



Coverage Is Provided In:  
West American Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:  
**BKW(21) 50 52 45 46**  
Policy Period:  
**From 05/15/2020 To 05/15/2021**  
12:01 am Standard Time  
at Insured Mailing Location

### Common Policy Declarations

Named Insured & Mailing Address	Agent Mailing Address & Phone No.
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

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	\$8,641.38
Commercial General Liability	\$4,909.93

<i>Total Charges for all of the above coverage parts:</i>	<b>\$13,551.31</b>
<i>Certified Acts of Terrorism Coverage:</i> \$107.00	<b>(Included)</b>

*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 03/16/20

Authorized Representative

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



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### 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

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

Mark Touhey  
Secretary

David Long  
President

To report a claim, call your Agent or 1-844-325-2467  
DS 70 21 11 16

## **Policyholder Disclosure Kentucky Local Government Premium Tax**

Kentucky statute KRS 91A.080 permits cities, counties, charter counties, consolidated local governments or urban-county governments to impose and collect license fees or taxes upon insurance companies for the privilege of engaging in the business of insurance. This statute also allows the insurance companies to include these license fees or taxes in the policy premium and to charge a collection fee in accordance with the guidelines issued by the Office of Insurance.

If you have any questions, please contact your agent.

**Location(s) Jurisdiction Information:**

**Loc 001:** 117 Crossfield Dr Ste D, Versailles, KY 40383-1844  
Jurisdiction applied to this location:  
00836 Versailles

**Loc 002:** 280 Troy Rd, Versailles, KY 40390-9761  
Jurisdiction applied to this location:  
00383 Remainder of Jessamine County

**Loc 003:** 370 Delaney Ferry Rd, Versailles, KY 40383-8617  
Jurisdiction applied to this location:  
99999 Remainder Of Woodford County - Not Subject To Town Tax

**Loc 004:** 2750 Cummins Ferry Rd, Versailles, KY 40383-8506  
Jurisdiction applied to this location:  
99999 Remainder Of Woodford County - Not Subject To Town Tax

**Loc 005:** 4 Cummins Ferry Rd, Versailles, KY 40383-9409  
Jurisdiction applied to this location:  
99999 Remainder Of Woodford County - Not Subject To Town Tax

**Loc 006:** HIGHWAY 33, VERSAILLES, KY 40383  
Jurisdiction applied to this location:  
99999 Remainder Of Woodford County - Not Subject To Town Tax

**SUMMARY OF LOCAL GOVERNMENT PREMIUM TAXES AND FEES:**

Tax Code	City or County	\$
99999	Remainder Of Woodford County - Not Subject To Town Tax	
00836	Versailles	\$95.02
00383	Remainder of Jessamine County	\$624.40

KENTUCKY LOCAL GOVERNMENT PREMIUM TAX INCLUDES A COLLECTION FEE.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**OFF PREMISES PROPERTY DAMAGE  
INCLUDING CARE, CUSTODY OR CONTROL**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Property Damage - Off Premises Care, Custody Or Control Occurrence Limit 5000**

**Property Damage - Off Premises Care, Custody Or Control Aggregate Limit 25000**

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by this endorsement.

**A. COVERAGE**

Subparagraph j.(4) of Paragraph 2., Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability is replaced with the following:

- (4) Personal property of others in the care, custody, or control of an insured at premises owned, occupied by, or rented to an insured;

Subparagraphs j.(5) and (6) of Paragraph 2., Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability are deleted.

**B. EXCLUSIONS**

The following are added to Paragraph 2., Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability:

This insurance shall not apply to:

1. "Property damage" :
  - a. To property owned by any Named Insured, any person qualifying as an insured in Paragraph 1. of Section II - Who Is An Insured, or any "employee" of any Named Insured;
  - b. To property on any premises owned, rented, leased, operated or used by you; or
  - c. To property while in transit to or from any premises owned, rented, leased, operated or used by you.
2. "Property damage" to property included in the "products-completed operations hazard".
3. "Property damage" to borrowed equipment if coverage is provided by another endorsement attached to this policy described as **Property Damage - Borrowed Equipment**.

### C. LIMITS OF INSURANCE

The following is added to **Section III - Limits Of Insurance**:

1. Subject to 2. below, the Property Damage - Off Premises Care, Custody Or Control Occurrence Limit shown in the Schedule is the most we will pay due to "property damage" to property of others as a result of any one "occurrence". This limit is part of and not in addition to the Each Occurrence Limit applicable to **Coverage A - Bodily Injury And Property Damage Liability** described in Paragraph 5. of **Section III - Limits Of Insurance**.
2. The Property Damage - Off Premises Care, Custody Or Control Aggregate Limit shown in the Schedule is the most that is payable under this coverage regardless of the number of claims or "suits" made against you. This limit is part of, and not in addition to the General Aggregate Limit described in Paragraph 2. of **Section III - Limits Of Insurance**.

### D. DEDUCTIBLE

For the purposes of the coverage provided by this endorsement:

We will not pay for "property damage" in any one "occurrence" until the amount of "property damage" exceeds **\$250**. If the policy to which this endorsement is attached contains a "property damage" deductible, that deductible shall apply if it is greater than **\$250**.

