Deleted



## Commercial Umbrella Liability Policy Declarations

Insurance is provided by the company below:

### American Guarantee & Liability Insurance Company

Policy Number: **UMB-0632560-00**

Renewal of: **New**

1. Named Insured

Producer:

**Gallatin County Water District**

**Allied Public Risk, LLC**

2. Mailing Address:

**4500 Hwy 455  
Sparta, KY 41086**

**4705 North Front Street Suite 200  
Harrisburg, PA 17110**

3. Policy Period:

From: **7/1/2019** To: **7/1/2020**

At 12:01 A.M. Standard Time at the address of the Named Insured.

4. Limits of Insurance:

- |       |           |  |
|-------|-----------|--|
| A. \$ | 2,000,000 | Occurrence                               |
| B. \$ | 6,000,000 | Other Aggregate                          |
| C. \$ | 2,000,000 | Products/Completed Operations Aggregate  |
| D. \$ | 250,000   | Casualty Business Crisis Aggregate Limit |

5. Retained Limit:

\$ 0 Per Occurrence

6. Policy Premium

\$1,750

Terrorism Premium:

\$18

Total Premium:

\$1,768

Fees & Surcharges (if Any):

\$32

7. Schedule of Underlying Insurance:

See attached Schedule of Underlying Insurance

8. Endorsements Attached:

See attached Schedule of Endorsements

# Extended Schedule of Underlying Insurance



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.
UMB-0632560-00	7/1/2019	7/1/2020	7/1/2019	56139000

**Named Insured and Mailing Address:**

**Producer:**

<b>Named Insured / Mailing Address:</b> <b>GALLATIN COUNTY WATER DISTRICT</b> <b>4500 HWY 455</b> <b>SPARTA, KY 41086</b>	<b>Producer:</b> <b>ALLIED PUBLIC RISK, LLC</b> <b>4507 NORTH FRONT STREET SUITE 200</b> <b>HARRISBURG, PA 17110</b>
--	---

Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Products Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Employee Benefits Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Stop Gap	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Premises Only	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Products Completed Operations Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Premises and Products / Completed Ops Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Automobile Liability	

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Zurich American Insurance Company Policy No: EOC-0632561-00 Term: 7/1/2019 to 7/1/2020 Retro-Date: 7/1/1999	Employment Practices Liability and Third Party Discrimination Liability	\$ 1,000,000 Each Occurrence \$ 3,000,000 Aggregate
<b>Company, Policy No. and Term</b> Company: Policy No: Term:	<b>Coverage</b> Police Professional Liability	<b>Applicable Limits</b>
<b>Company, Policy No. and Term</b> Company: Zurich American Insurance Company Policy No: EOC-0632561-00 Term: 7/1/2019 to 7/1/2020 Retro Date: 7/1/1999	<b>Coverage</b> Public Officials Errors and Omissions Liability	<b>Applicable Limits</b> \$ 1,000,000 Each Occurrence \$ 3,000,000 Aggregate
<b>Company, Policy No. and Term</b> Company: Policy No: Term:	<b>Coverage</b> Security and Privacy Liability	<b>Applicable Limits</b>
<b>Company, Policy No. and Term</b> Company: Policy No.: Term:	<b>Coverage</b> Watercraft Liability	<b>Applicable Limits</b>
<b>Company, Policy No. and Term</b> Company: Policy No.: Term:	<b>Coverage</b> Garage Liability	<b>Applicable Limits</b>
<b>Company, Policy No. and Term</b> Company: Policy No.: Term:	<b>Coverage</b> Abusive Act Liability	<b>Applicable Limits</b>

Signed By

Date 8/29/2019

Authorized Representative

Insurance is provided by:

American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

Policy Number CPO-0632562-01

**COMMON POLICY DECLARATIONS**

A Stock Insurer

**Item 1. Named Insured and Mailing Address**

**Agent Name and Address**

Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Allied Public Risk, LLC  
4507 North Front Street Suite 200  
Harrisburg, PA 17110  
Producer No. 56139000

**Item 2. Policy Period From: 7/1/2020 To: 7/1/2021**

at 12:01 A.M., Standard Time at your mailing address shown above.

**Item 3. Business Description: Special District**

Form of Business: N/A

**Item 4. 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

<b>Coverage Parts(s)</b>	<b>Premium</b>
Commercial Property Coverage Part	\$ 7,108.00
Commercial General Liability Coverage Part	\$ 3,821.00
Commercial Crime Coverage Part	\$ 568.00
Commercial Inland Marine Coverage Part	\$ 1,385.00
Commercial Auto (Business or Truckers)	\$ 2,753.00
Commercial Garage Coverage Part	\$ Not Covered
Total Policy Premium	\$ 15,635.00
Terrorism	\$ 202.00
Total Policy Premium including Terrorism	\$ 15,837.00
Taxes & Surcharges	\$ 119.70
Electronic Data Management Fee	\$ 250.00
Total Premium including Terrorism Surcharges and Fees	\$ <b>16,206.70</b>

**ITEM 5: Form(s) and Endorsement(s) made a part of this Policy at time of issue:**

**See Schedule of Forms and Endorsements**

COUNTERSIGNED: DATE: 8/6/2020

BY: (Authorized Representative)

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

Policy Number: CPO-0632562-01

Insurance is Provided by:  
**American Zurich Insurance Company**  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
A Stock Insurer

**COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Named Insured **Gallatin County Water District** Effective Date **7/1/2020**  
**4500 Hwy 455**  
**Sparta, KY 41086**

Agent Name **Allied Public Risk, LLC** Producer No. **56139000**  
**4507 North Front Street – Suite 200**  
**Harrisburg, PA 17110**

**Item 1.** Business Description: Special District

**Item 2.** Premises Described: **See Schedule of Locations**

**Item 3.** **\$1,000** Deductible unless otherwise indicated.

**Item 4.** Coverage Provided

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
		<b>See Attached Schedule of Locations</b>	<b>\$4,107,654</b>	<b>Special</b>	<b>90%</b>

**Other Provisions**

**Agreed Value:** Blanket Expires 7/1/2021  **Replacement Cost**  
 Business Income Indemnity: Monthly Limit: Period: Maximum  Inflation Guard: 0.0000%  
 Reporting Extended Days BI Media  
 Extension of Recovery Period: Months  
 Deductible: **\$1,000 AOP unless otherwise specified** Earthquake Deductible: **See Sched of Locations** Exceptions: **Per Policy**

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

**Agreed Value:** Expires  **Replacement Cost**  
 Business Income Indemnity: Monthly Limit: Period: Maximum  Inflation Guard: %  
 Reporting Extended Days BI Media  
 Extension of Recovery Period: Months  
 Deductible: Earthquake Deductible: Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

**Agreed Value:** Expires  **Replacement Cost**  
 Business Income Indemnity: Monthly Limit: Period: Maximum  Inflation Guard: %  
 Reporting Extended Days BI Media  
 Extension of Recovery Period: Months  
 Deductible: Earthquake Deductible: % Exceptions

**Item 5.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**



ALLIED PUBLIC RISK -- SCHEDULE OF LOCATIONS  
 American Zurich Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2020 - 7/1/2021

TRANS TYPE *	LOC ID	BLDG NUM	**ADDRESS	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	EARTH-QUAKE DED \$	VALUATION
E	1	1	Dry Creek Road	Pump House	\$18,658	\$84,804	\$103,462	\$50,000	Agreed Value RC
E	2	1	Highway 18 & Eagle Tunnel	Water Tower	\$364,000	\$0	\$364,000	\$50,000	Agreed Value RC
E	3	1	Highway 486 Boone Road	Standpipe	\$208,000	\$0	\$208,000	\$50,000	Agreed Value RC
E	4	1	I-75 @ KY 455	Office / Maintenance	\$468,000	\$104,000	\$572,000	\$50,000	Agreed Value RC
E	5	1	**Highway 35	New Well / Pump Station	\$434,243	\$0	\$434,243	\$50,000	Agreed Value RC
E	5	2	**Highway 35	KY Speedway Building	\$12,272	\$0	\$12,272	\$50,000	Agreed Value RC
E	5	3	**Highway 35	KY Speedway Valve Vault	\$24,648	\$0	\$24,648	\$50,000	Agreed Value RC
E	5	4	**Highway 35	450,000 Painted Steel Tank	\$480,168	\$0	\$480,168	\$50,000	Agreed Value RC
E	6	1	Highway 455 & 465	Booster Station	\$83,200	\$0	\$83,200	\$50,000	Agreed Value RC

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted

\*\*Denotes No Flood Coverage applies to the location

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

ALLIED PUBLIC RISK - SCHEDULE OF LOCATIONS  
 American Zurich Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2020 - 7/1/2021

TRANS TYPE *	LOC ID	BLDG NUM	**ADDRESS	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	EARTH-QUAKE DED \$	VALUATION
E	7	1	4500 Highway 455	Storage Building	\$150,000	\$10,400	\$160,400	\$50,000	Agreed Value RC
E	7	2	4500 KY Highway 455	New Storage Building	\$13,500	\$0	\$13,500	\$50,000	Agreed Value RC
E	8	1	8917 Highway 16	Booster Pump Station	\$99,720	\$0	\$99,720	\$50,000	Agreed Value RC
E	9	1	1500 Meadow Lark Lane	68,000 Gal Glass Lined Water Tank	\$100,552	\$0	\$100,552	\$50,000	Agreed Value RC
E	10	1	1281 KY Highway 1992	68,000 Gal Glass Lined Water Tank	\$90,269	\$0	\$90,269	\$50,000	Agreed Value RC
E	10	2	1281 KY Highway 1992	New Well-Booster Pump Station	\$512,455	\$0	\$512,455	\$50,000	Agreed Value RC
E	11	1	782 Ambrose Road	200,000 Gal Elevated Water Tower	\$464,339	\$0	\$464,339	\$50,000	Agreed Value RC
E	12	1	55 Mars Drive	100,000 Gal Elevated Water Tower	\$384,426	\$0	\$384,426	\$50,000	Agreed Value RC

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted

\*\*Denotes No Flood Coverage applies to the location

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

Insurance is provided by:  
American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

AAIS  
IM 7900 04 04

A Stock Insurer

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## INLAND MARINE -- DECLARATIONS

POLICY NUMBER CPO-0632562-01

COMPANY NAME American Zurich Insurance Company

PRODUCER NAME Allied Public Risk, LLC  
4507 North Front St, 200  
Harrisburg, PA 17110

AND NUMBER 56139000

NAME OF INSURED Gallatin County Water District

MAILING ADDRESS 4500 Hwy 455  
Sparta, KY 41086

POLICY PERIOD: From 7/1/2020 To: 7/1/2021 at  
12:01 a.m. Standard Time at your mailing address shown above.

IN RETURN FOR YOUR PAYMENT OF THE PREMIUM, WE PROVIDE THE INSURANCE AS DESCRIBED IN THIS POLICY.

