

PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
 CORINTH WATER DISTRICT
 PO BOX 218
 CORINTH KY 41010

Notice issued to:
 CORINTH WATER DISTRICT
 PO BOX 218
 CORINTH KY 41010

Member Companies:
 OHIO SECURITY INSURANCE COMPANY

We value your time. Pay your bill online. mybusinessonline.libertymutual.com

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 06/11/2019

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
XWS58919675 WORKERS COMP	04/29/2019 04/29/2019 05/03/2019	TERRORISM RISK INSURANCE ACT RENEWAL EFF 06/30/2019 POLICY CHANGE EFF 07/03/2019 SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT*	66.00 3,484.90 -293.68 6.00	3,257.22	814.29 6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 06/30/2019 **Account Balance:** \$ 3,263.22 **Minimum Amount Due:** \$ 820.29

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 06/11/2019

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 06/30/2019	Account Number 902303220

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 3,263.22	Minimum Amount Due \$ 820.29

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

Thank you for selecting us to service your insurance needs!

Mail Payments To:
 LIBERTY MUTUAL INSURANCE
 PO BOX 2839
 NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
 CORINTH WATER DISTRICT
 215 THOMAS LN
 CORINTH KY 41010

Notice issued to:
 CORINTH WATER DISTRICT
 215 THOMAS LN
 CORINTH KY 41010

Member Companies:
 OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 09/11/2019

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG	08/16/2019 08/16/2019	TERRORISM RISK INSURANCE ACT NEW BUSINESS EFF 09/01/2019	20.00 2,940.60	2,314.73	340.99
XWS58919675 WORKERS COMP		INSTALLMENT DUE SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	129.27 6.00	877.51	129.27
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 09/30/2019 **Account Balance:** \$ 3,192.24 **Minimum Amount Due:** \$ 470.26

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 09/11/2019

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date	Account Number
09/30/2019	902303220

You may pay the minimum amount due or the total account balance.	
Account Balance	Minimum Amount Due
\$ 3,192.24	\$ 470.26

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
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PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
CORINTH WATER DISTRICT
215 THOMAS LN
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
215 THOMAS LN
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 12/11/2019

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG		INSTALLMENT DUE	986.87	1,973.74	986.87
XWS58919675 WORKERS COMP		INSTALLMENT DUE	374.12	748.24	374.12
		SERVICE CHARGE/FEES	6.00		6.00
		*Avoid Fees. Enroll in EFT!			
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 12/30/2019 **Account Balance:** \$ 2,727.98 **Minimum Amount Due:** \$ 1,366.99

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 12/11/2019

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date	Account Number
12/30/2019	902303220

You may pay the minimum amount due or the total account balance.	
Account Balance	Minimum Amount Due
\$ 2,727.98	\$ 1,366.99

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
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LIBERTY MUTUAL INSURANCE
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NEW YORK, NY 10116-2839



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Payment Confirmation



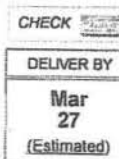
LIBERTY MUTUAL INSU...
902303220
*3220

Your \$1,366.99 payment has been submitted.

Memo ACCT. #902303220

Confirmation: Q4KJP-HY203

Your check may be cashed, and the money withdrawn, before, on, or after Mar 27, 2020.



Payment Total \$1,366.99

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01

Agent: 5901357

Payment Plan: QUARTERLY

Invoice Date: 03/11/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG XWS58919675 WORKERS COMP	12/30/2019	PAYMENT/CREDIT	-136.99		
	01/10/2020	PAYMENT/CREDIT	-1,230.00		
		INSTALLMENT DUE	986.87	986.87	986.87
		INSTALLMENT DUE	374.12	374.12	374.12
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	6.00		6.00
		For complete detail of all activity on this account please go to the website listed above.			380.12

Payment Due Date: 03/30/2020 Account Balance: \$ 1,366.99 Minimum Amount Due: \$ 1,366.99

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 03/11/2020

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date	Account Number
03/30/2020	902303220

Account Balance	Minimum Amount Due
\$ 1,366.99	\$ 1,366.99

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380.12

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LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
 CORINTH WATER DISTRICT
 215 THOMAS LN
 CORINTH KY 41010

