

INVOICE



South Woodford Water District 117 Crossfield Dr Ste D Versailles, KY 40383

| | Invoice Date |
|-----------------|------------------|
| | February 1, 2019 |
| | Invoice Number |
| | 2418850 |
| | Policy Number |
| | 327963 |
| Current Balance | Due Date |
| -\$243.94 | N/A |

AGENT: ASSURED NL INSURANCE AGENCY INC (502)894-2100

There is no new transaction on this invoice statement

| Previous Balance | Payment Received | Current Charges | _ | Current Balance |
|-------------------------|------------------|-----------------|-------|------------------------|
| -\$243.94 | \$0.00 | \$0.00 | 1 = [| -\$243.94 |

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number 327963

Invoice Number 2418850

Please check this box for change of address or e-mail update (on reverse).

To make a payment instantly, visit **www.kemi.com/pay**

If mailing payment, please:

- 1. Make checks payable to KEMI.
- 2. Include your Policy and Invoice Numbers on check.
- 3. Please do not staple check to payment stub.
- 4. Indicate change of address or e-mail update on reverse side of stub.

5. Write questions or comments on separate enclosure.

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500 Due Date:

N/A

Amount Due:

\$0.00

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kemi invoice



INVOICE

South Woodford Water District 117 Crossfield Dr Ste D Versailles, KY 40383

| | Invoice Date | |
|-----------------|----------------|--|
| | March 1, 2019 | |
| | Invoice Number | |
| | 2428110 | |
| | Policy Number | |
| | 327963 | |
| Current Balance | Due Date | |
| -\$243.94 | N/A | |

AGENT: ASSURED NL INSURANCE AGENCY INC (502)894-2100

There is no new transaction on this invoice statement

Previous Balance Payment Received Current Charges Current Balance -\$243.94 \$0.00 -\$243.94 \$0.00 RETURN PAYMENT STUB To make a payment instantly, visit www.kemi.com/pay

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number 327963

Invoice Number 2428110

Please check this box for change of address or e-mail update (on reverse).

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500

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- 2. Include your Policy and Invoice Numbers on check.
- 3. Please do not staple check to payment stub.
- 4. Indicate change of address or e-mail update on reverse side of stub.

5. Write questions or comments on separate enclosure.

Due Date: N/A

Amount Due:

\$0.00



INVOICE

South Woodford Water District 117 Crossfield Dr Ste D Versailles, KY 40383

Invoice Date April 1, 2019 **Invoice Number** 2437071 **Policy Number** 327963 **Current Balance Due Date** -\$243.94 N/A

AGENT: ASSURED NL INSURANCE AGENCY INC (502)894-2100

There is no new transaction on this invoice statement

| Previous Balance | Payment Received | الدا | Current Charges |]_[| Current Balance |
|------------------|------------------|------|-----------------|-----|-----------------|
| -\$243.94 | \$0.00 | - | \$0.00 | | -\$243.94 |

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number 327963

Invoice Number 2437071

Please check this box for change of address or e-mail update (on reverse).

Kentucky Employers' Mutual Insurance

Payment Processing Center P.O. Box 12500

Lexington, KY 40583-2500

To make a payment instantly, visit www.kemi.com/pay

If mailing payment, please:

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- Please do not staple check to payment stub.
 Indicate change of address or e-mail update on reverse side of stub.
- 5. Write questions or comments on separate enclosure.

Due Date:

N/A

Amount Due:

\$0.00

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kemi_invoice



INVOICE

South Woodford Water District 117 Crossfield Dr Ste D Versailles, KY 40383

| | Invoice Date |
|-----------------|-----------------|
| | May 1, 2019 |
| | Invoice Number |
| | 2446975 |
| | Policy Number |
| | 327963 |
| Current Balance | Due Date |
| -\$243.94 | N/A |

AGENT: ASSURED NL INSURANCE AGENCY INC (502)894-2100

There is no new transaction on this invoice statement

Current Balance **Previous Balance Payment Received Current Charges** -\$243.94 \$0.00 \$0.00 -\$243.94 To make a payment instantly, visit

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number 327963

Invoice Number 2446975

Please check this box for change of address or e-mail update (on reverse).

Kentucky Employers' Mutual Insurance Payment Processing Center P.O. Box 12500 Lexington, KY 40583-2500

If mailing payment, please:

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2. Include your Policy and Invoice Numbers on check.
3. Please do not staple check to payment stub.

www.kemi.com/pay

4. Indicate change of address or e-mail update on reverse side of stub.

5. Write questions or comments on separate enclosure.

Due Date:

N/A

Amount Due:

\$0.00

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South Woodford Water District 117 Crossfield Dr Ste D Versailles, KY 40383



INVOICE

| nV | Invoice Date | | |
|-----------------|----------------|--|--|
| y | August 1, 2019 | | |
| | Invoice Number | | |
| | 2475519 | | |
| | Policy Number | | |
| | 327963 | | |
| Current Balance | Due Date | | |
| \$1,271.07 | 08/26/2019 | | |

AGENT: ASSURED NL INSURANCE AGENCY INC

| Current Transactions | | | | |
|-------------------------------------|----|--------------------------|------------|--|
| Explanation | | Policy Period From To | Amount | |
| Premium Installment | #2 | 07/01/2019 - 07/01/2020 | \$1,194.50 | |
| Special Fund Assessment Installment | #2 | 07/01/2019 - 07/01/2020 | \$76.57 | |
| | | Current Charges | \$1,271.07 | |

| Previous Balance | Payment Received | | Current Charges | _ | Current Balance |
|------------------|------------------|-----|-----------------|-------|-----------------|
| \$0.00 | \$0.00 |] — | \$1,271.07 |] = [| \$1,271.07 |



INVOICE

01014

South Woodford Water District 117 Crossfield Dr Ste D Versailles, KY 40383

990

| | Invoice Date |
|-----------------|-------------------|
| | September 3, 2019 |
| | Invoice Number |
| | 2484642 |
| | Policy Number |
| | 327963 |
| Current Balance | Due Date |
| \$1,203.03 | 09/28/2019 |

AGENT: ASSURED NL INSURANCE AGENCY INC

Current Transactions

| | | Policy Period | |
|---------------------------------------|-----|-------------------------|------------|
| Explanation | | From To | Amount |
| Audit Premium Adjustment | | 07/01/2018 - 07/01/2019 | -\$64.00 |
| Audit Special Fund Assessment Adjustm | ent | 07/01/2018 - 07/01/2019 | -\$4.03 |
| Premium Installment | #3 | 07/01/2019 - 07/01/2020 | \$1,194.50 |
| Special Fund Assessment Installment | #3 | 07/01/2019 - 07/01/2020 | \$76.56 |
| | | Current Charges | \$1,203.03 |

| Previous Balance | Payment Received | Current Charges | | Current Balance |
|------------------|------------------|-----------------|-----|------------------------|
| \$1,271.07 | \$1,271.07 | \$1,203.03 | = [| \$1,203.03 |