BUSINESS DESCRIPTION Special District

LOSS PAYABLE NAME AND MAILING ADDRESS  
\_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

FORMS APPLICABLE TO ALL COVERAGES See Schedule of  
Forms

PREMIUM \$ 1,413 PAYABLE: As Billed

COUNTERSIGNATURE \_\_\_\_\_ DATE 8/6/2020  
(Authorized Representative)

Company Officer's Signature

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IM 7900 04 04

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ALLIED PUBLIC RISK –INLAND MARINE SCHEDULED ITEMS  
 American Zurich Insurance Company  
 INSURED: **Gallatin County Water District Sparta KY 41086**  
 POLICY YEAR EFFECTIVE: 7/1/2020 - 7/1/2021

ITEM #	INLAND MARINE TYPE	DESCRIPTION	SERIAL #	VALUE	VALUATION
1	Contractors Equipment	Rod Pusher Boring Machine w/ add Equipment P40		\$4,305	Actual Cash Value
2	Contractors Equipment	Pumps, Motors & Controls w/ Water Fac Transfer Equipment		\$100,000	Actual Cash Value
3	Contractors Equipment	1998 Case 580 Super L	JJG0259822	\$48,577	Actual Cash Value
4	Contractors Equipment	2001 Ditch Witch Trencher	3V0429	\$17,000	Actual Cash Value
5	Contractors Equipment	2007 Kubota Zero Turn Mower	16302	\$9,500	Actual Cash Value
6	Contractors Equipment	2007 Moritz International LRB 18 4WXUU182	571015786	\$2,650	Actual Cash Value
7	Contractors Equipment	2008 Caterpillar 303 CCR ID #AXT13243	OBXTO30382	\$35,891	Actual Cash Value
8	Unscheduled Contractors Equipment	Unscheduled Equipment		\$302,923	Actual Cash Value
9	Contractors Equipment	2011 Skid Steer Track Loader Bobcat T190	A3LN39119	\$33,000	Actual Cash Value

## SCHEDULE OF COVERAGES CONTRACTORS' EQUIPMENT

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

### PROPERTY COVERED

(check one)

Scheduled Equipment (Refer to Equipment Schedule)

Schedule On File

### "Limit"

**Catastrophe Limit** -- The most "we" pay for loss in any one occurrence is: \$ 217.923

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ N/A

### SUPPLEMENTAL COVERAGES

Employee Tools \$ N/A

Equipment Leased or Rented From Others \$ N/A

Newly Purchased Equipment (check one)

Percentage of Catastrophe Limit N/A %

Dollar Limit \$ N/A

Pollutant Cleanup and Removal \$ N/A

Rental Reimbursement

-- Reimbursement Limit \$ N/A

-- Waiting Period N/A

Spare Parts and Fuel \$ N/A

**COINSURANCE** (check one)

80%      90%      100%      Other \_\_\_\_\_%

**REPORTING CONDITIONS** (check if applicable)

**Equipment Leased or Rented From Others**

-- Reporting Rate                                \$         N/A          
-- Deposit Premium                                \$         N/A          
-- Minimum Premium                               \$         N/A        

**VALUATION** (check if applicable)

Actual Cash Value                     Replacement Cost

Indicated on Equipment Schedule

**DEDUCTIBLE** (check one)

Flat Deductible Amount                        \$     1,000      
 Percentage Deductible                                 N/A         %  
    Maximum Deductible Amount                \$         N/A          
    Minimum Deductible Amount                \$         N/A        

**ADDITIONAL INFORMATION**

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**SCHEDULE OF COVERAGES  
CONTRACTORS' EQUIPMENT  
BLANKET EQUIPMENT FORM**

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

**PROPERTY COVERED**

Blanket Equipment Coverage

	<b>"Limit"</b>
<b>Equipment Limit</b> -- The most "we" pay for loss to any one piece of "contractors' equipment" is:	\$ 2,500
<b>Catastrophe Limit</b> -- The most "we" pay for loss in any one occurrence is:	\$ 302,923

**COVERAGE EXTENSIONS**

Additional Debris Removal Expenses	\$ N/A
Equipment Leased Or Rented To Others	\$ N/A
Equipment Loaned To Others	\$ N/A
Fraud And Deceit	\$ N/A
Waterborne Equipment	\$ N/A

**SUPPLEMENTAL COVERAGES**

Construction Trailers	\$ N/A
-- Any One Trailer	\$ N/A
-- Any One Loss	\$ N/A
Employee Tools	\$ N/A
Fire Department Service Charge	\$ N/A
Pollutant Cleanup And Removal	\$ N/A
Recharge of Fire Extinguishing Equipment	\$ N/A

**SUPPLEMENTAL COVERAGES (cont)**

"Limit"

Rental Reimbursement

-- Reimbursement Limit \$  N/A

-- Waiting Period  NA

Reward For Recovery Of Stolen Equipment \$  N/A

Spare Parts And Fuel \$  N/A

**REPORTING CONDITIONS (check if applicable)**

**Your Contractors' Equipment**

-- Reporting Rate \$  N/A

-- Reporting Period -- (check one)

Monthly

Quarterly

Annual

**Additional Premium Due After Expiration** -- When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

-- Deposit Premium \$  N/A

-- Minimum Premium \$  N/A

**Equipment Leased Or Rented From Others**

-- Reporting Rate \$  N/A

-- Deposit Premium \$  N/A

-- Minimum Premium \$  N/A

**Equipment Leased Or Rented To Others**

-- Reporting Rate \$  N/A

-- Deposit Premium \$  N/A

-- Minimum Premium \$  N/A



**VALUATION** (check if applicable)

Actual Cash Value

Replacement Cost

**DEDUCTIBLE** (check one)

Flat Deductible Amount        \$1,000

Percentage Deductible      N/A   %

    Maximum Deductible Amount    \$   N/A  

    Minimum Deductible Amount    \$   N/A  

**ADDITIONAL INFORMATION**

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## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)

The Crime And Fidelity Coverage Part (Government Entities) consists of this Declarations form and the Government Crime Coverage Form.

**Coverage Is Written:**

Primary
  Excess
  Coindemnity
  Concurrent

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$ 25,000	\$ 1,000
2. Employee Theft – Per Employee Coverage	\$ N/A	\$ N/A
3. Forgery Or Alteration	\$ 25,000	\$ 1,000
4. Inside The Premises – Theft Of Money and Securities	\$ 25,000	\$ 1,000
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$ 25,000	\$ 1,000
6. Outside The Premises	\$ 25,000	\$ 1,000
7. Computer And Funds Transfer Fraud	\$ 50,000	\$ 1,000
8. Money Orders And Counterfeit Money	\$ 50,000	\$ 1,000

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this Policy are deleted.

**If Added by Endorsement:**

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$
	\$	\$
	\$	\$

Endorsements Forming Part Of This Coverage Part When Issued: See Schedule of Forms and Endorsements.

**Cancellation Of Prior Insurance Issued By Us:**

By acceptance of this Coverage Part, you give us notice cancelling prior Policy Numbers ; the cancellation to be effective at the time this Coverage Part becomes effective.

**Countersignature Of Authorized Representative**

**Name:**

**Title:**

**Signature:**

**Date:**

Insurance is Provided by:

Policy Number: CPO-0632562-01

American Zurich Insurance Company

1299 Zurich Way

Schaumburg, IL 60196-1056

A Stock Insurer

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Named Insured: Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Policy Period: Coverage begins 7/1/2020 at 12:01 A.M.; Coverage ends 7/1/2021 at 12:01 A.M.

Producer Name:

Allied Public Risk, LLC  
4507 N Front Street Suite 200  
Harrisburg, PA 17110

Agent No. 56139000

**Item 1.** Business Description: Special District

**Item 2.** Limits of Insurance

GENERAL AGGREGATE LIMIT	<u>\$3,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	<u>\$1,000,000</u>	
EACH OCCURRENCE LIMIT	<u>\$1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	<u>\$1,000,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	<u>\$5,000</u>	Any one person
PERSONAL AND ADVERTISING INJURY LIMIT	<u>\$1,000,000</u>	Any one person or organization

**Item 3.** Retroactive Date (CG 00 02 ONLY)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" offense which occurs before the Retroactive Date, if any, shown here: None  
(Enter Date or "None" if no Retroactive Date applies)

**Item 4.** Form of Business and Location Premises

Form of Business: Special District

Location of All Premises You Own, Rent or Occupy: **Schedule of Locations on File with Carrier**

**Item 5.** Schedule of Forms and Endorsements

Form(s) and Endorsement(s) made a part of this Policy at time of issue:

**See Schedule of Forms and Endorsements**

**Item 6.** Premiums

Coverage Part Premium:	\$ 3,821
Other Premium	\$ Included
Total Premium	\$ 3,821

Policy Number: CPO-0632562-01

**COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**

Named Insured: Gallatin County Water District

Effective Date: 7/1/2020  
12:01 A.M., Standard Time

Agent Name: Allied Public Risk LLC

Agent No.: 56139000

**Item 5. Location of Premises**

Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

Code No.	Premium Basis	Premises/Operations	
99943	Payroll per 1000		
Location	Exposure	Rate	Premium
	173,000		\$2,505
Classification:		Products/Completed Operations	
Water Company		Rate	Premium Included

Policy Number: CPO-0632562-01

ZURICH AMERICAN INSURANCE COMPANY  
1299 Zurich Way  
Schaumburg, IL 60196-1056

A Stock Insurer

**EMPLOYEE BENEFITS LIABILITY COVERAGE PART – CLAIMS MADE DECLARATIONS**

Named Insured: Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Policy Period: Coverage begins 7/1/2020 at 12:01 A.M.; Coverage ends 7/1/2021 at 12:01 A.M.

Producer Name: Allied Public Risk, LLC c/o  
4507 North Front Street Suite 200  
Harrisburg, PA 17110

Producer No.:56139000

**Item 1. Limits of Insurance**

\$ 3,000,000 Aggregate Limit  
\$ 1,000,000 Each Claim Limit

**Item 2. Form of Business:**

- Individual     Partnership     Joint Venture     Corporation  
 Other Special District

**Item 3. Premium Schedule:**

Code No.	Premium Basis (Estimated # of Employees)	Rate	Advance Premium
<u>          </u>	<u>7.0000</u>	<u>\$ Included</u> Per Employee	<u>\$ Included</u>
		<u>\$</u> Flat Charge	<u>\$</u>

Total Advance Premium For This Coverage Part: \$ Payable per Billing

Audit Period:  Annual     Semi-annual     Quarterly     Monthly     Not Auditable

**Forms And Endorsements Applicable To This Coverage Part:**

**See Attached Schedule of Forms and Endorsements**

Retroactive Date: 7/1/1999 (Enter date or "None" if no Retroactive Date applies)

This insurance does not apply to damages caused by an act, error, or omission which occurred before the Retroactive Date, if any, shown above.



**ZURICH**

**ABUSIVE ACT LIABILITY COVERAGE FORM  
DECLARATIONS**

Administrative Office  
1299 Zurich Way  
Schaumburg, IL 60196

Policy Number: CPO-0632562-01

Named Insured: **Gallatin County Water District**

Policy Period: Coverage begins 7/1/2020 at 12:01 A.M.  
Coverage ends 7/1/2021 at 12:01 A.M.

