

Philadelphia Indemnity Insurance Company

PI-WDI-999D (10/17)

COMMON POLICY DECLARATIONS
WATER DISTRICTS INSURANCE PROGRAM

Policy No. PHPK2183694
Replacement No. PHPK2050666

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 11/01/2020 To 11/01/2021
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, Cyber Security Liability End, and TOTAL PREMIUM \$30,366.00.

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 11/01/2020 by
DATE AUTHORIZED REPRESENTATIVE

PI-WDI-999D (10/17)

November 1, 2021



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 11/01/2021 Expires: 12:01 AM 11/01/2022

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

November 1, 2021

Barkley Lake Water District
PO Box 308
Cadiz, KY 42211

ENDORSEMENTS

Effective Date: 11/01/2021
FOR POLICY NUMBER – **352036**
Barkley Lake Water District

POLICY PERIOD 11/01/2021-11/01/2022
KEMI 001

KENTUCKY SPECIAL FUND ASSESSMENT

Assessment Charges - Kentucky

The amount charged to the insured for the special fund assessment under the Kentucky Workers' Compensation Law is not included as premium under the policy, pursuant to KRS 342.122, as now or hereafter amended. However, as KEMI is required to collect the assessment under the Kentucky Workers' Compensation Law, the assessment is included in the total amount due to KEMI.

The assessment percentage, in the amount and on the effective date shown, is determined by the Kentucky Workers' Compensation Funding Commission.

Assessment Percentage:	7.02%
Assessment Amount:	\$668.37
Effective Date:	11/01/2021

Please contact our office at 859-425-7800 or 1-800-640-5364 with any questions.



November 1, 2021

Barkley Lake Water District
PO Box 308
Cadiz, KY 42211

ENDORSEMENTS

Effective Date: 11/01/2021
FOR POLICY NUMBER – **352036**
Barkley Lake Water District
POLICY 11/01/2021-11/01/2022
KEMI 002

SCHEDULE OF NAMED INSUREDS AND WORKPLACES

	Effective Date	Expiration Date
Barkley Lake Water District 1420 Canton Rd Cadiz KY 42211	11/01/2021	11/01/2022
Barkley Lake Water District 307 Water District Rd Cadiz KY 42211	11/01/2021	11/01/2022

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November 1, 2021

Barkley Lake Water District
PO Box 308
Cadiz, KY 42211

ENDORSEMENTS

Effective Date: 11/01/2021
FOR POLICY NUMBER – **352036**
Barkley Lake Water District
POLICY 11/01/2021-11/01/2022
KEMI 012

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy may be eligible for a discount. This endorsement shows your estimated discount in the Schedule below. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

State	First \$5000	Next \$95000	Next \$400000	Balance
Kentucky	0.00%	10.90%	12.60%	14.40%

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November 1, 2021

Barkley Lake Water District
PO Box 308
Cadiz, KY 42211

ENDORSEMENTS

FOR POLICY NUMBER – **352036**
Policy Name – **Barkley Lake Water District**
POLICY 11/01/2021-11/01/2022
KEMI 014
NOTICE OF EXPERIENCE RATING

The premium for this policy is adjusted by the experience rating modification factor shown on this endorsement and the Information Page. This factor may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

Premium for this policy period is impacted by the following:

Risk ID	RED	Effective Date	Expiration Date	Factor	Type
160434066	11/01/2021	11/01/2021	11/01/2022	.78	Final