



**NOTICE OF CANCELLATION
STATE OF KENTUCKY**

baas

CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 01/10/2021 **Date of Notice:** 12/23/2020

Policy No.: BAO50524546 **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: 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 01/10/2021 **Date of Notice:** 12/23/2020

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

Handwritten:
~~12/23/2020~~
12/23/2020
12/11/16

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.

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Premium Adjustment

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See the "Important Notices" section on reverse side for additional information that may be applicable.

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

**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: 01/26/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	01/05/2021	PAYMENT/CREDIT	-1,298.34		
	01/15/2021	PAYMENT/CREDIT	-1,286.34		
		INSTALLMENT DUE	37.59	75.18	37.59
		INSTALLMENT DUE	1,254.75	2,509.50	1,254.75
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	6.00		12.00
For complete detail of all activity on this account please go to the website listed above.					

10481

Payment Due Date: 02/14/2021

Account Balance: \$

2,596.68

Minimum Amount Due: \$

1,304.34

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
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Member Companies:

THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

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Co: 02

Agent: 1680587

Payment Plan: MONTHLY

Invoice Date: 02/26/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	02/16/2021	PAYMENT/CREDIT	-1,300.34		
		INSTALLMENT DUE	37.71	37.71	37.71
		INSTALLMENT DUE	1,258.63	1,258.63	1,258.63
		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.					

10969

Payment Due Date: 03/17/2021

Account Balance: \$ 1,302.34

Minimum Amount Due: \$ 1,302.34

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:
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10586

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

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Co: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 04/27/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO	03/17/2021	PAYMENT/CREDIT	-1,302.34		
	04/22/2021	TERRORISM RISK INSURANCE ACT RENEWAL EFF 05/15/2021	2.00 403.99	405.99	67.59
BKW50524546 COMMERCIAL PKG	04/22/2021	TERRORISM RISK INSURANCE ACT RENEWAL EFF 05/15/2021	112.00 13,790.25	13,902.25	2,317.05
	04/22/2021	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: 05/16/2021 **Account Balance:** \$ 14,314.24 **Minimum Amount Due:** \$ 2,390.64



NOTICE OF REINSTATEMENT

Policy number BAO50524546 is reinstated without any lapse in coverage for the period of 05/15/2020 - 05/15/2021.

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

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 Mailed To:

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

Coverage Provided By:

THE OHIO CASUALTY INSURANCE COMPANY

Date of Notice: 01/19/2021

Policy Period: 05/15/2020 - 05/15/2021

Policy Number: BAO50524546

Account Number: 301383770

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



NOTICE OF REINSTATEMENT

Policy number BKW50524546 is reinstated without any lapse in coverage for the period of 05/15/2020 - 05/15/2021.

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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: 01/19/2021

Policy Period: 05/15/2020 - 05/15/2021

Policy Number: BKW50524546

Account Number: 301383770

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

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:
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 117 CROSSFIELD DR STE D
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Member Companies:
 THE OHIO CASUALTY INSURANCE COMPANY
 WEST AMERICAN INSURANCE COMPANY

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Co: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 05/26/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	05/17/2021	PAYMENT/CREDIT	-2,390.64		
		INSTALLMENT DUE	33.84	338.40	33.84
		INSTALLMENT DUE	1,158.52	11,585.20	1,158.52
		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: 06/14/2021 **Account Balance:** \$ 11,929.60 **Minimum Amount Due:** \$ 1,198.36

**NOTICE OF CANCELLATION
STATE OF KENTUCKY****CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 09/11/2021****Date of Notice: 08/24/2021****Policy No.:** BKW50524546**Issued at:** DOVER, NH**Agent No:** 1680587**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**Company Name:**

LIBERTY MUTUAL INSURANCE

For Payment/Billing Inquiries: 1-866-290-2920
mybusinessonline.libertymutual.com**Line of Business:** COMMERCIAL LINES PACKAGE**Cancellation**