Producer Name: **Allied Public Risk, LLC**  
**4507 North Front Street, Suite 200** Producer Number: **56139000**  
**Harrisburg, PA 17110**

**Item 1.** Business Description: Special District

**Item 2.** Limits of Insurance  
Abusive Act Liability

Each Abusive Act Limit	\$ 250,000
Aggregate Limit	\$ 500,000
Each Abusive Act Retention	\$ 0
Special Supplementary Payment Limit	\$ 0

**Item 3.** Form of business and Location of Premises  
Form of business: Special District  
Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

**Item 4.** Form(s) and Endorsement(s) made a part of this Policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Item 5.** Premiums

Abusive Act Liability Coverage Part Premium:	\$ Included
Other Premium:	\$ 0
Total Premium:	\$ Included

POLICY NUMBER: CPO-0632562-01

COMMERCIAL AUTO

American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## BUSINESS AUTO DECLARATIONS

### ITEM ONE

PRODUCER: Allied Public Risk, LLC  
4507 North Front Street Suite 200  
Harrisburg, PA 17110

Producer No: 56139000

NAMED INSURED: Gallatin County Water District

MAILING ADDRESS: 4500 Hwy 455  
Sparta, KY 41086

POLICY PERIOD: From 7/1/2020 to 7/1/2021 at 12:01 A.M. Standard Time at your mailing address shown above

PREVIOUS POLICY NUMBER:

#### FORM OF BUSINESS:

CORPORATION

LIMITED LIABILITY COMPANY

INDIVIDUAL

PARTNERSHIP

OTHER Special District

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 as billed: Not Auditable

AUDIT PERIOD (NOT APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
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#### ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (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	
COVERED AUTOS LIABILITY	1	\$1,000,000	\$	1,370
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$	154
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)	N/A	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.- see following page	\$	Not Covered
PROPERTY PROTECTION INSURANCE (Michigan only)	N/A	SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS N/A DEDUCTIBLE FOR EACH ACCIDENT.	\$	Not Covered
AUTO MEDICAL PAYMENTS	N/A	EACH INSURED	\$	Not Covered
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)	N/A	SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	Not Covered
UNINSURED MOTORISTS	2	\$100,000	\$	80
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$100,000	\$	260
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7, 8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE AUTO 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.	\$	456
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	N/A	ACTUAL CASH VALUE OR COST OF REPAIR,WHICHEVER IS LESS, MINUS N/A DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	\$	N/A
PHYSICAL DAMAGE COLLISION COVERAGE	7, 8	ACTUAL CASH VALUE OR COST OF REPAIR,WHICHEVER IS LESS, MINUS SEE AUTO SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$	433
PHYSICAL DAMAGE TOWING AND LABOR	N/A	\$50 FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	\$	Not Covered
TAX/SURCHARGE/FEE			\$	49.55
PREMIUM FOR ENDORSEMENTS			\$	2,753
<b>*ESTIMATED TOTAL PREMIUM</b>			\$	<b>2,802.55</b>

\*This policy may be subject to final audit.

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
Schedule on File with Company							
Covered Auto No.	CLASSIFICATION						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:
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code	
Schedule on File with Company							
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium	
Schedule on File with Company							
<b>Total Premium</b>							

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN (Continued)**

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						

	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium	
Schedule on File with Company								
<b>Total Premium</b>								
<b>COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES</b>								
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Schedule on File with Company								
<b>Total Premium</b>								

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage			
<b>TOTAL HIRED AUTO PREMIUM</b>			N/A

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage	KY		
Excess Coverage			
<b>TOTAL HIRED AUTO PREMIUM</b>			Included

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)				
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)	PREMIUM
COMPREHENSIVE	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$35,000	Included
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	N/A	N/A
COLLISION	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO.	\$35,000	Included
<b>TOTAL HIRED AUTO PREMIUM</b>				Included
<p>For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.</p>				

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Other Than Physical Damage Coverages					
COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage	KY	N/A	N/A	N/A	N/A
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
<b>TOTAL HIRED AUTO PREMIUMS</b>				N/A	N/A
<p>Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>					

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile or Farm Equipment – Physical Damage Coverages						
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
COMPREHENSIVE	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	N/A	N/A	N/A	N/A
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.				
COLLISION	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICH-EVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	N/A	N/A	N/A	N/A
<b>TOTAL HIRED AUTO PREMIUM</b>					N/A	N/A
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.						

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)**

Rental Period Rating Basis For Mobile Or Farm Equipment					
COVERAGE	TOWN AND STATE WHERE THE JOB SITE IS LOCATED	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
<b>TOTAL HIRED AUTO PREMIUMS</b>				N/A	N/A

**ITEM FIVE**

**SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	0-25	INCLUDED
	Number Of Partners (Active and Inactive)		
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos	N/A	N/A
	Number Of Partners (Active and Inactive)		
Social Service Agencies	Number Of Employees	N/A	N/A
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
<b>TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM</b>			INCLUDED



**ITEM SIX**  
**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS**

Type Of Risk (Check one):	<input type="checkbox"/> Public Autos	<input type="checkbox"/> Leasing Or Rental Concerns
Rating Basis (Check one):	<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)
Estimated Yearly (Check One):	<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage
<b>Premiums</b>		
Covered Autos Liability		
Personal Injury Protection		
Added Personal Injury Protection		
Property Protection Insurance (Michigan Only)		
Auto Medical Payments		
Medical Expense And Income Loss Benefits (Virginia Only)		
Comprehensive		
Specified Causes Of Loss		
Collision		
Towing And Labor		

When used as a premium basis:

**FOR PUBLIC AUTOS**

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

ALLIED PUBLIC RISK –AUTO SCHEDULE  
 American Zurich Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2020

TYPE ***	AUTO #	YEAR	MAKE	MODEL	COST NEW	COMP DED	COLL DED	VIN	VALUATION
E	1	1997	Hurst	Trailer	\$2,750	\$500	\$500	1HT9T41834V1057027	Actual Cash Value
E	2	1998	GMC	Sierra	\$22,000	\$500	\$500	1GDJC34R6WF032684	Actual Cash Value
E	3	2010	Ford	F250	\$26,295	\$500	\$500	1FTSX2B50AEA08886	Actual Cash Value
E	4	2012	Ford	F250	\$35,000	\$500	\$500	1FT7X2B68CEA12959	Actual Cash Value
E	5	2016	Ford	F150	\$27,204	\$500	\$500	1FTFX1EF9GFB03420	Actual Cash Value
E	6	2017	Chevrolet	1500	\$29,946	\$500	\$500	1GCUYAEF4KZ310485	Actual Cash Value
0	7	2020	BigTex	Utility Trailer	\$4,600	\$500	\$500	16VEX2026L2053636	Actual Cash Value

\*\*\*Type Codes E-Existing, N-New, M-Modified, D-Deleted, PD-Previously Deleted



# Zurich Pro Plus® Declarations

Insurance is provided by:

ZURICH AMERICAN INSURANCE COMPANY  
 1299 Zurich Way  
 Schaumburg, IL 60196-1056

THIS POLICY PROVIDES CLAIMS MADE AND REPORTED COVERAGE. **CLAIMS** MUST FIRST BE MADE AGAINST THE **INSUREDS** DURING THE **POLICY PERIOD** AND REPORTED TO US PURSUANT TO SUBSECTION VIII.H. OF THIS POLICY. ALSO, VARIOUS PROVISIONS IN THIS POLICY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND WHAT IS NOT COVERED. THE PAYMENT OF **DEFENSE COSTS** REDUCES THE LIMITS OF LIABILITY.

Policy Number: EOC-0632561-01  
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Renewal of: EOC-0632561-

Item 1. **Named Insured** and Mailing Address: Gallatin County Water District  
 4500 Hwy 455  
 Sparta, KY 41086

Item 2. **Policy Period:** From: 12:01 A.M. on 7/1/2020 To: 12:01 A.M. on 7/1/2021  
 Local time at the address shown in Item 1.

Item 3. Aggregate Policy Limit of Liability: \$6,250,000 each **Policy Period** for all Coverage Parts, combined.

Note: The Limits of Liability and Deductible are reduced or exhausted by **Defense Costs**.

Item 4. Coverage Schedule:

Coverages	Each Claim Limit of Liability	Aggregate Limit of Liability	Deductible (Each Claim)	Retro Date
Employment Practices and Third Party Discrimination Liability				
A. Employment Practices Liability Coverage	<b>Coverage A &amp; B Combined</b> \$1,000,000	<b>Coverage A &amp; B Combined</b> \$3,000,000	\$2,500	7/1/1999
B. Third Party Discrimination Liability Coverage				
Aggregate Sublimit for all <b>Third Party Discrimination Wrongful Act Claims</b>	N/A	N/A	N/A	N/A
Police Professional Liability Coverage Part Police Professional Liability	Not Covered	N/A	N/A	N/A
Public Officials Errors and Omissions Liability	\$1,000,000	\$3,000,000	\$2,500	7/1/1999
Dedicated Defense Limit of Liability	N/A	N/A	N/A	N/A

Coverages	Each Claim Limit of Liability	Aggregate Limit of Liability	Deductible (Each Claim)	Retro Date
Security and Privacy Coverage Part				
A. Liability Coverages				
1. Security and Privacy Liability Coverage	\$250,000	\$250,000	\$2,500	7/1/2019
2. Regulatory Proceedings Coverage (subject to A.1 limits of liability)	\$250,000	\$250,000	\$2,500	7/1/2019
B. Non-Liability Coverage				
<b>Privacy Breach Costs</b> (subject to A.1 Limits of Liability)	\$250,000	\$250,000	\$2,500	7/1/2019
Common Policy Provisions				
Liability Coverage Extensions				
B. Supplemental Payments Extensions				
3. E-Discovery Expense	\$5,000	\$5,000	N/A	N/A
C. Public Relations Expenses Extension	\$5,000	\$5,000	N/A	N/A

Item 5. Optional Extended Reporting Period:

- A. 1 year(s) for 99% of the annual premium
- B. 2 year(s) for 150% of the annual premium
- C. 3 year(s) for 200% of the annual premium

Item 6. Notices to us:

<p>A. Address for notice of <b>Claims, Circumstances or Events:</b>  Zurich North America -  Zurich Programs  P.O. Box 968017  Schaumburg, IL 60196-8017  Fax: 877-962-2567  Email: usz_carecenter@zurichna.com</p>	<p>B. Address for all other notice:   Zurich North America -  1299 Zurich Way  Schaumburg, IL 60196-1056</p>
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Item 7. Endorsements Effective At Inception: See Schedule of Forms and Endorsements (U-ZPRO-467-A-CW)

Item 8. Policy Premium:

A. Coverage Premium:	\$ 1,939.00
B. Taxes/Surcharges/Assessments:	\$ 34.90
C. Other Fees:	0
D. Total Premium & Fees	\$ 1,973.90
Schedule of Taxes/Surcharges/Assessments	
\$14.33 Kentucky Surcharges	
\$7.07 Kentucky Surcharges	
\$13.50 Kentucky Surcharges	

