



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BKW(20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

Agent Mailing Address & Phone No.

(859) 543-1716
ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527

*Tracy
1/1/19 MilNew*

Named Insured Is: MUNICIPALITY

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	\$7,005.25
Commercial General Liability	\$3,248.09

Total Charges for all of the above coverage parts: \$10,253.34
Certified Acts of Terrorism Coverage: \$88.00 (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 03/18/19

Authorized Representative

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

DS 70 21 11 16



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured	Agent
SOUTH WOODFORD WATER DISTRICT 117 CROSSFIELD DR STE D VERSAILLES, KY 40383	(859) 543-1716 ASSURED PARTNERS NL LLC 2443 SIR BARTON WAY STE 400 LEXINGTON, KY 40509-2527

SUMMARY OF LOCATIONS

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

- 0001 117 Crossfield Dr Ste D, Versailles, KY 40383-1844
- 0002 280 Troy Rd, Versailles, KY 40390-9761
- 0003 370 Delaney Ferry Rd, Versailles, KY 40383-8617
- 0004 2750 Cummins Ferry Rd, Versailles, KY 40383-8506
- 0005 4 Cummins Ferry Rd, Versailles, KY 40383-9409
- 0006 HIGHWAY 33, VERSAILLES, KY 40383

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 21 06 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 70 01 15	Cap on Losses from Certified Acts of Terrorism
CG 21 76 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CG 21 86 12 04	Exclusion - Exterior Insulation and Finish Systems
CG 21 96 03 05	Silica or Silica-Related Dust Exclusion

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey
Secretary

Paul Condryn
President

To report a claim, call your Agent or 1-800-362-0000
DS 70 21 11 16



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BKW(20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured	Agent
SOUTH WOODFORD WATER DISTRICT 117 CROSSFIELD DR STE D VERSAILLES, KY 40383	(859) 543-1716 ASSURED PARTNERS NL LLC 2443 SIR BARTON WAY STE 400 LEXINGTON, KY 40509-2527

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 22 50 04 13	Exclusion - Failure To Supply
CG 22 79 04 13	Exclusion - Contractors - Professional Liability
CG 24 26 04 13	Amendment of Insured Contract Definition
CG 83 20 12 08	Contractors Amendment of Pollution Exclusion (Job Sites)
CG 84 94 12 08	Exclusion - Consolidated Insurance Programs Wrap-Up
CG 84 99 01 12	Non-Cumulation Of Liability Limits Same Occurrence
CG 85 15 09 03	Exclusion - Professional Services
CG 88 10 04 13	Commercial General Liability Extension
CG 88 60 12 08	Each Location General Aggregate Limit
CG 88 70 12 08	Construction Project(s)-General Aggregate Limit (Per Project)
CG 88 72 12 08	Off Premises Property Damage Including Care, Custody or Control
CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 88 86 12 08	Exclusion - Asbestos Liability
CG 88 87 12 08	Exclusion - Lead Liability
CG 89 56 11 10	Amendment of Occurrence Definition
CP 00 10 10 12	Building and Personal Property Coverage Form
CP 00 90 07 88	Commercial Property Conditions
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 01 66 09 00	Kentucky Changes
CP 10 30 10 12	Causes of Loss - Special Form
CP 10 40 10 12	Earthquake And Volcanic Eruption Endorsement
CP 88 04 03 10	Removal Permit
CP 88 10 02 15	Property Extension Plus
CP 92 01 05 17	Property Anti-Stacking Endorsement

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

DS 70 21 11 16



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BKW(20) 50 52 45 46

Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

(859) 543-1716
ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 02 63 09 08	Kentucky Changes - Cancellation and Nonrenewal
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
IL 09 52 01 15	Cap On Losses From Certified Acts Of Terrorism

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

DS 70 21 11 16



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Property Schedule Totals	\$6,849.00
	KY Municipal Town Tax	\$39.21
	KY Dept. of Revenue Surcharge	\$42.04
	Certified Acts of Terrorism Coverage	\$75.00