### E. CONDITIONS

For the purposes of the coverage provided by this endorsement, **Section IV - Commercial General Liability Conditions** is amended as follows:

1. The following condition is added:

In the event of a loss covered by this endorsement, you shall, at our request, replace the damaged property or furnish labor and materials necessary for repairs at your actual cost, excluding profit or overhead charges.

2. The following is added to condition 4. **Other Insurance**, Paragraph b. **Excess Insurance**:

The insurance afforded by this endorsement is excess over any other insurance, whether primary, excess, contingent or on any other basis that applies to "property damage" covered by this endorsement.

3. Condition 7. **Separation of Insureds** is replaced with the following:

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

However, this condition does not apply if damages are to the property of any insured.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**MEDICAL EXPENSE AT YOUR REQUEST ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to **Section I - Coverage C - Medical Payments**:

If **Medical Payments** or **Medical Expenses** are not otherwise excluded from the policy, medical expenses will be paid only if an insured has requested that we pay such expenses.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION - ASBESTOS LIABILITY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS AND COMPLETED OPERATIONS COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising, in whole or in part, either directly or indirectly out of the manufacture, storage, processing, mining, use, sale, installation, removal, disposal, distribution, handling, inhalation, ingestion, absorption, or existence of, exposure to or contact with asbestos, asbestos contained in goods, products or materials, asbestos fibers or asbestos dust; or
2. Any loss, cost or expense arising out of any:
  - a. Request, demand, order, or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of asbestos, asbestos contained in goods, products or materials, asbestos fibers or asbestos dust; or
  - b. Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of asbestos, asbestos contained in goods, products or materials, asbestos fibers or asbestos dust.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION - LEAD LIABILITY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
PRODUCTS AND COMPLETED OPERATIONS COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising, in whole or in part, either directly or indirectly out of the mining, processing, manufacture, storage, distribution, sale, installation, removal, disposal, handling, inhalation, ingestion, absorption, use or existence of, exposure to, or contact with lead or lead contained in goods, products or materials; or
2. Any loss, cost or expense arising out of any:
  - a. Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of lead or lead contained in goods, products or materials; or
  - b. Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of lead or lead contained in goods, products or materials.



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### 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	\$405.99
<b>Total Charges for all of the above coverage parts: \$405.99</b>	
<b>Terrorism Coverage: \$2.00 (Included)</b>	
<i>Note: This is not a bill</i>	

### IMPORTANT MESSAGES

Issue Date 03/16/20

Authorized Representative

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

DS 70 21 11 16



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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

David Long  
President

To report a claim, call your Agent or 1-844-325-2467  
DS 70 21 11 16





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**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*	\$360.00
<b>Other Charges</b>		
KY Municipal Town Tax		\$37.47
KY Dept. of Revenue Surcharge		\$6.52
Terrorism Coverage		\$2.00

**Total Provisional Charges: \$405.99**  
*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	2.857	\$66.00
<b>Other Charges</b>			
KY Municipal Town Tax			\$6.83
KY Dept. of Revenue Surcharge			\$1.19

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



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## **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.**



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**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	\$294.00
<b>Other Charges</b>			
	KY Municipal Town Tax		\$30.43
	KY Dept. of Revenue Surcharge		\$5.29

**MISCELLANEOUS COVERAGES**

<b>Terrorism Coverage</b>			
	KY Municipal Town Tax		\$.21
	KY Dept. of Revenue Surcharge		\$.04



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Policy Number

Issued by

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CHANGES IN YOUR POLICY**

This endorsement applies to:

CA 00 01 12 93 - Business Auto Coverage Form  
CA 00 01 07 97 - Business Auto Coverage Form  
CA 00 01 10 01 - Business Auto Coverage Form  
CA 00 01 03 06 - Business Auto Coverage Form  
CA 00 05 12 93 - Garage Coverage Form  
CA 00 05 07 97 - Garage Coverage Form  
CA 00 05 10 01 - Garage Coverage Form  
CA 00 05 03 06 - Garage Coverage Form  
CA 00 12 12 93 - Truckers Coverage Form  
CA 00 12 07 97 - Truckers Coverage Form  
CA 00 12 10 01 - Truckers Coverage Form  
CA 00 12 03 06 - Truckers Coverage Form  
CA 00 20 12 93 - Motor Carrier Coverage Form  
CA 00 20 07 97 - Motor Carrier Coverage Form  
CA 00 20 10 01 - Motor Carrier Coverage Form  
CA 00 20 03 06 - Motor Carrier Coverage Form

This endorsement modifies the endorsements attached to the above coverage forms.

1. Any reference to Covered Autos Liability Coverage is changed to Liability Coverage.
2. Any reference in Physical Damage Coverage to "loss" to any one covered "auto" is changed to "loss" in any one "accident."
3. Any reference to Auto Dealers Coverage Form is changed to Garage Coverage Form.
4. Any reference to Motor Carriers Coverage Form also applies to Truckers Coverage Form.