## SCHEDULE OF FORMS AND ENDORSEMENTS

**Named Insured:** Gallatin County Water District

**Effective Date:** 07/01/2020  
12:01 A.M., Standard Time

**Agent Name:** Allied Public Risk LLC

**Agent No.** 56139000

Form Number	Edition	Form Name	Endt #
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**Zurich Professional**

U-GU-873-A CW	(06/11)	Disclosure Statement	
U-GU-874-A CW	(06/11)	Notice of Disclosure For Agent & Broker Compensation	
U-GU-1191-A CW	(03/15)	Sanctions Exclusion Endorsement	
U-ZPRO-D-200-A CW	(01/19)	Zurich Pro Plus Declarations	
U-ZPRO-467-A CW	(02/17)	Form and Endorsement Schedule	
U-ZPRO-400-B CW	(05/18)	Zurich Pro Plus Common Policy Provisions	
U-ZPRO-521-B CW	(05/18)	Reliance Upon Other Insurer's Application Endorsement	
U-ZPRO-621-B KY	(05/18)	Kentucky Amendatory Endorsement	
U-APR-223-A CW	(01/19)	Deductible Endorsement (Common Policy Provisions)	
U-APR-224-A CW	(01/19)	Professional Liability for Public Entities Amendatory Endorsement	
U-APR-230-A CW	(01/19)	Amended Fraud Exclusion Endorsement	

**Employment Practices**

U-ZPRO-404-C CW	(05/18)	Zurich Pro Plus Employment Practices and Third Party Discrimination Liability Coverage Part	
U-ZPRO-471-C CW	(05/18)	Independent Contractor Endorsement (Exclusion Amended)	
U-ZPRO-528-A CW	(02/17)	Strike Endorsement (Exclusion Added)	

**Public Officials Liability**

U-ZPRO-410-A CW	(02/17)	Zurich Pro Plus Public Officials Error and Omissions Liability Coverage Part	
U-APR-221-A CW	(01/19)	Amend Definition of Insured Persons	
U-APR-222-A CW	(01/19)	Amend Definition of Wrongful Act Endorsement (Public Officials)	

**Security and Privacy**

U-ZPRO-411-A CW	(05/18)	Zurich Pro Plus Security and Privacy Coverage Part	
U-APR-239-A CW	(01/19)	Security and Privacy Enhancement with Deductible Endorsement	



## Commercial Umbrella Liability Policy Declarations

Insurance is provided by the company below:

### American Guarantee & Liability Insurance Company

Policy Number: **UMB-0632560-01**

Renewal of: **UMB-0632560-00**

1. Named Insured

Producer:

**Gallatin County Water District**

**Allied Public Risk, LLC**

2. Mailing Address:

**4500 Hwy 455  
Sparta, KY 41086**

**4705 North Front Street Suite 200  
Harrisburg, PA 17110**

3. Policy Period:

From: 7/1/2020 To: 7/1/2021

At 12:01 A.M. Standard Time at the address of the Named Insured.

4. Limits of Insurance:

A. \$	2,000,000	Occurrence
B. \$	6,000,000	Other Aggregate
C. \$	2,000,000	Products/Completed Operations Aggregate
D. \$	250,000	Casualty Business Crisis Aggregate Limit

5. Retained Limit:

\$ 0 Per Occurrence

6. Policy Premium

\$1,794

Terrorism Premium:

\$18

Total Premium:

\$1,812

Fees & Surcharges (if Any):

\$33

7. Schedule of Underlying Insurance:

See attached Schedule of Underlying Insurance

8. Endorsements Attached:

See attached Schedule of Endorsements

# Schedule of Underlying Insurance

## ZURICH

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.
UMB-0632560-01	7/1/2020	7/1/2021	7/1/2020	56139000

Company, Policy No. and Term	Coverage	Applicable Limits
<b>A.</b> Company: American Zurich Insurance Company  Policy No.: CPO-0632562-01  Term: 7/1/2020 - 7/1/2021	Commercial General Liability       Including Employee Benefits	\$1,000,000 Each Occurrence  \$1,000,000 Products – Completed Operations Aggregate \$3,000,000 General Aggregate \$1,000,000 Personal and Advertising Injury  \$1,000,000 Each Claim \$3,000,000 Aggregate
<b>A.</b> Company: American Zurich Insurance Company  Policy No.: CPO-0632562-01  Term: 7/1/2020 - 7/1/2021	Commercial Auto Liability	\$1,000,000 Bodily Injury & Property Damage Combined Single Limit
<b>C.</b> Company:  Policy No.:  Term:	Employers Liability	

Signed by: \_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_ Date

# Extended Schedule of Underlying Insurance



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.
UMB-0632560-01	7/1/2020	7/1/2021	7/1/2020	56139000

Named Insured and Mailing Address:

Producer:

Named Insured / Mailing Address: <b>GALLATIN COUNTY WATER DISTRICT</b> <b>4500 HWY 455</b> <b>SPARTA, KY 41086</b>	Producer: <b>ALLIED PUBLIC RISK, LLC</b> <b>4507 NORTH FRONT STREET SUITE 200</b> <b>HARRISBURG, PA 17110</b>
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Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Products Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Employee Benefits Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Stop Gap	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Premises Only	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Products Completed Operations Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Premises and Products / Completed Ops Liability	
Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Foreign Liability - Automobile Liability	



<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Zurich American Insurance Company Policy No: EOC-0632561-01 Term: 7/1/2020 to 7/1/2021 Retro-Date: 7/1/1999	Employment Practices Liability and Third Party Discrimination Liability	\$ 1,000,000 Each Occurrence \$ 3,000,000 Aggregate
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No: Term:	Police Professional Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Zurich American Insurance Company Policy No: EOC-0632561-01 Term: 7/1/2020 to 7/1/2021 Retro Date: 7/1/1999	Public Officials Errors and Omissions Liability	\$ 1,000,000 Each Occurrence \$ 3,000,000 Aggregate
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No: Term:	Security and Privacy Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Watercraft Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Garage Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Abusive Act Liability	

Signed By

Date 8/5/2020

Authorized Representative



Kentucky Employers' Mutual Insurance

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

May 29, 2018

Gallatin County Water District  
4500 Highway 455  
Sparta, KY 41086

**Kentucky Employers Mutual Insurance**  
**250 W Main Street, Suite 900**  
**Lexington, KY 40507**  
**[www.kemi.com](http://www.kemi.com)**  
**859-425-7800 / 800-640-5364**

Quote Date: May 29, 2018

Prospective Insured:                      Legal Entity:                      Municipality  
Name: Gallatin County Water District      FEIN:                      611112417  
Address: 4500 Highway 455  
City:      Sparta, KY 41086

Agency:                      Nelson Insurance Agency Inc  
Agent Number:      636  
Address:                      2000 Envoy Circle Ste 2001  
City:                      Louisville, KY 40299  
Phone:                      (502)736-7000

Renewal Quote for Workers Compensation Coverage  
376115-07/01/2018-07/01/2019

Proposed Effective Date: 07/01/2018      Proposed Expiration Date: 07/01/2019

Employer's Liability Limits:	Bodily Injury by Accident	\$500,000	each accident
(3.B)	Bodily Injury by Disease	\$500,000	policy limit
	Bodily Injury by Disease	\$500,000	each employee

Quote for Workers Compensation Coverage  
376115-- 07/01/2018-07/01/2019

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC
9410-000	Municipal, Township or State Employee NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Gallatin County Water District 07/01/2018 - 07/01/2019			
8810-000	78,662	.16	\$126.00
7520-000	171,802	2.25	\$3,866.00
9410-000	6,016	2.53	\$152.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2018 - 07/01/2019	Total Manual Premium		\$4,144.00
	Employers Liability Limits	.008	\$33.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$42.00
	Total Subject Premium		\$4,219.00
	Total Modified Premium		\$4,219.00
	Schedule Rating Premium	.950	-\$211.00
Final Estimate	Total Standard Premium		\$4,008.00
	Expense Constant		\$260.00
	Terrorism Charge		\$26.00
	Estimated Annual Premium		\$4,294.00
	Kentucky Special Fund Assessment		\$270.09
	Total Amount Due		\$4,564.09

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$4,564.09**

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2018	\$4,564.09

**This renewal quotation is based on the information provided by the expiring policy. Any changes in this information unknown at the time of this quotation could change the policy premium. Notify KEMI immediately of any and all changes. If not paid by the renewal date, coverage will expire.**

cc: Nelson Insurance Agency Inc



Kentucky Employers' Mutual Insurance

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

May 28, 2019

Gallatin County Water District  
4500 Highway 455  
Sparta, KY 41086

**Kentucky Employers Mutual Insurance**  
**250 W Main Street, Suite 900**  
**Lexington, KY 40507**  
**www.kemi.com**  
**859-425-7800 / 800-640-5364**

Quote Date: May 28, 2019

Prospective Insured:  
Name: Gallatin County Water District  
Address: 4500 Highway 455  
City: Sparta, KY 41086

Legal Entity: Municipality  
FEIN: 61112417

Agency: Nelson Insurance Agency Inc  
Agent Number: 636  
Address: 2000 Envoy Circle Ste 2001  
City: Louisville, KY 40299  
Phone: (502)736-7000

Renewal Quote for Workers Compensation Coverage  
376115- 07/01/2019-07/01/2020

Proposed Effective Date: 07/01/2019      Proposed Expiration Date: 07/01/2020

Employer's Liability Limits: (3.B)	Bodily Injury by Accident	\$500,000 each accident
	Bodily Injury by Disease	\$500,000 policy limit
	Bodily Injury by Disease	\$500,000 each employee

Quote for Workers Compensation Coverage  
376115-- 07/01/2019-07/01/2020

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC
9410-000	Municipal, Township or State Employee NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Gallatin County Water District			
07/01/2019 - 07/01/2020			
7520-000	172,273	2.36	\$4,066.00
9410-000	6,032	2.36	\$142.00
8810-000	78,878	.15	\$118.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2019 - 07/01/2020	Total Manual Premium		\$4,326.00
	Employers Liability Limits	.008	\$35.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$40.00
	Total Subject Premium		\$4,401.00
	Total Modified Premium		\$4,401.00
	Schedule Rating Premium	.950	-\$220.00
Final Estimate	Total Standard Premium		\$4,181.00
	Expense Constant		\$260.00
	Terrorism Charge		\$26.00
	Estimated Annual Premium		\$4,467.00
	Kentucky Special Fund Assessment		\$286.33
	Total Amount Due		\$4,753.33