Total Advance Charges: \$7,005.25
Note: This is not a bill

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

DS 70 22 01 08



50524546

006265

550

of 50

37



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 117 Crossfield Dr Ste D, Versailles, KY 40383-1844

**Property
Characteristics**

Description:

Construction: Frame

**Your Business
Personal Property
Coverage**

Occupancy: Water Companies - Offices

Description

Limit of Insurance - Replacement Cost Including Stock *Raise* \$4,794 *50K*

Coinsurance 80%

Covered Causes of Loss

Special Form - Including Theft

Earthquake and Volcanic Eruption *Raise*

Deductible - All Covered Causes of Loss Unless Otherwise Stated \$500

Deductible - Earthquake and Volcanic Eruption 10%

Premium \$41.00

0002 280 Troy Rd, Versailles, KY 40390-9761

**Property
Characteristics**

Description:

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

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 280 Troy Rd, Versailles, KY 40390-9761

**Property in
the Open
Coverage**

Occupancy: Tanks, Bins And Silos Used For The Storage Of
Non-Combustible Liquids, Non-Combustible Gases Or
Non-Combustible Solids - Above Ground - Masonry Tanks On
The Ground Or Masonry Tanks With Masonry Supports

Description

Limit of Insurance - Replacement Cost	\$564,758
Coinsurance	80%
Covered Causes of Loss	
Special Form - Including Theft	
Earthquake and Volcanic Eruption	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$500
Deductible - Earthquake and Volcanic Eruption	10%
Premium	\$1,784.00

0003 370 Delaney Ferry Rd, Versailles, KY 40383-8617

**Property
Characteristics**

Description:

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

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 370 Delaney Ferry Rd, Versailles, KY 40383-8617

**Property in
the Open
Coverage**

Occupancy: Tanks, Bins And Silos Used For The Storage Of
Non-Combustible Liquids, Non-Combustible Gases Or
Non-Combustible Solids - Above Ground - Masonry Tanks On
The Ground Or Masonry Tanks With Masonry Supports

Description

Limit of Insurance - Replacement Cost	\$685,871
Coinsurance	80%
Covered Causes of Loss	
Special Form - Including Theft	
Earthquake and Volcanic Eruption	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$500
Deductible - Earthquake and Volcanic Eruption	10%

Premium \$2,140.00

0004 2750 Cummins Ferry Rd, Versailles, KY 40383-8506

**Property
Characteristics**

Description:

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

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 2750 Cummins Ferry Rd, Versailles, KY 40383-8506

**Property in
the Open
Coverage**

Occupancy: Tanks, Bins And Silos Used For The Storage Of
Non-Combustible Liquids, Non-Combustible Gases Or
Non-Combustible Solids - Above Ground - Masonry Tanks On
The Ground Or Masonry Tanks With Masonry Supports

Description

Limit of Insurance - Replacement Cost	\$739,179
Coinsurance	80%
Covered Causes of Loss	
Special Form - Including Theft	
Earthquake and Volcanic Eruption	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$500
Deductible - Earthquake and Volcanic Eruption	10%

Premium \$2,335.00

0005 4 Cummins Ferry Rd, Versailles, KY 40383-9409

**Property
Characteristics**

Description:

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

DS 70 23 01 08



50524546

006265

550

of 50

41



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 4 Cummins Ferry Rd, Versailles, KY 40383-9409

**Property in
the Open
Coverage**

Occupancy: Tanks, Bins And Silos Used For The Storage Of
Non-Combustible Liquids, Non-Combustible Gases Or
Non-Combustible Solids - Above Ground - Masonry Tanks On
The Ground Or Masonry Tanks With Masonry Supports

Description

Limit of Insurance - Replacement Cost	\$45,486
Coinsurance	80%
Covered Causes of Loss	
Special Form - Including Theft	
Earthquake and Volcanic Eruption	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$500
Deductible - Earthquake and Volcanic Eruption	10%

Premium \$143.00

0006 HIGHWAY33, VERSAILLES, KY 40383

**Property
Characteristics**

Description:

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

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial Property
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of HIGHWAY 33, VERSAILLES, KY 40383

