



Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BAS (20) 58 91 96 75**  
Policy Period:  
**From 06/30/2019 To 06/30/2020**  
12:01 am Standard Time  
at Insured Mailing Location

**Common Policy Declarations**

**Named Insured & Mailing Address**

CORINTH WATER DISTRICT  
PO BOX 218  
CORINTH, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
600 17TH ST STE 1425N  
DENVER, CO 80202-5402

Named Insured Is: CORPORATION

Named Insured Business Is: PROVIDES WATER SERVICE FOR CITY

*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.*

**SUMMARY OF COVERAGE PARTS AND CHARGES**

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

**COVERAGE PART**

**CHARGES**

Business Auto

\$3,880.60

*Total Charges for all of the above coverage parts: \$3,880.60  
Coverage for Terrorism resulting from Nuclear,  
Biological or Chemical Acts is Excluded*

*Note: This is not a bill*

**IMPORTANT MESSAGES**

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000

DS 70 21 11 16



Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BAS (21) 58 91 96 75**  
Policy Period:  
**From 06/30/2020 To 06/30/2021**  
12:01 am Standard Time  
at Insured Mailing Location

### Common Policy Declarations

#### Named Insured & Mailing Address

CORINTH WATER DISTRICT  
PO BOX 218  
CORINTH, KY 41010

#### Agent Mailing Address & Phone No.

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
600 17TH ST STE 1425N  
DENVER, CO 80202-5467

Named Insured Is: CORPORATION

Named Insured Business Is: PROVIDES WATER SERVICE FOR CITY

*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.*

#### SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

#### COVERAGE PART

#### CHARGES

Business Auto

\$3,842.02

*Total Charges for all of the above coverage parts: \$3,842.02*  
*Coverage for Terrorism resulting from Nuclear, Biological or Chemical Acts is Excluded*

*Note: This is not a bill*

#### IMPORTANT MESSAGES

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BAS (22) 58 91 96 75**  
Policy Period:  
**From 06/30/2021 To 06/30/2022**  
12:01 am Standard Time  
at Insured Mailing Location

**Common Policy Declarations**

**Named Insured & Mailing Address**

CORINTH WATER DISTRICT  
PO BOX 218  
CORINTH, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
8089 S LINCOLN ST STE 300  
LITTLETON, CO 80122-2721

Named Insured Is: CORPORATION

Named Insured Business Is: PROVIDES WATER SERVICE FOR CITY

*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.*

**SUMMARY OF COVERAGE PARTS AND CHARGES**

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

**COVERAGE PART**

**CHARGES**

Business Auto

\$3,780.88

*Total Charges for all of the above coverage parts: \$3,780.88*  
*Coverage for Terrorism resulting from Nuclear, Biological or Chemical Acts is Excluded*

*Note: This is not a bill*

**IMPORTANT MESSAGES**

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BKS (20) 58 91 96 75**  
Policy Period:  
**From 09/01/2019 To 06/30/2020**  
12:01 am Standard Time  
at Insured Mailing Location

**Common Policy Declarations**

**Named Insured & Mailing Address**

CORINTH WATER DISTRICT  
215 Thomas Ln  
Corinth, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
600 17TH ST STE 1425N  
DENVER, CO 80202-5402

Named Insured Is: CORPORATION

Named Insured Business Is: WATER COMPANY

*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.*

**SUMMARY OF COVERAGE PARTS AND CHARGES**

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$1,424.22
Commercial General Liability	\$1,536.38

*Total Charges for all of the above coverage parts: \$2,960.60  
Certified Acts of Terrorism Coverage: \$20.00 (Included)*

*Note: This is not a bill*

**IMPORTANT MESSAGES**

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 11 16



Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BKS(21) 58 91 96 75**  
Policy Period:  
**From 06/30/2020 To 06/30/2021**  
12:01 am Standard Time  
at Insured Mailing Location

**Common Policy Declarations**

**Named Insured & Mailing Address**

CORINTH WATER DISTRICT  
215 Thomas Ln  
Corinth, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
600 17TH ST STE 1425N  
DENVER, CO 80202-5467

Named Insured Is: CORPORATION

Named Insured Business Is: WATER COMPANY

*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.*

**SUMMARY OF COVERAGE PARTS AND CHARGES**

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$1,909.15
Commercial General Liability	\$2,043.95

*Total Charges for all of the above coverage parts: \$3,953.10*  
*Certified Acts of Terrorism Coverage: \$25.00 (Included)*

*Note: This is not a bill*

**IMPORTANT MESSAGES**

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 11 16



Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BKS (22) 58 91 96 75**  
Policy Period:  
**From 06/30/2021 To 06/30/2022**  
12:01 am Standard Time  
at Insured Mailing Location

**Common Policy Declarations**

**Named Insured & Mailing Address**

CORINTH WATER DISTRICT  
215 Thomas Ln  
Corinth, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
8089 S LINCOLN ST STE 300  
LITTLETON, CO 80122-2721