TOTAL ESTIMATED ANNUAL POLICY PREMIUM \$4,753.33

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2019	\$4,753.33

**This renewal quotation is based on the information provided by the expiring policy. Any changes in this information unknown at the time of this quotation could change the policy premium. Notify KEMI immediately of any and all changes. If not paid by the renewal date, coverage will expire.**

cc: Nelson Insurance Agency Inc

July 1, 2020



Gallatin County Water District  
4500 Highway 455  
Sparta, KY 41086

INFORMATION PAGES  
FOR POLICY NUMBER – **376115**  
KEMI 007

**1. Policyholder:**

Gallatin County Water District  
4500 Highway 455

Sparta, KY 41086

Federal ID: 611112417  
Entity type: Municipality

**2. Policy Period:**

<u>Effective:</u>		<u>Expires:</u>	
12:01 AM	07/01/2020	12:01 AM	07/01/2021

**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	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	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 034 03	Experience Rating for Modification Factor Endorsement
KEMI_044_05	Terrorism Risk Insurance Program reauthorization Act Disclosure Endorsement
KEMI 045 03	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI 053	Application of Premium Payments Endorsement
KEMI 061	Audit NonCompliance Charge Endorsement

#### 4. Classifications

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC
9410-000	Municipal, Township or State Employee NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Gallatin County Water District			
07/01/2020 - 07/01/2021			
7520-000	171,802	2.36	\$4,055.00
8810-000	78,662	.14	\$110.00
9410-000	6,016	1.91	\$115.00

**Total Manual Premium:**  
\$4,280.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2020 - 07/01/2021	Total Manual Premium		\$4,280.00
	Employers Liability Limits	.008	\$34.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$41.00
	Total Subject Premium		\$4,355.00
	Total Modified Premium		\$4,355.00
	Schedule Rating Premium	.950	-\$218.00
Final Estimate	Total Standard Premium		\$4,137.00
	Expense Constant		\$260.00
	Terrorism Charge		\$26.00
	Catastrophe Charge		\$26.00
	Estimated Annual Premium		\$4,449.00



PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
	Kentucky Special Fund Assessment		\$285.18
	Total Amount Due		\$4,734.18

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.



Kentucky Employers' Mutual Insurance

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

May 27, 2021

Gallatin County Water District  
4500 Highway 455  
Sparta, KY 41086

**Kentucky Employers Mutual Insurance**  
**250 W Main Street, Suite 900**  
**Lexington, KY 40507**  
**www.kemi.com**  
**859-425-7800 / 800-640-5364**

Quote Date: May 27, 2021

Prospective Insured:                      Legal Entity:              Municipality  
Name: Gallatin County Water District      FEIN:                      611112417  
Address: 4500 Highway 455  
City:      Sparta, KY 41086

Agency:              Nelson Insurance Agency Inc  
Agent Number:      636  
Address:              2000 Envoy Circle Ste 2001  
City:                  Louisville, KY 40299  
Phone:                (502)736-7000

Renewal Quote for Workers Compensation Coverage  
376115- 07/01/2021-07/01/2022

Proposed Effective Date: 07/01/2021      Proposed Expiration Date: 07/01/2022

Employer's Liability Limits: (3.B)	Bodily Injury by Accident	\$500,000 each accident
	Bodily Injury by Disease	\$500,000 policy limit
	Bodily Injury by Disease	\$500,000 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_034_03	Experience Rating for Modification Factor Endorsement
KEMI_044_05	Terrorism Risk Insurance Program reauthorization Act Disclosure Endorsement
KEMI_045_03	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053	Application of Premium Payments Endorsement
KEMI_061	Audit NonCompliance Charge Endorsement

**4. Classifications**

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC
9410-000	Municipal, Township or State Employee NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Gallatin County Water District			
07/01/2020 - 07/01/2021			
7520-000	171,802	2.36	\$4,055.00
8810-000	78,662	.14	\$110.00
9410-000	6,016	1.91	\$115.00

**Total Manual Premium:**  
\$4,280.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2020 - 07/01/2021	Total Manual Premium		\$4,280.00
	Employers Liability Limits	.008	\$34.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$41.00
	Total Subject Premium		\$4,355.00
	Total Modified Premium		\$4,355.00
	Schedule Rating Premium	.950	-\$218.00
Final Estimate	Total Standard Premium		\$4,137.00
	Expense Constant		\$260.00
	Terrorism Charge		\$26.00
	Catastrophe Charge		\$26.00
	Estimated Annual Premium		\$4,449.00

Quote for Workers Compensation Coverage  
376115-- 07/01/2021-07/01/2022

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC
9410-000	Municipal, Township or State Employee NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Gallatin County Water District			
07/01/2021 - 07/01/2022			
7520-000	171,802	2.14	\$3,677.00
8810-000	78,662	.13	\$102.00
9410-000	6,016	1.67	\$100.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2021 - 07/01/2022	Total Manual Premium		\$3,879.00
	Employers Liability Limits	.008	\$31.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$44.00
	Total Subject Premium		\$3,954.00
	Total Modified Premium		\$3,954.00
	Schedule Rating Premium	.950	-\$198.00
Final Estimate	Total Standard Premium		\$3,756.00
	Expense Constant		\$260.00
	Terrorism Charge		\$26.00
	Catastrophe Charge		\$26.00
	Estimated Annual Premium		\$4,068.00
	Kentucky Special Fund Assessment		\$285.57
	Total Premium & Assessment		\$4,353.57

TOTAL ESTIMATED ANNUAL POLICY PREMIUM \$4,353.57

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2021	\$4,353.57

**This renewal quotation is based on the information provided by the expiring policy. Any changes in this information unknown at the time of this quotation could change the policy premium. Notify KEMI immediately of any and all changes. If not paid by the renewal date, coverage will expire.**

Insurance is provided by:

American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

Policy Number CPO-0632562-02

**COMMON POLICY DECLARATIONS**

A Stock Insurer

**Item 1. Named Insured and Mailing Address**

Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

**Agent Name and Address**

Allied Public Risk LLC  
4507 North Front Street Suite 200  
Harrisburg, PA 17110  
Producer No. 56139000

**Item 2. Policy Period From:** 7/1/2021 **To:** 7/1/2022

at 12:01 A.M., Standard Time at your mailing address shown above.

**Item 3. Business Description:** Special District

Form of Business: N/A

**Item 4.** 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Parts(s)	Premium
Commercial Property Coverage Part	\$ 6,437.00
Commercial General Liability Coverage Part	\$ 5,941.00
Commercial Crime Coverage Part	\$ 568.00
Commercial Inland Marine Coverage Part	\$ 1,938.00
Commercial Auto (Business or Truckers)	\$ 3,013.00
Commercial Garage Coverage Part	\$ Not Covered
Total Policy Premium	\$ 17,897.00
Terrorism	\$ 287.00
Total Policy Premium including Terrorism	\$ 18,184.00
Taxes & Surcharges	\$ 163.31
Electronic Data Management Fee	\$ 250.00
Total Premium including Terrorism Surcharges and Fees	\$ <b>18,597.31</b>

**ITEM 5:** Form(s) and Endorsement(s) made a part of this Policy at time of issue:

**See Schedule of Forms and Endorsements**

COUNTERSIGNED: DATE: 7/27/2021

BY: (Authorized Representative)

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

Policy Number: CPO-0632562-02

Insurance is Provided by:  
American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
A Stock Insurer

COMMERCIAL PROPERTY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS

Named Insured      Gallatin County Water District      Effective Date      7/1/2021  
4500 Hwy 455  
Sparta, KY 41086  
Agent Name      Allied Public Risk, LLC      Producer No.      56139000  
4507 North Front Street – Suite 200  
Harrisburg, PA 17110

Item 1. Business Description: Special District

Item 2. Premises Described: See Schedule of Locations

Item 3. \$1,000 Deductible unless otherwise indicated.

Item 4. Coverage Provided

Loc. No.	Bldg. No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
		See Attached Schedule of Locations	\$4,107,654	Special	90%

Other Provisions

Agreed Value:      Blanket      Expires      7/1/2022       Replacement Cost  
 Business Income Indemnity:      Monthly Limit:      Period: Maximum       Inflation Guard:      0.0000%  
 Reporting      Extended      Days      BI Media  
Extension of Recovery Period:      Months  
Deductible: \$1,000 AOP unless otherwise specified      Earthquake Deductible: See Sched of Locations      Exceptions: Per Policy

Loc. No.	Bldg. No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

Other Provisions

Agreed Value:      Expires       Replacement Cost  
 Business Income Indemnity:      Monthly Limit:      Period: Maximum       Inflation Guard:      %  
 Reporting      Extended      Days      BI Media  
Extension of Recovery Period:      Months  
Deductible:      Earthquake Deductible:      Exceptions

Loc. No.	Bldg. No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

Other Provisions

Agreed Value:      Expires       Replacement Cost  
 Business Income Indemnity:      Monthly Limit:      Period: Maximum       Inflation Guard:      %  
 Reporting      Extended      Days      BI Media  
Extension of Recovery Period:      Months  
Deductible:      Earthquake Deductible:      %      Exceptions

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:  
See Schedule of Forms and Endorsements

ALLIED PUBLIC RISK SCHEDULE OF LOCATIONS  
 American Zurich Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2021 - 7/1/2022

TRANS TYPE *	LOC ID	BLDG NUM	ADDRESS	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	EARTH-QUAKE DED \$	VALUATION
E	1	1	Dry Creek Road	Pump House	\$18,658	\$84,804	\$103,462	\$50,000	Agreed Value RC
E	2	1	Highway 18 & Eagle Tunnel	Water Tower	\$364,000	\$0	\$364,000	\$50,000	Agreed Value RC
E	3	1	Highway 486 Boone Road	Standpipe	\$208,000	\$0	\$208,000	\$50,000	Agreed Value RC
E	4	1	I-75 @ KY 455	Office / Maintenance	\$468,000	\$104,000	\$572,000	\$50,000	Agreed Value RC
E	5	1	Highway 35	New Well / Pump Station	\$434,243	\$0	\$434,243	\$50,000	Agreed Value RC
E	5	2	Highway 35	KY Speedway Building	\$12,272	\$0	\$12,272	\$50,000	Agreed Value RC
E	5	3	Highway 35	KY Speedway Valve Vault	\$24,648	\$0	\$24,648	\$50,000	Agreed Value RC
E	5	4	Highway 35	450,000 Painted Steel Tank	\$480,168	\$0	\$480,168	\$50,000	Agreed Value RC
E	6	1	Highway 455 & 465	Booster Station	\$83,200	\$0	\$83,200	\$50,000	Agreed Value RC
E	7	1	4500 Highway 455	Storage Building	\$150,000	\$10,400	\$160,400	\$50,000	Agreed Value RC

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted

\_\_\_\_\_  
 AUTHORIZED SIGNATURE



ALLIED PUBLIC RISK – SCHEDULE OF LOCATIONS  
 American Zurich Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2021 - 7/1/2022