Notice issued to:
 CORINTH WATER DISTRICT
 215 THOMAS LN
 CORINTH KY 41010

Member Companies:
 OHIO SECURITY INSURANCE COMPANY

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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 04/13/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG XWS58919675 WORKERS COMP	03/31/2020	PAYMENT/CREDIT	-380.12		
		INSTALLMENT DUE	715.59	715.59	715.59
		INSTALLMENT DUE	271.28	271.28	271.28
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	6.00		6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 04/30/2020 **Account Balance:** \$ 992.87 **Minimum Amount Due:** \$ 992.87

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 04/13/2020

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 04/30/2020	Account Number 902303220

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 992.87	Minimum Amount Due \$ 992.87

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
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 NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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PREMIER GROUP INSURANCE INC
600 17TH ST STE 1425N
DENVER CO 80202 5467

Account of:
CORINTH WATER DISTRICT
215 THOMAS LN
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
215 THOMAS LN
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

For information on how we are helping our customers during coronavirus, please visit www.LibertyMutual.com/COVID-19 or contact your agent

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 06/11/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG		INSTALLMENT DUE	988.26	3,953.10	988.26
XWS58919675 WORKERS COMP		INSTALLMENT DUE SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	446.11 6.00	1,784.50	446.11 6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 06/30/2020 **Account Balance:** \$ 5,743.60 **Minimum Amount Due:** \$ 1,440.37

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 06/11/2020

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date 06/30/2020	Account Number 902303220
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Account Balance \$ 5,743.60	Minimum Amount Due \$ 1,440.37
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- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
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Thank you for selecting us to service your insurance needs!

Mail Payments To:
LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



\$1827.00

902303

220

Per Dave

Your \$1,827.00 payment has been submitted.

Confirmation QTBN7-VBSQ6

Your check may be cashed, and the money withdrawn, before, on, or after
Oct 16, 2020.

CHECK 

DELIVER BY

Oct
16
(Estimated)

Payment Total \$1,827.00

Carrith Waters Inst

Earned PREM 252.31

B/A 10/20/19 (cancelled)

\$1,477.65 pd. 2.21.19

000K5CNS

David Waterhouse

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Date of Notice: 01/07/2021

Payment Due Date	Policy Number	Account Number	Policy Balance	Minimum Amount Due
01/25/2021	XWS58919675	902303220	\$1029.28	\$583.15

Coverage Provided By: OHIO SECURITY INSURANCE COMPANY

Thank you for selecting us to service your insurance needs!

pd. 1-21-21

LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



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JM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
CORINTH WATER DISTRICT
215 THOMAS LN
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
215 THOMAS LN
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

PO BX 218

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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 12/11/2020

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG	09/23/2020	PAYMENT/CREDIT	-966.51		
	09/28/2020	PAYMENT/CREDIT	966.51		
	10/21/2020	PAYMENT/CREDIT	-1,827.00		
	10/30/2020	PAYMENT/CREDIT	-420.46		
	11/02/2020	PAYMENT/CREDIT	-345.32		
	09/14/2020	TERRORISM RISK INSURANCE ACT	3.00		
	09/14/2020	POLICY CHANGE EFF 06/30/2020	770.82		
	11/06/2020	POLICY CHANGE EFF 06/30/2020	-1,207.18		
	11/06/2020	TERRORISM RISK INSURANCE ACT	-4.00		
		INSTALLMENT DUE	646.17	1,222.32	646.17
	SERVICE CHARGE/FEEES	6.00			
	Avoid Fees, Enroll in EFT!				
	For complete detail of all activity on this account please go to the website listed above.				

646.17
Pod. 2-2-21

Payment Due Date: 12/30/2020 Account Balance: \$ 2,251.60 Minimum Amount Due: \$ 1,229.32

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 12/11/2020

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date	Account Number
12/30/2020	902303220

Account Balance	Minimum Amount Due
\$ 2,251.60	\$ 1,229.32

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NEW YORK, NY 10116-2839



PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 03/11/2021

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG XWS58919675 WORKERS COMP	01/27/2021	PAYMENT/CREDIT	-583.15		
	02/08/2021	PAYMENT/CREDIT	-646.17		
		INSTALLMENT DUE	576.15	576.15	576.15
		INSTALLMENT DUE	446.13	446.13	446.13
		SERVICE CHARGE/FEEES *Avoid Fees, Enroll in EFT!	6.00		6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 03/30/2021 **Account Balance:** \$ 1,028.28 **Minimum Amount Due:** \$ 1,028.28