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Premium Adjustment

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2443 SIR BARTON WAY STE 400
LEXINGTON, KY 40509-2527SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383**Notice Issued To:****Company Name:**SOUTH WOODFORD WATER DISTRICT
117 CROSSFIELD DR STE D
VERSAILLES, KY 40383

LIBERTY MUTUAL INSURANCE

For Payment/Billing Inquiries: 1-866-290-2920
mybusinessonline.libertymutual.com**Line of Business:** BUSINESS AUTO**Cancellation**

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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

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: 07/27/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	07/21/2021	PAYMENT/CREDIT	-1,198.36		
		INSTALLMENT DUE	67.68	304.56	67.68
	07/20/2021	AUDIT ADJUSTMENT EFF 05/15/2020	2,055.71		
		INSTALLMENT DUE	2,317.04	12,482.39	4,372.75
		SERVICE CHARGE/FEES	6.00		12.00
		Avoid Fees, Enroll in EFT!			
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 08/15/2021 **Account Balance:** \$ 12,798.95 **Minimum Amount Due:** \$ 4,452.43

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 Co: 02 Invoice Date: 07/27/2021

Please allow sufficient mail time for payment to arrive by the due date.	
Payment Due Date 08/15/2021	Account Number 301383770

You may pay the minimum amount due or the total account balance.	
Account Balance \$ 12,798.95	Minimum Amount Due \$ 4,452.43

- * Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**
- * **IMPORTANT:** Please write your account number on your check or money order - never send cash!
- * Please notify your agent if you have a change of address.
- * To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

Thank you for selecting us to service your insurance needs!

Mail Payments To:
 LIBERTY MUTUAL INSURANCE
 PO BOX 2839
 NEW YORK, NY 10116-2839



02839 200 0020000301383770 000000000 000000000 0001279895 0000445243 8

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770

2427



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:
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Member Companies:
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 WEST AMERICAN INSURANCE COMPANY

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Co: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 09/28/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	08/09/2021	PAYMENT/CREDIT	-2,396.72		
	09/15/2021	PAYMENT/CREDIT	-3,236.07		
		INSTALLMENT DUE	33.84	203.04	33.84
	08/26/2021	TERRORISM RISK INSURANCE ACT	2.00		
	08/26/2021	POLICY CHANGE EFF 05/15/2021	584.55		
		INSTALLMENT DUE	1,256.27	7,537.67	1,256.27
		SERVICE CHARGE/FEES	6.00		18.00
		Avoid Fees, Enroll in EFT!			
		For complete detail of all activity on this account please go to the website listed above.			

Payment Due Date: 10/17/2021 **Account Balance:** \$ 7,758.71 **Minimum Amount Due:** \$ 1,308.11

PREMIUM NOTICE

ACCOUNT NUMBER: 301383770



2455

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:
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Member Companies:
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Co: 02 Agent: 1680587 Payment Plan: MONTHLY Invoice Date: 10/26/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	10/15/2021	PAYMENT/CREDIT	-1,308.11		
		INSTALLMENT DUE	33.84	169.20	33.84
		INSTALLMENT DUE	1,256.28	6,281.40	1,256.28
		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: 11/14/2021 **Account Balance:** \$ 6,456.60 **Minimum Amount Due:** \$ 1,296.12

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

3055

Notice issued to:
 SOUTH WOODFORD WATER DISTRICT
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 VERSAILLES KY 40383

Member Companies:
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 WEST AMERICAN INSURANCE COMPANY

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Co: 02

Agent: 1680587

Payment Plan: MONTHLY

Invoice Date: 12/28/2021

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BAO50524546 BUSINESS AUTO BKW50524546 COMMERCIAL PKG	12/22/2021	PAYMENT/CREDIT	-1,296.12		
		INSTALLMENT DUE	33.84	101.52	33.84
		INSTALLMENT DUE	1,256.28	3,768.84	1,256.28
		SERVICE CHARGE/FEES Save on 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: 01/16/2022**Account Balance:** \$ 3,876.36**Minimum Amount Due:** \$ 1,296.12