

COMMON POLICY DECLARATIONS
WATER DISTRICTS INSURANCE PROGRAM

Policy No. PHPK2050666
Replacement No. PHPK1896335

NAMED INSURED AND MAILING ADDRESS:

Barkley Lake Water District
PO Box 308
Cadiz, KY 42211-0308

AGENT NAME AND ADDRESS:

Grundy Insurance (Water District Program)
400 HORSHAM RD Suite 150
PO Box 1957
Horsham, PA 19044

(215)674-1856

AGENT NO.: 124922

POLICY PERIOD: From 11/01/2019 To 11/01/2020
at 12:01 a.m. Standard Time at your mailing address shown above.

TYPE OF DISTRICT: [X] Water District [] Sewer District [] Irrigation District
[] Other:

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

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

Table with 2 columns: Coverage Part and PREMIUM. Rows include Property and Inland Marine Coverage Part, Liability Coverage Part, Crime Coverage Part, Automobile Coverage Part, Employment-Related Practices Liability Coverage Part, and Cyber Security Liability End. Total Premium is 29,501.00.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

Refer To Forms Schedule

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

COUNTERSIGNED 11/01/2019 by [Signature]
DATE AUTHORIZED REPRESENTATIVE

**COMMONWEALTH OF KENTUCKY
WORKERS' COMPENSATION NOTICE**

*Employees of this business are covered by the Kentucky Workers' Compensation Act
(KRS Chapter 342) Conspicuous Posting of this Notice is required by law*

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Barkley Lake Water District
PO Box 308
Cadiz, KY 42211

Policy Number: 352036
Effective: 11/01/2019-11/01/2020

Barkley Lake Water District

**Location Name: Barkley Lake Water District
Workers' Compensation Carrier:**

**Kentucky Employers' Mutual Insurance
250 W Main St Lexington, KY 40507**

Contact KEMI Center for Assistance:

1-800-868-4553 or 1-859-425-7800

REPORT AN INJURY

EMPLOYEES: If injured, notify your supervisor immediately: when possible, notice should be in writing. Failure to notify your supervisor could result in denial of benefits. Obtain medical care. Your employer must pay for all necessary medical care to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan, employee selection of physicians is limited to the Approved Provider Network, except in certain emergencies. For injuries requiring continuing care, the employee must designate a treating physician. A form to do so will be furnished by your employer or its insurance carrier.

This employer is participating in a Managed Care Plan for medical care. The Managed Care Plan is Bluegrass Health Network. For information call 1-800-868-4553 or 1-859-425-7800.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers' Compensation Act after seven (7) days of disability. A Claim must be filed with the Office of Workers' Claims within two years of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE?

Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered, call The Kentucky Office of Workers' Claims at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORTS CAN BE MADE AS REQUIRED BY LAW.





November 1, 2019

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Barkley Lake Water District
PO Box 308
Cadiz, KY 42211

INFORMATION PAGES
FOR POLICY NUMBER – **352036**
KEMI 007

1. Policyholder:

Barkley Lake Water District
PO Box 308

Cadiz, KY 42211

Federal ID: 610678683
Entity type: Municipality

2. Policy Period:

Effective: 12:01 AM 11/01/2019 Expires: 12:01 AM 11/01/2020

3. Coverage, Limits and Endorsements:

- A. Part One of this policy applies only to the Workers' Compensation Laws of the Commonwealth of Kentucky.
- B. Part Two of this policy (Employers' Liability Insurance) is subject to the limits of our liability listed below:

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