Named Insured Is: CORPORATION

Named Insured Business Is: WATER COMPANY

*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.*

**SUMMARY OF COVERAGE PARTS AND CHARGES**

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$1,998.67
Commercial General Liability	\$1,535.23

*Total Charges for all of the above coverage parts: \$3,533.90*  
*Certified Acts of Terrorism Coverage: \$24.00 (Included)*

*Note: This is not a bill*

**IMPORTANT MESSAGES**

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 11 16



NCCI Co. No. 19291

Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**XWS (20) 58 91 96 75**  
Prior Policy Number:  
**XWS (19) 58 91 96 75**

**Workers Compensation and  
Employers Liability Insurance Policy  
Information Page**

**ITEM 1: The Insured & Mailing Address**

CORINTH WATER DISTRICT  
PO BOX 218  
CORINTH, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
600 17TH ST STE 1425N  
DENVER, CO 80202-5402

Individual  Partnership  
 Corporation or Municipality

FEIN: 611093187 NAICS332911

**Other workplaces not shown above:**

**ITEM 2** The policy period is from 06/30/2019 to 06/30/2020 12:01 am Standard Time at the insured's mailing address.

**ITEM 3 A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here: KY

**B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

**C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here: See Extension of Information Page

**D. This policy includes these endorsements and schedules:** See Policy Forms and Endorsements Summary

**ITEM 4** The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis - Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
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See Extension of Information Page(s)

Total Estimated Annual Premium	\$3,337.00
Total Surcharges and Assessments	\$213.90

<b>Minimum Premium</b>	\$850.00	KY	Total Estimated Cost	\$3,550.90
If indicated below, interim adjustments of premiums shall be made.				
			Deposit Premium	\$3,550.90

Issue Date

Countersigned by: \_\_\_\_\_

To report a claim, call your Agent or 1-800-362-0000  
WC 00 00 01 A (WC 30 10 E)



NCCI Co. No. 19291

Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number: **XWS (21) 58 91 96 75**  
 Prior Policy Number: **XWS (20) 58 91 96 75**  
 Risk ID **160642742**

**Workers Compensation and  
Employers Liability Insurance Policy  
Information Page**

**ITEM 1: The Insured & Mailing Address**

CORINTH WATER DISTRICT  
PO BOX 218  
CORINTH, KY 41010

**Agent Mailing Address & Phone No.**

(720) 457-1101  
PREMIER GROUP INSURANCE INC  
600 17TH ST STE 1425N  
DENVER, CO 80202-5467

Individual  Partnership

Corporation or Municipality

FEIN: 611093187 NAICS332911

**Other workplaces not shown above:**

**ITEM 2** The policy period is from 06/30/2020 to 06/30/2021 12:01 am Standard Time at the insured's mailing address.

**ITEM 3 A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here: KY

**B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

**C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here: See Extension of Information Page

**D. This policy includes these endorsements and schedules:** See Policy Forms and Endorsements Summary

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Classifications	Code No.	Premium Basis - Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
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See Extension of Information Page(s)

Total Estimated Annual Premium	\$1,677.00
Total Surcharges and Assessments	\$107.50

**Minimum Premium** \$850.00 KY Total Estimated Cost \$1,784.50

If indicated below, interim adjustments of premiums shall be made.

Deposit Premium \$1,784.50

Issue Date

Countersigned by: \_\_\_\_\_

To report a claim, call your Agent or 1-844-325-2467

WC 00 00 01 A (WC 30 10 E)





NCCI Co. No. 19291

Coverage Is Provided In:  
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**XWS (22) 58 91 96 75**  
Prior Policy Number:  
**XWS (21) 58 91 96 75**

**Workers Compensation and  
Employers Liability Insurance Policy  
Information Page**

**ITEM 1: The Insured & Mailing Address**

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PREMIER GROUP INSURANCE INC  
8089 S LINCOLN ST STE 300  
LITTLETON, CO 80122-2721

Individual  Partnership

Corporation or Municipality

FEIN: 611093187

NAICS332911

**Other workplaces not shown above:**

**ITEM 2** The policy period is from 06/30/2021 to 06/30/2022 12:01 am Standard Time at the insured's mailing address.

**ITEM 3 A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here: KY

**B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A.

The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

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**D. This policy includes these endorsements and schedules:** See Policy Forms and Endorsements Summary

**ITEM 4** The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis - Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
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See Extension of Information Page(s)

Total Estimated Annual Premium \$1,752.00

Total Surcharges and Assessments \$122.99

**Minimum Premium** \$850.00 KY Total Estimated Cost \$1,874.99

If indicated below, interim adjustments of premiums shall be made.

Deposit Premium \$1,874.99

Issue Date

Countersigned by: \_\_\_\_\_

To report a claim, call your Agent or 1-844-325-2467

WC 00 00 01 A (WC 30 10 E)