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 03/11/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 03/30/2021	Account Number 902303220

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 1,028.28	Minimum Amount Due \$ 1,028.28

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
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NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 902303220



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
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PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 06/11/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG	05/03/2021 05/03/2021	TERRORISM RISK INSURANCE ACT RENEWAL EFF 06/30/2021	24.00 3,509.90	3,533.90	883.46
XWS58919675 WORKERS COMP	05/06/2021 05/06/2021	TERRORISM RISK INSURANCE ACT RENEWAL EFF 06/30/2021 SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	36.00 1,838.99 6.00	1,874.99	468.74 6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 06/30/2021 **Account Balance:** \$ 5,414.89 **Minimum Amount Due:** \$ 1,358.20

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 06/11/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 06/30/2021	Account Number 902303220

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 5,414.89	Minimum Amount Due \$ 1,358.20

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 8089 S LINCOLN ST STE 300
 LITTLETON CO 80122 2721

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 PO BOX 218
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Member Companies:
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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 09/13/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG XWS58919675 WORKERS COMP		INSTALLMENT DUE	883.48	2,650.44	883.48
		INSTALLMENT DUE	468.75	1,406.25	468.75
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!	6.00		6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 09/30/2021 **Account Balance:** \$ 4,062.69 **Minimum Amount Due:** \$ 1,358.23

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 09/13/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 09/30/2021	Account Number 902303220

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 4,062.69	Minimum Amount Due \$ 1,358.23

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02839 200 0010000902303220 000000000 000000000 0000406269 0000135823 2



MEMIUM NOTICE

ACCOUNT NUMBER: 902303220

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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
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Member Companies:
OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 12/13/2021

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
BKS58919675 COMMERCIAL PKG		INSTALLMENT DUE	567.87	1,451.35	567.87
XWS58919675 WORKERS COMP		INSTALLMENT DUE SERVICE CHARGE/FEES Save on fees, Enroll in EFT!	301.29 6.00	770.04	301.29
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 12/30/2021 **Account Balance:** \$ 2,221.39 **Minimum Amount Due:** \$ 869.16

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Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 12/13/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 12/30/2021	Account Number 902303220

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 2,221.39	Minimum Amount Due \$ 869.16

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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
 CORINTH WATER DISTRICT
 PO BOX 218
 CORINTH KY 41010

Notice issued to:
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Member Companies:
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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 06/04/2019

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO	04/29/2019	RENEWAL EFF 06/30/2019 SERVICE CHARGE/FEEES *Avoid Fees, Enroll in EFT!* For complete detail of all activity on this account please go to the website listed above.	3,880.60 6.00	3,880.60	970.15 6.00

Payment Due Date: 06/23/2019 **Account Balance:** \$ 3,886.60 **Minimum Amount Due:** \$ 976.15

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 06/04/2019

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date	Account Number
06/23/2019	602321820

You may pay the minimum amount due or the total account balance.	
Account Balance	Minimum Amount Due
\$ 3,886.60	\$ 976.15

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

Thank you for selecting us to service your insurance needs!

Mail Payments To:
 LIBERTY MUTUAL INSURANCE
 PO BOX 2839
 NEW YORK, NY 10116-2839



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**NOTICE OF CANCELLATION
STATE OF KENTUCKY**



CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 07/20/2019 **Date of Notice:** 07/02/2019

Policy No.: BAS58919675 **Issued at:** DOVER, NH

Agent No: 5901357

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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH, KY 41010

Notice Issued To:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH, KY 41010

Company Name:
LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD, OH 45018-8025

For Payment/Billing Inquiries: 1-866-290-2920
mybusinessonline.libertymutual.com

Line of Business: BUSINESS AUTO

Cancellation

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the law, this insurance will cease at and from the hour and date mentioned above.

Reason(s) for cancellation: Nonpayment of premium

NOTE: To keep this policy in force, payment must be received for the minimum amount due on this notice by the effective date of the cancellation. Upon receipt of the required amount due by the effective date of the cancellation, a reinstatement notice will be sent to you to confirm that the policy remains in force. No further notice will be sent if the required amount is not received by the effective date of the cancellation. This notice does not include any prior bill service fees.

