

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770

**Agent:** TELEPHONE (859)-543-1716ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON KY 40509 2527**Account of:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES KY 40383**Notice issued to:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES KY 40383**Member Companies:**THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY**We value your time. Pay your bill online. mybusinessonline.libertymutual.com****PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Co: 02

Agent: 1680587

Payment Plan: MONTHLY

Invoice Date: 12/27/2019

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	12/11/2019	PAYMENT/CREDIT	-990.38		
		INSTALLMENT DUE	30.85	92.55	30.85
		INSTALLMENT DUE	953.53	2,860.59	953.53
		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.			

10035

Payment Due Date: 01/15/2020**Account Balance:** \$ 2,959.14**Minimum Amount Due:** \$ 990.38

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

NOTICE OF CANCELLATION STATE OF KENTUCKY



CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 03/14/2020 **Date of Notice:** 02/25/2020

Policy No.: BKW50524546 **Issued at:** DOVER, NH

Agent No: 1680587

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

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

Notice Issued To:
SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

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: COMMERCIAL LINES PACKAGE

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 05/15/2019, 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: SOUTH WOODFORD WATER DISTRICT

Date of Notice: 02/25/2020

Payment Due Date	Policy Number	Account Number	Policy Balance	Minimum Amount Due
03/14/2020	BKW50524546	301383770	\$1907.06	\$1907.06

Coverage Provided By: WEST AMERICAN INSURANCE COMPANY

Thank you for selecting us to service your insurance needs!

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



15089

*pd 900.38
2-24-20*

*owe
916.68
10/10'*



NOTICE OF REINSTATEMENT

Policy number BKW50524546 is reinstated without any lapse in coverage for the period of 05/15/2019 - 05/15/2020.

The reinstatement is dependent upon payment being honored by the financial institution. If payment is not honored by the financial institution, the policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

Agent No: 1680587

Agent: TELEPHONE (859) 543-1716

Account of:

ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527

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

Notice Mailed To:

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

Coverage Provided By:

WEST AMERICAN INSURANCE COMPANY

Date of Notice: 03/11/2020

Policy Period: 05/15/2019 - 05/15/2020

Policy Number: BKW50524546

Account Number: 301383770

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

002927
 Liberty Mutual Insurance
 P O Box 188025
 Fairfield, OH 45018-8025



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

BL-01 (07/96)

301383770

PCPCPBN 00000583 Page 2

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770



*pd 3/4/2020
 check # 10104 73.70*

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

Account of:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Notice issued to:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Member Companies:
 THE OHIO CASUALTY INSURANCE COMPANY
 WEST AMERICAN INSURANCE COMPANY

We value your time. Pay your bill online. mybusinessonline.libertymutual.com
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 02/26/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO		INSTALLMENT DUE SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	61.70 6.00	61.70	61.70 12.00
**BKW50524546 COMMERCIAL PKG		**ALERT: A SEPARATE CANCELLATION NOTICE WAS SENT TO YOU FOR EACH POLICY MARKED WITH **. PAYMENT OF THIS INVOICE HAS NO IMPACT ON THE MARKED POLICY(IES). For complete detail of all activity on this account please go to the website listed above.			

Payment Due Date: 03/16/2020 **Account Balance:** \$ 1,980.76 **Minimum Amount Due:** \$ 73.70

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

301383770

226

PCPCPBN 00000582 Page 1

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770



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

Account of:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Notice issued to:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Member Companies:
 THE OHIO CASUALTY INSURANCE COMPANY
 WEST AMERICAN 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: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 04/28/2020

Policy Number	Trans. Date	Account Activity	Charges/Credits	Policy Balance	Minimum Due
	03/02/2020	PAYMENT/CREDIT	-990.38		
	03/10/2020	PAYMENT/CREDIT	-990.38		
BAO50524546 BUSINESS AUTO	03/16/2020	TERRORISM RISK INSURANCE ACT	2.00		
	03/16/2020	RENEWAL EFF 05/15/2020	403.99	405.99	67.59
BKW50524546 COMMERCIAL PKG	03/16/2020	TERRORISM RISK INSURANCE ACT	107.00		
	03/16/2020	RENEWAL EFF 05/15/2020	13,444.31	13,551.31	2,258.51
		SERVICE CHARGE/FEEES	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.			