**Property in
the Open
Coverage**

Occupancy: Tanks, Bins And Silos Used For The Storage Of
Non-Combustible Liquids, Non-Combustible Gases Or
Non-Combustible Solids - Above Ground - Masonry Tanks On
The Ground Or Masonry Tanks With Masonry Supports

Description

Limit of Insurance - Replacement Cost	\$45,486
Coinsurance	80%
Covered Causes of Loss	
Special Form - Including Theft	
Earthquake and Volcanic Eruption	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$500
Deductible - Earthquake and Volcanic Eruption	10%

Premium \$143.00

SUMMARY OF OTHER PROPERTY COVERAGES

**Property
Extension
Endorsement**

Description

Property Extension Plus \$263.00

Premium \$263.00

Commercial Property Schedule Total:

\$6,849.00

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

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Commercial General Liability

Declarations

Basis: Occurrence

Policy Number:
BKW (20) 50 52 45 46

Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	300,000
	Damage To Premises Rented To You Limit (Any One Premises)	300,000
	Medical Expense Limit (Any One Person)	10,000
	Personal and Advertising Injury Limit	300,000
	General Aggregate Limit (Other than Products - Completed Operations)	300,000
	Products - Completed Operations Aggregate Limit	300,000

raise limit
T

Explanation of Charges

DESCRIPTION	PREMIUM
General Liability Schedule Totals	3,138.00
KY Municipal Town Tax	40.38
KY Dept. of Revenue Surcharge	56.71
Certified Acts of Terrorism Coverage	13.00

Total Advance Charges:

\$3,248.09

Note: This is not a bill

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

DS 70 22 01 08



50524546

006265

550

of 50

45



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial General Liability
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 117 Crossfield Dr Ste D, Versailles, KY 40383-1844

Insured: SOUTH WOODFORD WATER DISTRICT

CLASSIFICATION - 61224

Buildings Or Premises-Office-Premises Occupied by
Employees of The Insured-Other Than-Not-For-Profit
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	1,500 Square Feet Of Area	75.311	\$113.00
<i>Total:</i>			<i>Included</i>

0002 280 Troy Rd, Versailles, KY 40390-9761

Insured: SOUTH WOODFORD WATER DISTRICT

CLASSIFICATION - 91581

Contractors - Subcontracted Work - In Connection With
Construction, Reconstruction, Erection or Repair -
Not Buildings

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER 1,000	PREMIUM
Premise/Operations	82,950 Dollars Of Total Cost	3.925	\$326.00
<i>Total:</i>			<i>\$326.00</i>
Products/Completed Operations		3.299	\$274.00
<i>Total:</i>			<i>\$274.00</i>

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

DS 70 23 01 08



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Commercial General Liability
Declarations Schedule

Policy Number:
BKW (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF CLASSIFICATIONS - BY LOCATION - continued

CLASSIFICATION - 99943
Water Companies
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON - Individual Payroll	RATED / PER 1,000	PREMIUM
Premise/Operations	23,000 Dollars Of Payroll	26.944	\$620.00
<i>Total:</i>			<i>Included</i>

CLASSIFICATION - 99943
Water Companies
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON - Employees Payroll	RATED / PER 1,000	PREMIUM
Premise/Operations	57,209 Dollars Of Payroll	26.944	\$1,541.00
<i>Total:</i>			<i>Included</i>

SUMMARY OF OTHER COVERAGE

COVERAGE DESCRIPTION	PREMIUM
Construction Project(s) - General Aggregate Limit (Per Project)	\$88.00
Contractors Amendment of Pollution Exclusion (Job Sites)	\$26.00

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

DS 70 23 01 08



50524546

006265

550

of 50

47



Coverage Is Provided In:
West American Insurance Company

175 Berkeley St., Boston, MA 02116

**Commercial General Liability
Declarations Schedule**

Policy Number:
BKW (20) 50 52 45 46

Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

SUMMARY OF OTHER COVERAGE - continued

COVERAGE DESCRIPTION	PREMIUM
Off Premises Property Damage Care, Custody or Control	\$150.00
Commercial General Liability Schedule Total	\$3,138.00

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

DS 70 23 01 08



Coverage Is Provided In:
The Ohio Casualty Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BAO (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

Agent Mailing Address & Phone No.