If this is a renewal of an existing policy and we do not receive payment of the premium due for your renewal policy, we assume that your intent is to not renew the policy. As a result, your renewal policy will not take effect, and all liability ceased at 12:01 am standard time of 06/30/2019, the date the existing policy expired.

If payment is received subsequent to the issuance of this cancellation notice and is justifiably dishonored by the financial institution, this policy will terminate on the date and time shown on this cancellation notice.

Premium Adjustment

Premium adjustment will be made as soon as practicable after the cancellation becomes effective.

See the "Important Notices" section on reverse side for additional information that may be applicable.

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Date of Notice: 07/02/2019

Payment Due Date	Policy Number	Account Number	Policy Balance	Minimum Amount Due
07/20/2019	BAS58919675	602321820	\$3880.60	\$970.15

Coverage Provided By: OHIO SECURITY INSURANCE COMPANY

Thank you for selecting us to service your insurance needs!

LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 09/03/2019

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO	07/12/2019	PAYMENT/CREDIT	-976.15		
		INSTALLMENT DUE	970.15	2,910.45	970.15
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!	6.00		6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 09/22/2019 **Account Balance:** \$ 2,916.45 **Minimum Amount Due:** \$ 976.15

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 09/03/2019

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date	Account Number
09/22/2019	602321820

You may pay the minimum amount due or the total account balance.	
Account Balance	Minimum Amount Due
\$ 2,916.45	\$ 976.15

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * IMPORTANT: Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

Thank you for selecting us to service your insurance needs!

Mail Payments To:
LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



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**NOTICE OF CANCELLATION
STATE OF KENTUCKY**



CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 10/19/2019 **Date of Notice:** 10/01/2019

Policy No.: BAS58919675 **Issued at:** DOVER, NH

Agent No: 5901357

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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH, KY 41010

Notice Issued To:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH, KY 41010

Company Name:
LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD, OH 45018-8025

For Payment/Billing Inquiries: 1-866-290-2920
mybusinessonline.libertymutual.com

Line of Business: BUSINESS AUTO

Cancellation

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the law, this insurance will cease at and from the hour and date mentioned above.

Reason(s) for cancellation: Nonpayment of premium

NOTE: To keep this policy in force, payment must be received for the minimum amount due on this notice by the effective date of the cancellation. Upon receipt of the required amount due by the effective date of the cancellation, a reinstatement notice will be sent to you to confirm that the policy remains in force. No further notice will be sent if the required amount is not received by the effective date of the cancellation. This notice does not include any prior bill service fees.

If this is a renewal of an existing policy and we do not receive payment of the premium due for your renewal policy, we assume that your intent is to not renew the policy. As a result, your renewal policy will not take effect, and all liability ceased at 12:01 am standard time of 06/30/2019, the date the existing policy expired.

If payment is received subsequent to the issuance of this cancellation notice and is justifiably dishonored by the financial institution, this policy will terminate on the date and time shown on this cancellation notice.

Premium Adjustment

Premium adjustment will be made as soon as practicable after the cancellation becomes effective.

See the "Important Notices" section on reverse side for additional information that may be applicable.

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Date of Notice: 10/01/2019

Payment Due Date	Policy Number	Account Number	Policy Balance	Minimum Amount Due
10/19/2019	BAS58919675	602321820	\$2910.45	\$970.15

Coverage Provided By: OHIO SECURITY INSURANCE COMPANY

Thank you for selecting us to service your insurance needs!

LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 03/03/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO		INSTALLMENT DUE SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!* For complete detail of all activity on this account please go to the website listed above.	970.15 6.00	970.15	970.15 6.00

Payment Due Date: 03/22/2020 **Account Balance:** \$ 976.15 **Minimum Amount Due:** \$ 976.15

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 03/03/2020

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date	Account Number
03/22/2020	602321820

You may pay the minimum amount due or the total account balance.	
Account Balance	Minimum Amount Due
\$ 976.15	\$ 976.15

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

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PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

For information on how we are helping our customers during coronavirus, please visit
www.LibertyMutual.com/COVID-19 or contact your agent

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 06/02/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO	05/01/2020	RENEWAL EFF 06/30/2020 SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	3,842.02 6.00	3,842.02	960.49 6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 06/21/2020 **Account Balance:** \$ 3,848.02 **Minimum Amount Due:** \$ 966.49

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 06/02/2020

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 06/21/2020	Account Number 602321820

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 3,848.02	Minimum Amount Due \$ 966.49

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * IMPORTANT: Please write your account number on your check or money order - never send cash!
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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

Customers with previous outstanding balances may have noticed changes to their bill amount.