10/2/20

Payment Due Date: 05/17/2020 **Account Balance:** \$ 13,963.30 **Minimum Amount Due:** \$ 2,332.10

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

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770



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

Account of:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Notice issued to:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Member Companies:
 THE OHIO CASUALTY INSURANCE COMPANY
 WEST AMERICAN 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: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 05/26/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	05/12/2020	PAYMENT/CREDIT	-2,332.10		
		INSTALLMENT DUE	33.84	338.40	33.84
		INSTALLMENT DUE	1,129.28	11,292.80	1,129.28
		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: 06/14/2020 **Account Balance:** \$ 11,637.20 **Minimum Amount Due:** \$ 1,169.12

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

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770

10238



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

Account of:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Notice issued to:
 SOUTH WOODFORD WATER DISTRICT
 117 CROSSFIELD DR STE D
 VERSAILLES KY 40383

Member Companies:
 THE OHIO CASUALTY INSURANCE COMPANY
 WEST AMERICAN 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: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 06/26/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	06/22/2020	PAYMENT/CREDIT	-1,169.12		
		INSTALLMENT DUE	3.95	304.67	3.95
		INSTALLMENT DUE	131.41	10,169.41	131.41
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!	6.00		
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 07/15/2020 **Account Balance:** \$ 10,474.08 **Minimum Amount Due:** \$ 135.36

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

**PREMIUM NOTICE****ACCOUNT NUMBER:** 301383770**Agent:** TELEPHONE (859)-543-1716ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON KY 40509 2527**Account of:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES KY 40383**Notice issued to:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES KY 40383**Member Companies:**THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN 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: 02

Agent: 1680587

Payment Plan: MONTHLY

Invoice Date: 07/28/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	07/15/2020	PAYMENT/CREDIT	-135.36		
		INSTALLMENT DUE	37.59	300.72	37.59
	07/22/2020	AUDIT ADJUSTMENT EFF 05/15/2019	418.21		
		INSTALLMENT DUE	1,254.75	10,456.21	1,672.96
		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.			

102-63

Payment Due Date: 08/16/2020**Account Balance:** \$ 10,762.93**Minimum Amount Due:** \$ 1,716.55

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



**NOTICE OF CANCELLATION
STATE OF KENTUCKY**

CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 09/12/2020

Date of Notice: 08/25/2020

Policy No.: BAO50524546

Issued at: DOVER, NH

*pd
300.72
9-1-20*

Agent No: 1680587

Agent: TELEPHONE (859) 543-1716

ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527

Account of:

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

10301

Notice Issued To:

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

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 05/15/2020, 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.



NOTICE OF CANCELLATION STATE OF KENTUCKY

CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 09/12/2020 **Date of Notice:** 08/25/2020

Policy No.: BKW50524546 **Issued at:** DOVER, NH

Agent No: 1680587

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

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

10302

Notice Issued To:
SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

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: COMMERCIAL LINES PACKAGE

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 05/15/2020, 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.

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770

**Agent:** TELEPHONE (859)-543-1716ASSURED PARTNERS NL LLC
2443 SIR BARTON WAY STE 400
LEXINGTON KY 40509 2527**Account of:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES KY 40383**Notice issued to:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES KY 40383**Member Companies:**THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

We value your time. Pay your bill online mybusinessonline.libertymutual.com
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 02

Agent: 1680587

Payment Plan: MONTHLY

Invoice Date: 10/27/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO		INSTALLMENT DUE	19.04	169.40	19.04
BKW50524546 COMMERCIAL PKG		INSTALLMENT DUE SERVICE CHARGE/FEEES *Avoid Fees, Enroll in EFT!*	635.55 6.00	5,654.55	635.55
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 11/15/2020**Account Balance:** \$ 5,823.95**Minimum Amount Due:** \$ 654.59

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