(859) 543-1716
ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527

Named Insured Is: MUNICIPALITY

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

Business Auto

\$370.11

Total Charges for all of the above coverage parts:
Terrorism Coverage:

\$370.11
(Included)

Note: This is not a bill

IMPORTANT MESSAGES

Issue Date 03/18/19

Authorized Representative

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

DS 70 21 11 16



50524546

006266

550

of 14

3



Coverage Is Provided In:
The Ohio Casualty Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BAO (20) 50 52 45 46

Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

(859) 543-1716
ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE	STATE(S) Applicable
AC 00 31 01 14	Changes In Your Policy	KY
CA 00 01 03 06	Business Auto Coverage Form	KY
CA 01 25 12 02	Kentucky Changes	KY
CA 23 45 11 16	Public or Livery Passenger Conveyance and On - Demand Delivery Services Exclusion	KY
CA 87 77 03 11	Changes in Who Is An Insured	KY
IL 00 17 11 98	Common Policy Conditions	KY
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	KY
IL 02 63 09 08	Kentucky Changes - Cancellation and Nonrenewal	KY

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey
Secretary

Paul Condrin
President

To report a claim, call your Agent or 1-800-362-0000
DS 70 21 11 16



Coverage Is Provided In:
 The Ohio Casualty Insurance Company

Policy Number:
BAO (20) 50 52 45 46
 Policy Period:
From 05/15/2019 To 05/15/2020
 12:01 am Standard Time
 at Insured Mailing Location

**Business Automobile
 Policy Declarations**

ITEM ONE:

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
 ASSURED PARTNERS NL LLC

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 AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

*See Business Auto Coverage Form CA 00 01 for Covered Auto Symbol Descriptions

COVERAGES	LIMIT	PREMIUM
Liability Insurance	\$300,000 each accident Covered Auto Symbol(s) 08, 09*	\$328.00
Other Charges		
KY Municipal Town Tax		\$34.16
KY Dept. of Revenue Surcharge		\$5.95
Terrorism Coverage		\$2.00

Total Provisional Charges: \$370.11
Note: This is not a bill

ITEM FOUR: HIRED AUTO COVERAGE

	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	
Liability	If Any	2.689	\$66.00
Other Charges			
KY Municipal Town Tax			\$6.83
KY Dept. of Revenue Surcharge			\$1.19

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

DS 70 43 01 08



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BAO (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

**Business Automobile
Policy Declarations**

Named Insured

Agent

SOUTH WOODFORD WATER DISTRICT

(859) 543-1716
ASSURED PARTNERS NL LLC

ITEM FOUR: HIRED AUTO COVERAGE - continued

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 or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**To report a claim, call your Agent or 1-800-362-0000
DS 70 43 01 08**



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BAO (20) 50 52 45 46
Policy Period:
From 05/15/2019 To 05/15/2020
12:01 am Standard Time
at Insured Mailing Location

**Business Automobile
Policy Declarations**

Named Insured	Agent
SOUTH WOODFORD WATER DISTRICT	(859) 543-1716 ASSURED PARTNERS NL LLC

ITEM FIVE: NON-OWNERSHIP LIABILITY COVERAGE

<u>Named Insured's Business</u>	<u>Rating Basis</u>	<u>Number</u>	<u>Premium</u>
Other than Garage Service Operations and Other Than Social Service Agencies	Number of Employees	5	\$262.00
Other Charges			
	KY Municipal Town Tax		\$27.12
	KY Dept. of Revenue Surcharge		\$4.72

MISCELLANEOUS COVERAGES

Terrorism Coverage			
	KY Municipal Town Tax		\$.21
	KY Dept. of Revenue Surcharge		\$.04

To report a claim, call your Agent or 1-800-362-0000
DS 70 43 01 08



50524546

006266

550

of 14

7