TRANS TYPE *	LOC ID	BLDG NUM	ADDRESS	BUILDING DESCRIPTION	BUILDING VALUE	CONTENTS VALUE	TOTAL INSURED VALUE	EARTH-QUAKE DED \$	VALUATION
E	7	2	4500 KY Highway 455	New Storage Building	\$13,500	\$0	\$13,500	\$50,000	Agreed Value RC
E	8	1	8917 Highway 16	Booster Pump Station	\$99,720	\$0	\$99,720	\$50,000	Agreed Value RC
E	9	1	1500 Meadow Lark Lane	68,000 Gal Glass Lined Water Tank	\$100,552	\$0	\$100,552	\$50,000	Agreed Value RC
E	10	1	1281 KY Highway 1992	68,000 Gal Glass Lined Water Tank	\$90,269	\$0	\$90,269	\$50,000	Agreed Value RC
E	10	2	1281 KY Highway 1992	New Well-Booster Pump Station	\$512,455	\$0	\$512,455	\$50,000	Agreed Value RC
E	11	1	782 Ambrose Road	200,000 Gal Elevated Water Tower	\$464,339	\$0	\$464,339	\$50,000	Agreed Value RC
E	12	1	55 Mars Drive	100,000 Gal Elevated Water Tower	\$384,426	\$0	\$384,426	\$50,000	Agreed Value RC

\*Trans type – N-New, E-Existing, M-Modified, PD, Previously Deleted, D-Deleted

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

Insurance is provided by:  
American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

AAIS  
IM 7900 04 04

A Stock Insurer

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## INLAND MARINE -- DECLARATIONS

POLICY NUMBER CPO-0632562-02  
COMPANY NAME American Zurich Insurance Company  
PRODUCER NAME Allied Public Risk, LLC  
4507 North Front St, 200  
Harrisburg, PA 17110  
AND NUMBER 56139000  
NAME OF INSURED Gallatin County Water District  
MAILING ADDRESS 4500 Hwy 455  
Sparta, KY 41086

POLICY PERIOD: From 7/1/2021 To: 7/1/2022 at  
12:01 a.m. Standard Time at your mailing address shown above.

IN RETURN FOR YOUR PAYMENT OF THE PREMIUM, WE PROVIDE THE INSURANCE AS DESCRIBED IN THIS POLICY.

BUSINESS DESCRIPTION Special District

LOSS PAYABLE NAME AND MAILING ADDRESS  
\_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

FORMS APPLICABLE TO ALL COVERAGES

See Schedule of Forms

PREMIUM \$ 1,977 PAYABLE: As Billed

COUNTERSIGNATURE \_\_\_\_\_ DATE 7/27/2021  
(Authorized Representative)

Company Officer's Signature

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IM 7900 04 04

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ALLIED PUBLIC RISK –INLAND MARINE SCHEDULED ITEMS  
 American Zurich Insurance Company  
 INSURED: **Gallatin County Water District Sparta KY 41086**  
 POLICY YEAR EFFECTIVE: 7/1/2021 - 7/1/2022

ITEM #	INLAND MARINE TYPE	DESCRIPTION	SERIAL #	VALUE	VALUATION
1	Contractors Equipment	Rod Pusher Boring Machine w/ add Equipment P40		\$4,305	Actual Cash Value
2	Contractors Equipment	Pumps, Motors & Controls w/ Water Fac Transfer Equipment		\$100,000	Actual Cash Value
3	Contractors Equipment	1998 Case 580 Super L	JJG0259822	\$48,577	Actual Cash Value
4	Contractors Equipment	2001 Ditch Witch Trencher	3V0429	\$17,000	Actual Cash Value
5	Contractors Equipment	2007 Kubota Zero Turn Mower	16302	\$9,500	Actual Cash Value
6	Contractors Equipment	2007 Moritz International LRB 18 4WXUU182	571015786	\$2,650	Actual Cash Value
7	Contractors Equipment	2008 Caterpillar 303 CCR ID #AXT13243	OBXTO30382	\$35,891	Actual Cash Value
8	Unscheduled Contractors Equipment	Unscheduled Equipment		\$302,923	Actual Cash Value
9	Contractors Equipment	2011 Skid Steer Track Loader Bobcat T190	A3LN39119	\$33,000	Actual Cash Value

## SCHEDULE OF COVERAGES CONTRACTORS' EQUIPMENT

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

### PROPERTY COVERED

(check one)

Scheduled Equipment (Refer to Equipment Schedule)

Schedule On File

"Limit"

**Catastrophe Limit** -- The most "we" pay for loss in any one occurrence is: \$ 250,923

### COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ N/A

### SUPPLEMENTAL COVERAGES

Employee Tools \$ N/A

Equipment Leased or Rented From Others \$ N/A

Newly Purchased Equipment (check one)

Percentage of Catastrophe Limit N/A %

Dollar Limit \$ N/A

Pollutant Cleanup and Removal \$ N/A

Rental Reimbursement

-- Reimbursement Limit \$ N/A

-- Waiting Period N/A

Spare Parts and Fuel \$ N/A

**COINSURANCE** (check one)

80%       90%       100%       Other \_\_\_\_%

**REPORTING CONDITIONS** (check if applicable)

**Equipment Leased or Rented From Others**

-- Reporting Rate      \$ N/A

-- Deposit Premium      \$ N/A

-- Minimum Premium      \$ N/A

**VALUATION** (check if applicable)

Actual Cash Value       Replacement Cost

Indicated on Equipment Schedule

**DEDUCTIBLE** (check one)

Flat Deductible Amount      \$ 1,000

Percentage Deductible      N/A %

Maximum Deductible Amount      \$ N/A

Minimum Deductible Amount      \$ N/A

**ADDITIONAL INFORMATION**

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**SCHEDULE OF COVERAGES  
CONTRACTORS' EQUIPMENT  
BLANKET EQUIPMENT FORM**

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

**PROPERTY COVERED**

Blanket Equipment Coverage

	<b>"Limit"</b>
<b>Equipment Limit</b> -- The most "we" pay for loss to any one piece of "contractors' equipment" is:	\$ 2,500
<b>Catastrophe Limit</b> -- The most "we" pay for loss in any one occurrence is:	\$ 302,923

**COVERAGE EXTENSIONS**

Additional Debris Removal Expenses	\$ N/A
Equipment Leased Or Rented To Others	\$ N/A
Equipment Loaned To Others	\$ N/A
Fraud And Deceit	\$ N/A
Waterborne Equipment	\$ N/A

**SUPPLEMENTAL COVERAGES**

Construction Trailers	\$ N/A
-- Any One Trailer	\$ N/A
-- Any One Loss	\$ N/A
Employee Tools	\$ N/A
Fire Department Service Charge	\$ N/A
Pollutant Cleanup And Removal	\$ N/A
Recharge of Fire Extinguishing Equipment	\$ N/A

**SUPPLEMENTAL COVERAGES (cont)**

"Limit"

Rental Reimbursement

-- Reimbursement Limit \$ N/A

-- Waiting Period NA

Reward For Recovery Of Stolen Equipment \$ N/A

Spare Parts And Fuel \$ N/A

**REPORTING CONDITIONS (check if applicable)**

**Your Contractors' Equipment**

-- Reporting Rate \$ N/A

-- Reporting Period -- (check one)

Monthly

Quarterly

Annual

**Additional Premium Due After Expiration** -- When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

-- Deposit Premium \$ N/A

-- Minimum Premium \$ N/A

**Equipment Leased Or Rented From Others**

-- Reporting Rate \$ N/A

-- Deposit Premium \$ N/A

-- Minimum Premium \$ N/A

**Equipment Leased Or Rented To Others**

-- Reporting Rate \$ N/A

-- Deposit Premium \$ N/A

-- Minimum Premium \$ N/A

**VALUATION** (check if applicable)

- Actual Cash Value
- Replacement Cost

**DEDUCTIBLE** (check one)

- Flat Deductible Amount \$1,000
- Percentage Deductible   N/A   %
- Maximum Deductible Amount \$   N/A
- Minimum Deductible Amount \$   N/A

**ADDITIONAL INFORMATION**

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## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)

The Crime And Fidelity Coverage Part (Government Entities) consists of this Declarations form and the Government Crime Coverage Form.

**Coverage Is Written:**

Primary
  Excess
  Coindemnity
  Concurrent

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$ 25,000	\$ 1,000
2. Employee Theft – Per Employee Coverage	\$ N/A	\$ N/A
3. Forgery Or Alteration	\$ 25,000	\$ 1,000
4. Inside The Premises – Theft Of Money and Securities	\$ 25,000	\$ 1,000
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$ 25,000	\$ 1,000
6. Outside The Premises	\$ 25,000	\$ 1,000
7. Computer And Funds Transfer Fraud	\$ 50,000	\$ 1,000
8. Money Orders And Counterfeit Money	\$ 50,000	\$ 1,000

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this Policy are deleted.

If Added by Endorsement:		
Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$
	\$	\$
	\$	\$

Endorsements Forming Part Of This Coverage Part When Issued: See Schedule of Forms and Endorsements.

**Cancellation Of Prior Insurance Issued By Us:**

By acceptance of this Coverage Part, you give us notice cancelling prior Policy Numbers ; the cancellation to be effective at the time this Coverage Part becomes effective.

**Countersignature Of Authorized Representative**

Name:

Title:

Signature:

Date:

Policy Number: CPO-0632562-02

Insurance is Provided by:

American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

A Stock Insurer

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Named Insured: Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Policy Period: Coverage begins 7/1/2021 at 12:01 A.M.; Coverage ends 7/1/2022 at 12:01 A.M.

Producer Name: Allied Public Risk, LLC 4507 N Front Street Suite 200 Harrisburg, PA 17110	Agent No. 56139000
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**Item 1.** Business Description: Special District

**Item 2.** Limits of Insurance

GENERAL AGGREGATE LIMIT	<u>\$3,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	<u>\$1,000,000</u>	
EACH OCCURRENCE LIMIT	<u>\$1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	<u>\$1,000,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	<u>\$5,000</u>	Any one person
PERSONAL AND ADVERTISING INJURY LIMIT	<u>\$1,000,000</u>	Any one person or organization

**Item 3.** Retroactive Date (CG 00 02 ONLY)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" offense which occurs before the Retroactive Date, if any, shown here: None  
(Enter Date or "None" if no Retroactive Date applies)

**Item 4.** Form of Business and Location Premises

Form of Business: Special District

Location of All Premises You Own, Rent or Occupy: **Schedule of Locations on File with Carrier**

**Item 5.** Schedule of Forms and Endorsements

Form(s) and Endorsement(s) made a part of this Policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Item 6.** Premiums

Coverage Part Premium:	<b>\$ 5,941</b>
Other Premium	<b>\$ Included</b>
Total Premium	<b>\$ 5,941</b>

Policy Number: CPO-0632562-02

**COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**

Named Insured: Gallatin County Water District

Effective Date: 7/1/2021  
12:01 A.M., Standard Time

Agent Name: Allied Public Risk LLC

Agent No.: 56139000

**Item 5. Location of Premises**

Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

Code No.	Premium Basis	Premises/Operations	
99943	Payroll per 1000		
Location	Exposure	Rate	Premium
	173,000		\$3,578
Classification: Water Company		Products/Completed Operations	
		Rate	Premium Included



**ZURICH**

**ABUSIVE ACT LIABILITY COVERAGE FORM  
DECLARATIONS**

Administrative Office  
1299 Zurich Way  
Schaumburg, IL 60196

Policy Number: **CPO-0632562-02**

Named Insured: **Gallatin County Water District**

Policy Period: Coverage begins 7/1/2021 at 12:01 A.M.  
Coverage ends 7/1/2022 at 12:01 A.M.