For more information, please visit www.LibertyMutual.com/covid-19

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 09/02/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO	07/10/2020	PAYMENT/CREDIT	-966.49		
		INSTALLMENT DUE	960.51	2,881.53	960.51
		SERVICE CHARGE/FEEES *Avoid Fees, Enroll in EFT!	6.00		6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 09/21/2020 **Account Balance:** \$ 2,887.53 **Minimum Amount Due:** \$ 966.51

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 09/02/2020

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date	Account Number
09/21/2020	602321820

Account Balance	Minimum Amount Due
\$ 2,887.53	\$ 966.51

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
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PO BOX 2839
NEW YORK, NY 10116-2839



PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
 CORINTH WATER DISTRICT
 PO BOX 218
 CORINTH KY 41010

Notice issued to:
 CORINTH WATER DISTRICT
 PO BOX 218
 CORINTH KY 41010

Member Companies:
 OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 12/02/2020

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO		INSTALLMENT DUE SERVICE CHARGE/FEEES *Avoid Fees, Enroll in EFT!*	960.51 6.00	1,921.02	960.51 6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 12/21/2020 **Account Balance:** \$ 1,927.02 **Minimum Amount Due:** \$ 966.51

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 12/02/2020

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 12/21/2020	Account Number 602321820

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 1,927.02	Minimum Amount Due \$ 966.51

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * IMPORTANT: Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 03/02/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO		INSTALLMENT DUE SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!* For complete detail of all activity on this account please go to the website listed above.	960.51 6.00	960.51	960.51 6.00

Payment Due Date: 03/21/2021 **Account Balance:** \$ 966.51 **Minimum Amount Due:** \$ 966.51

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 03/02/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 03/21/2021	Account Number 602321820

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 966.51	Minimum Amount Due \$ 966.51

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
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PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 06/02/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO	05/03/2021	RENEWAL EFF 06/30/2021 SERVICE CHARGE/FEEES *Avoid Fees, Enroll in EFT!* For complete detail of all activity on this account please go to the website listed above.	3,780.88 6.00	3,780.88	945.22 6.00

Payment Due Date: 06/21/2021 Account Balance: \$ 3,786.88 Minimum Amount Due: \$ 951.22

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT Co: 01 Invoice Date: 06/02/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date	Account Number
06/21/2021	602321820

You may pay the minimum amount due or the total account balance.	
Account Balance	Minimum Amount Due
\$ 3,786.88	\$ 951.22

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * IMPORTANT: Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
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Thank you for selecting us to service your insurance needs!

Mail Payments To:
LIBERTY MUTUAL INSURANCE
PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 09/02/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO		INSTALLMENT DUE SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!* For complete detail of all activity on this account please go to the website listed above.	945.22 6.00	2,835.66	945.22 6.00

Payment Due Date: 09/21/2021 **Account Balance:** \$ 2,841.66 **Minimum Amount Due:** \$ 951.22

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 09/02/2021

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date 09/21/2021	Account Number 602321820
---------------------------------------	------------------------------------

Account Balance \$ 2,841.66	Minimum Amount Due \$ 951.22
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- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * IMPORTANT: Please write your account number on your check or money order - never send cash!
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PO BOX 2839
NEW YORK, NY 10116-2839



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PREMIUM NOTICE

ACCOUNT NUMBER: 602321820



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

Account of:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Notice issued to:
CORINTH WATER DISTRICT
PO BOX 218
CORINTH KY 41010

Member Companies:
OHIO SECURITY INSURANCE COMPANY

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Co: 01 Agent: 5901357 Payment Plan: QUARTERLY Invoice Date: 12/02/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAS58919675 BUSINESS AUTO		INSTALLMENT DUE SERVICE CHARGE/FEES Save on fees, Enroll in EFT!	945.22 6.00	1,890.44	945.22 6.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 12/21/2021 **Account Balance:** \$ 1,896.44 **Minimum Amount Due:** \$ 951.22

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CORINTH WATER DISTRICT

Co: 01

Invoice Date: 12/02/2021

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date	Account Number
12/21/2021	602321820

Account Balance	Minimum Amount Due
\$ 1,896.44	\$ 951.22

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

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