Producer Name: **Allied Public Risk, LLC**  
**4507 North Front Street, Suite 200** Producer Number: **56139000**  
**Harrisburg, PA 17110**

**Item 1.** Business Description: Special District

**Item 2.** Limits of Insurance  
Abusive Act Liability

Each Abusive Act Limit	\$ 250,000
Aggregate Limit	\$ 500,000
Each Abusive Act Retention	\$ 0
Special Supplementary Payment Limit	\$ 0

**Item 3.** Form of business and Location of Premises  
Form of business: Special District  
Location of All Premises You Own, Rent or Occupy: **See Schedule of Locations**

**Item 4.** Form(s) and Endorsement(s) made a part of this Policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Item 5.** Premiums

Abusive Act Liability Coverage Part Premium:	\$ Included
Other Premium:	\$ 0
Total Premium:	\$ Included

POLICY NUMBER: CPO-0632562-02

COMMERCIAL AUTO

American Zurich Insurance Company  
1299 Zurich Way  
Schaumburg, IL 60196-1056

## BUSINESS AUTO DECLARATIONS

### ITEM ONE

PRODUCER: Allied Public Risk, LLC  
4507 North Front Street Suite 200  
Harrisburg, PA 17110

Producer No: 56139000

NAMED INSURED: Gallatin County Water District

MAILING ADDRESS: 4500 Hwy 455  
Sparta, KY 41086

POLICY PERIOD: From 7/1/2021 to 7/1/2022 at 12:01 A.M. Standard Time at your mailing address shown above

PREVIOUS POLICY NUMBER: CPO-0632562-01

#### FORM OF BUSINESS:

CORPORATION

LIMITED LIABILITY COMPANY

INDIVIDUAL

PARTNERSHIP

OTHER Special District

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 as billed: Not Auditable

AUDIT PERIOD (NOT APPLICABLE)

ANNUALLY

SEMI-ANNUALLY

QUARTERLY

MONTHLY

#### ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (not Applicable in New York) (IL 01 98 in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (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	
COVERED AUTOS LIABILITY	1	\$1,000,000	\$	1,370
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	\$	154
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)	N/A	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.- see following page	\$	Not Covered
PROPERTY PROTECTION INSURANCE (Michigan only)	N/A	SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS N/A DEDUCTIBLE FOR EACH ACCIDENT.	\$	Not Covered
AUTO MEDICAL PAYMENTS	N/A	EACH INSURED	\$	Not Covered
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)	N/A	SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	Not Covered
UNINSURED MOTORISTS	2	\$1,000,000	\$	100
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)	2	\$1,000,000	\$	395
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7, 8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE AUTO 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.	\$	509
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	N/A	ACTUAL CASH VALUE OR COST OF REPAIR,WHICHEVER IS LESS, MINUS N/A DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos.	\$	N/A
PHYSICAL DAMAGE COLLISION COVERAGE	7, 8	ACTUAL CASH VALUE OR COST OF REPAIR,WHICHEVER IS LESS, MINUS SEE AUTO SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos.	\$	485
PHYSICAL DAMAGE TOWING AND LABOR	N/A	\$50 FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO.	\$	Not Covered
TAX/SURCHARGE/FEE			\$	54.23
PREMIUM FOR ENDORSEMENTS			\$	3,013
*ESTIMATED TOTAL PREMIUM			\$	3,067.23



\*This policy may be subject to final audit.

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION				TERRITORY		Original Cost New
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged		
Schedule on File with Company							
Covered Auto No.	CLASSIFICATION						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:
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification		
Schedule on File with Company							
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COVERED AUTOS LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium	
Schedule on File with Company							
<b>Total Premium</b>							

**ITEM THREE**

**SCHEDULE OF COVERED AUTOS YOU OWN (Continued)**

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES						
	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						

	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
	Limit Each Insured	Premium	Limit Stated In The Medical Expense and Income Loss Benefits Endorsement For Each Person	Premium	Limit	Premium	Premium	
Schedule on File with Company								
Total Premium								
<b>COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES</b>								
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Covered Auto No.								
Schedule on File with Company								
Total Premium								

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage			
Excess Coverage			
<b>TOTAL HIRED AUTO PREMIUM</b>			N/A

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (*i.e.*, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

COVERED AUTOS LIABILITY COVERAGE – Cost Of Hire Rating Basis for Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
COVERED AUTOS LIABILITY COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	PREMIUM
Primary Coverage	KY		
Excess Coverage			
<b>TOTAL HIRED AUTO PREMIUM</b>			Included

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Physical Damage Coverages – Cost Of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)				
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)	PREMIUM
COMPREHENSIVE	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$35,000	Included
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	N/A	N/A
COLLISION	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO.	\$35,000	Included
<b>TOTAL HIRED AUTO PREMIUM</b>				Included
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.				

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)**

Cost Of Hire Rating Basis For Mobile Or Farm Equipment – Other Than Physical Damage Coverages					
COVERAGE	STATE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage	KY	N/A	N/A	N/A	N/A
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
<b>TOTAL HIRED AUTO PREMIUMS</b>				N/A	N/A
<p>Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>					

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)

Cost Of Hire Rating Basis For Mobile or Farm Equipment – Physical Damage Coverages						
COVERAGE	STATE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE (Excluding Autos Hired With A Driver)		PREMIUM	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
COMPREHENSIVE	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	N/A	N/A	N/A	N/A
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.				
COLLISION	KY	ACTUAL CASH VALUE OR COST OF REPAIR, WHICH-EVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	N/A	N/A	N/A	N/A
<b>TOTAL HIRED AUTO PREMIUM</b>					N/A	N/A
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.						

**ITEM FOUR**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS (Cont'd)**

Rental Period Rating Basis For Mobile Or Farm Equipment					
COVERAGE	TOWN AND STATE WHERE THE JOB SITE IS LOCATED	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED		PREMIUM	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability – Primary Coverage					
Covered Autos Liability – Excess Coverage					
Personal Injury Protection					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
<b>TOTAL HIRED AUTO PREMIUMS</b>				N/A	N/A

**ITEM FIVE**

**SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	0-25	INCLUDED
	Number Of Partners (Active and Inactive)		
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos	N/A	N/A
	Number Of Partners (Active and Inactive)		
Social Service Agencies	Number Of Employees	N/A	N/A
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
<b>TOTAL NON-OWNERSHIP COVERED AUTOS LIABILITY PREMIUM</b>			INCLUDED

**ITEM SIX**  
**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS**

Type Of Risk (Check one):	<input type="checkbox"/> Public Autos	<input type="checkbox"/> Leasing Or Rental Concerns
Rating Basis (Check one):	<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)
Estimated Yearly (Check One):	<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage
<b>Premiums</b>		
Covered Autos Liability		
Personal Injury Protection		
Added Personal Injury Protection		
Property Protection Insurance (Michigan Only)		
Auto Medical Payments		
Medical Expense And Income Loss Benefits (Virginia Only)		
Comprehensive		
Specified Causes Of Loss		
Collision		
Towing And Labor		

When used as a premium basis:

**FOR PUBLIC AUTOS**

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.



ALLIED PUBLIC RIS -AUTO SCHEDULE  
 American Zurich Insurance Company  
 INSURED: Gallatin County Water District Sparta KY 41086  
 POLICY YEAR EFFECTIVE: 7/1/2021

TYPE ***	AUTO #	YEAR	MAKE	MODEL	COST NEW	COMP DED	COLL DED	VIN	VALUATION
E	1	1997	Hurst	Trailer	\$2,750	\$500	\$500	1HT9T41834V1057027	Actual Cash Value
E	2	1998	GMC	Sierra	\$22,000	\$500	\$500	1GDJC34R6WF032684	Actual Cash Value
E	3	2010	Ford	F250	\$26,295	\$500	\$500	1FTSX2B50AEA08886	Actual Cash Value
E	4	2012	Ford	F250	\$35,000	\$500	\$500	1FT7X2B68CEA12959	Actual Cash Value
E	5	2016	Ford	F150	\$27,204	\$500	\$500	1FTFX1EF9GFB03420	Actual Cash Value
E	6	2017	Chevrolet	1500	\$29,946	\$500	\$500	1GCUYAEF4KZ310485	Actual Cash Value
E	7	2020	BigTex	Utility Trailer	\$4,600	\$500	\$500	16VEX2026L2053636	Actual Cash Value

\*\*\*Type Codes E-Existing, N-New, M-Modified, D-Deleted, PD-Previously Deleted



# Zurich Pro Plus® Declarations

Insurance is provided by:

ZURICH AMERICAN INSURANCE COMPANY  
1299 Zurich Way  
Schaumburg, IL 60196-1056

THIS POLICY PROVIDES CLAIMS MADE AND REPORTED COVERAGE. **CLAIMS** MUST FIRST BE MADE AGAINST THE **INSURED**S DURING THE **POLICY PERIOD** AND REPORTED TO US PURSUANT TO SUBSECTION VIII.H. OF THIS POLICY. ALSO, VARIOUS PROVISIONS IN THIS POLICY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND WHAT IS NOT COVERED. THE PAYMENT OF **DEFENSE COSTS** REDUCES THE LIMITS OF LIABILITY.

Policy Number: EOC-0632561-02

Renewal of: EOC-0632561-01

Item 1. **Named Insured** and Mailing Address: Gallatin County Water District  
4500 Hwy 455  
Sparta, KY 41086

Item 2. **Policy Period**: From: 12:01 A.M. on 7/1/2021 To: 12:01 A.M. on 7/1/2022  
Local time at the address shown in Item 1.

Item 3. Aggregate Policy Limit of Liability: \$6,250,000 each **Policy Period** for all Coverage Parts, combined.

Note: The Limits of Liability and Deductible are reduced or exhausted by **Defense Costs**.

Item 4. Coverage Schedule:

Coverages	Each Claim Limit of Liability	Aggregate Limit of Liability	Deductible (Each Claim)	Retro Date
Employment Practices and Third Party Discrimination Liability A. Employment Practices Liability Coverage B. Third Party Discrimination Liability Coverage  Aggregate Sublimit for all <b>Third Party Discrimination Wrongful Act Claims</b>	<b>Coverage A &amp; B Combined</b> \$1,000,000  N/A	<b>Coverage A &amp; B Combined</b> \$3,000,000  N/A	\$2,500  N/A	7/1/1999  N/A
Police Professional Liability Coverage Part Police Professional Liability	Not Covered	N/A	N/A	N/A
Public Officials Errors and Omissions Liability  Dedicated Defense Limit of Liability	\$1,000,000  N/A	\$3,000,000  N/A	\$2,500  N/A	7/1/1999  N/A

Coverages	Each Claim Limit of Liability	Aggregate Limit of Liability	Deductible (Each Claim)	Retro Date
Security and Privacy Coverage Part				
A. Liability Coverages				
1. Security and Privacy Liability Coverage	\$250,000	\$250,000	\$2,500	7/1/2019
2. Regulatory Proceedings Coverage (subject to A.1 limits of liability)	\$250,000	\$250,000	\$2,500	7/1/2019
B. Non-Liability Coverage				
<b>Privacy Breach Costs</b> (subject to A.1 Limits of Liability)	\$250,000	\$250,000	\$2,500	7/1/2019
Common Policy Provisions				
Liability Coverage Extensions				
B. Supplemental Payments Extensions				
3. E-Discovery Expense	\$5,000	\$5,000	N/A	N/A
C. Public Relations Expenses Extension	\$5,000	\$5,000	N/A	N/A

Item 5. Optional Extended Reporting Period:

- A. 1 year(s) for 99% of the annual premium
- B. 2 year(s) for 150% of the annual premium
- C. 3 year(s) for 200% of the annual premium

Item 6. Notices to us:

<p>A. Address for notice of <b>Claims, Circumstances or Events</b>:  Zurich North America -  Zurich Programs  P.O. Box 968017  Schaumburg, IL 60196-8017  Fax: 877-962-2567  Email: usz_carecenter@zurichna.com</p>	<p>B. Address for all other notice:   Zurich North America -  1299 Zurich Way  Schaumburg, IL 60196-1056</p>
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Item 7. Endorsements Effective At Inception: See Schedule of Forms and Endorsements (U-ZPRO-467-A-CW)

Item 8. Policy Premium:

A. Coverage Premium:	\$ 1,939.00
B. Taxes/Surcharges/Assessments:	\$ 34.90
C. Other Fees:	0
D. Total Premium & Fees	\$ 1,973.90

Schedule of Taxes/Surcharges/Assessments

\$13.50	Kentucky Surcharges
\$7.07	Kentucky Surcharges
\$14.33	Kentucky Surcharges



## Commercial Umbrella Liability Policy Declarations

Insurance is provided by the company below:

### American Guarantee & Liability Insurance Company

Policy Number: **UMB-0632560-02**

Renewal of: **UMB-0632560-01**

1. Named Insured

Producer:

**Gallatin County Water District**

**Allied Public Risk, LLC**

2. Mailing Address:

**4500 Hwy 455  
Sparta, KY 41086**

**4705 North Front Street Suite 200  
Harrisburg, PA 17110**

3. Policy Period:

From: 7/1/2021 To: 7/1/2022

At 12:01 A.M. Standard Time at the address of the Named Insured.

4. Limits of Insurance:

A. \$	2,000,000	Occurrence
B. \$	6,000,000	Other Aggregate
C. \$	2,000,000	Products/Completed Operations Aggregate
D. \$	250,000	Casualty Business Crisis Aggregate Limit

5. Retained Limit:

\$ 0 Per Occurrence

6. Policy Premium

\$1,790

Terrorism Premium:

\$18

Total Premium:

\$1,808

Fees & Surcharges (if Any):

\$33

7. Schedule of Underlying Insurance:

See attached Schedule of Underlying Insurance

8. Endorsements Attached:

See attached Schedule of Endorsements



## Important Notice – In Witness Clause

In return for the payment of premium, and subject to the terms of this policy, coverage is provided as stated in this policy.

IN WITNESS WHEREOF, this Company has executed and attested these presents and, where required by law, has caused this policy to be countersigned by its duly Authorized Representative(s).

President

Corporate Secretary

**QUESTIONS ABOUT YOUR INSURANCE?** Your agent or broker is best equipped to provide information about your insurance. Should you require additional information or assistance in resolving a complaint, call or write to the following (please have your policy or claim number ready):

Zurich in North America  
Customer Inquiry Center  
1299 Zurich Way  
Schaumburg, Illinois 60196-1056  
**1-800-382-2150** (Business Hours: 8am - 4pm [CT])  
**Email:** [info.source@zurichna.com](mailto:info.source@zurichna.com)

## SCHEDULE OF FORMS AND ENDORSEMENTS

**Named Insured:** Gallatin County Water District

**Effective Date:** 07/01/2021  
12:01 A.M., Standard Time

**Agent Name:** Allied Public Risk LLC

**Agent No.** 56139000

Form Number	Edition	Form Name	Endt #
<b><u>Zurich Umbrella</u></b>			
U-GU-630-E CW	(01/20)	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	
U-GU-767-B CW	(01/15)	Cap On Losses From Certified Acts of Terrorism	
U-GU-873-A CW	(06/11)	Disclosure Statement	
U-GU-874-A CW	(06/11)	Notice of Disclosure For Agent & Broker Compensation	
U-GU-1211-A CW	(11/15)	Advisory Notice Regarding Sanctions	
U-PHN-1020-A CW	(03/19)	Amend Definition of Personal and Advertising Injury - Coverage B (U-UMB-942-A)	
U-PHN-1040-A-CW	(06/19)	Important Note to Policyholders - Fungus or Bacteria Exclusion (U-UMB-385-C)	
U-UMB-D-101-C CW	(03/10)	Commercial Umbrella Liability Policy - Declarations	
U-GU-319-F	(01/09)	Important Notice - In Witness Clause	
U-UMB-104-A CW	(07/99)	Schedule of Forms and Endorsements	
U-UMB-105-A CW	(07/99)	Schedule of Underlying Insurance	
U-UMB-106-A CW	(07/99)	Extended Schedule of Underlying Insurance	
U-UMB-103-C CW	(03/10)	Commercial Umbrella Liability Policy	
U-UMB-131-C CW	(03/13)	Claims-Made Coverage Endorsement	
UMB-133-B CW	(05/09)	Communicable Disease Exclusion	
U-UMB-167-B CW	(07/03)	Employee Benefits Liability Follow Form	
U-UMB-168-B CW	(03/10)	Employers Liability Exclusion	
U-UMB-169-D CW	(03/10)	Employment Practices Liability Follow Form	
U-UMB-175-B CW	(01/14)	Failure To Supply Follow Form	
U-UMB-191-A CW	(07/99)	Law Enforcement Activities Exclusion	
U-UMB-197-B CW	(01/14)	Liquor Law Liability Follow Form	
U-UMB-231-A CW	(07/99)	Public Officials Errors and Omissions Follow Form	
U-UMB-247-B CW	(07/03)	Special Events Follow Form	
U-UMB-287-B KY	(04/10)	Kentucky Cancellation and Nonrenewal	
U-UMB-384-B CW	(03/10)	Notice of Occurrence Endorsement	
U-UMB-385-C CW	(07/19)	Fungus or Bacteria Exclusion	
U-UMB-515-A CW	(03/05)	Silica or Silica Mixed Dust Injury Exclusion	
U-UMB-525-F CW	(01/14)	Exclusion-Recording And Distribution Of Material Or Information In Violation Of Law	
U-UMB-531-B CW	(04/19)	Abusive Act Liability Exclusion	
U-UMB-654-A CW	(02/09)	Condition of Payment Endorsement	
U-UMB-656-A CW	(02/09)	Fireworks or Pyrotechnic Devices Exclusion	
U-UMB-906-A CW	(01/14)	Umbrella Amendatory Endorsement	
U-UMB-922-A CW	(01/15)	Access Or Disclosure Of Confidential Or Personal Information - Following Form	
U-UMB-926-A CW	(01/16)	Unmanned Aircraft Exclusion	
U-UMB-942-A CW	(03/19)	Amended Definition of Personal and Advertising Injury – Coverage B	
U-APR-214-A CW	(07/18)	Pollution Exclusion Amendment With Exception For Water Operations - Umbrella	
U-APR-215-A CW	(07/18)	Asbestos Follow Form	
U-APR-216-A CW	(07/18)	Lead Follow Form	

**U-UMB-104-A CW**

## SCHEDULE OF FORMS AND ENDORSEMENTS

**Named Insured:** Gallatin County Water District

**Effective Date:** 07/01/2021  
12:01 A.M., Standard Time

**Agent Name:** Allied Public Risk LLC

**Agent No.** 56139000

Form Number	Edition	Form Name	Endt #
U-APR-228-A CW	(01/19)	Limits of Insurance – Other Aggregate Amendment	

# Schedule of Underlying Insurance

## ZURICH

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.
UMB-0632560-02	7/1/2021	7/1/2022	7/1/2021	56139000

Company, Policy No. and Term	Coverage	Applicable Limits
<b>A.</b> Company: American Zurich Insurance Company  Policy No.: CPO-0632562-02 Term: 7/1/2021 - 7/1/2022	Commercial General Liability   Including Employee Benefits	\$1,000,000 Each Occurrence \$1,000,000 Products – Completed Operations Aggregate \$3,000,000 General Aggregate \$1,000,000 Personal and Advertising Injury \$1,000,000 Each Claim \$3,000,000 Aggregate
<b>A.</b> Company: American Zurich Insurance Company  Policy No.: CPO-0632562-02 Term: 7/1/2021 - 7/1/2022	Commercial Auto Liability	\$1,000,000 Bodily Injury & Property Damage Combined Single Limit
<b>C.</b> Company: Policy No.: Term:	Employers Liability	

Signed by: \_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_ Date



# Extended Schedule of Underlying Insurance



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.
UMB-0632560-02	7/1/2021	7/1/2022	7/1/2021	56139000

**Named Insured and Mailing Address:**

**Producer:**

Named Insured / Mailing Address: <b>GALLATIN COUNTY WATER DISTRICT</b> <b>4500 HWY 455</b> <b>SPARTA, KY 41086</b>	Producer: <b>ALLIED PUBLIC RISK, LLC</b> <b>4507 NORTH FRONT STREET SUITE 200</b> <b>HARRISBURG, PA 17110</b>
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Company, Policy No. and Term	Coverage	Applicable Limits
Company: Policy No.: Term:	Products Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Employee Benefits Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Stop Gap	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Foreign Liability - Premises Only	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Foreign Liability - Products Completed Operations Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Foreign Liability - Premises and Products / Completed Ops Liability	
<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Foreign Liability - Automobile Liability	

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Zurich American Insurance Company Policy No: EOC-0632561-02 Term: 7/1/2021 to 7/1/2022 Retro-Date: 7/1/1999	Employment Practices Liability and Third Party Discrimination Liability	\$ 1,000,000 Each Occurrence \$ 3,000,000 Aggregate

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No: Term:	Police Professional Liability	

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Zurich American Insurance Company Policy No: EOC-0632561-02 Term: 7/1/2021 to 7/1/2022 Retro Date: 7/1/1999	Public Officials Errors and Omissions Liability	\$ 1,000,000 Each Occurrence \$ 3,000,000 Aggregate

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No: Term:	Security and Privacy Liability	

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Watercraft Liability	

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Garage Liability	

<b>Company, Policy No. and Term</b>	<b>Coverage</b>	<b>Applicable Limits</b>
Company: Policy No.: Term:	Abusive Act Liability	

Signed By \_\_\_\_\_ Date 7/27/2021

Authorized Representative \_\_\_\_\_