

DATE (MM/DD/YYYY) 04/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).														
PRODUCER								CONTACT W.C. Helton						
Helton Insurance Group							PHONE (270) 273-3252 FAX (270) 273-0737							
PO Box 248							E-MAIL wch@heltonins.com							
235	Main St						ADDRESS:							
Calhoun KY 42327								INSURER(S) AFFORDING COVERAGE INSURER A: Owners Insurance Company						
INSU								32700						
""	NLD	Reech Grove V	Water System Inc				INSURER B : INSURER C :							
		445 State Rout	•											
		443 State Nou	ie 30 N				INSURER D:							
		Calhoun				KY 42327-9597	INSURER E : INSURER F :							
CO	VERAGE		CER'	TIFIC	ATE I	NUMBER: CL224705650	INSURE	KF:		REVISION NUMBER:				
			HE POLICIES OF I	NSUR	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUR			IOD			
						ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE								
						ITS SHOWN MAY HAVE BEEN					,			
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	X cor	MMERCIAL GENERA	L LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000		
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	000		
										MED EXP (Any one person)	\$ 10,000			
Α						52021865		11/15/2021	11/15/2022	PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AC	GREGATE LIMIT APF	PLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000		
	POL	LICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000		
	ОТН	HER:									\$			
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000		
	ANY AUTO									BODILY INJURY (Per person)	\$			
Α		OWNED AUTOS ONLY SCHEDULED AUTOS				4901523900		11/15/2021	11/15/2022	BODILY INJURY (Per accident)	\$			
	HIR		NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	X 19									Underinsured motorist BI	\$ 1,00	0,000		
	ОМІ	BRELLA LIAB	OCCUR							EACH OCCURRENCE	\$			
	EXC	CESS LIAB	CLAIMS-MADE							AGGREGATE	\$			
	DEI	D RETENTION	N \$								\$			
		S COMPENSATION								➤ PER OTH-ER				
A	ANY PRO	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			52021344			11/15/2021	11/15/2022	E.L. EACH ACCIDENT	\$ 1,00	0,000		
^	(Mandato					32021344		11/13/2021	11/15/2022	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000		
	If yes, des DESCRIP	cribe under TION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000		
L														
DESC	CRIPTION	OF OPERATIONS / LO	OCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)					
L														
CEF	RTIFICA	TE HOLDER					CANC	ELLATION						
TI							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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Sharan These Barken

211 Sower Blvd

Frankfort

KY 40601

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 04/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

this certificate does not confer rights to the certificate holder in lieu of such												
PRO	DUCER				CONTACT W.C. Helton							
Helt	on Insurance Group				PHONE (270) 273-3252 FAX (270) 273-0737							
РО	Box 248				(A/C, No, Ext): (A/C, No): (270) 273-3737 E-MAIL							
235	Main St					NAIC #						
Call	noun			KY 42327	INSURE	32700						
INSU	RED				INSURER B:							
	Beech Grove Water System Inc				INSURE	RC:						
	445 State Route 56 N				INSURE							
						INSURER E :						
	Calhoun					RF:						
				NUMBER: CL224705648				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS												
	ERTIFICATE MAY BE ISSUED OR MAY PERTA		,									
EX INSR	CLUSIONS AND CONDITIONS OF SUCH PO				REDUC	ED BY PAID CL	_AIMS. POLICY EXP					
LTR		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ	0,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 300,			
				50001005		44/45/0000	44/45/0004	MED EXP (Any one person)	\$ 10,0			
Α			520	52021865		11/15/2020	11/15/2021	PERSONAL & ADV INJURY	φ	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000		
	POLICY FECT LOC							PRODUCTS - COMP/OP AGG	φ	0,000		
	OTHER:							COMBINED SINGLE LIMIT	\$ 1.00	10,000		
Α	AUTOMOBILE LIABILITY					11/15/2020	11/15/2021	(Ea accident)	\$ 1,000,000			
	ANY AUTO OWNED SCHEDULED			4901523900				BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS NON-OWNED			4901523900		11/15/2020	11/15/2021	PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident) Underinsured motorist BI	\$ 1,00	10,000		
	LIMBERT ALIAN							opiit iii iit		0,000		
	EVOCES LIAD OCCUR							EÀCH OCCURRENCE	\$			
	CLAIMS-IMADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION						➤ PER OTH-ER	\$				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							· · · ·	\$ 1,00	0.000		
Α	OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)	N/A		52021344		11/15/2020	11/15/2021	E.L. EACH ACCIDENT	•	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	φ .	0,000		
	DESCRIPTION OF OPERATIONS DOIOW							E.L. DISEASE - POLICY LIMIT	\$ /**			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)					
CEI	RTIFICATE HOLDER				CANCELLATION							
									o=: : =			
								SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER		REFORE		
	Public Service Commission							PROVISIONS.	-			
	211 Sower Blvd											
					AUTHORIZED REPRESENTATIVE							
	Frankfort		KY 40601			ared	2 7 bee Bayke	v.				



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	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to		r, certain policies may require an endorsement. A statement on								
	DUCER		011111	Jaco Horadi III IIda di Gadi	CONTACT W.C. Holton						
	ton Insurance Group		NAME: PHONE (A/C, No	70) 273-9737							
	Box 248		E-MAIL	3, 2. 0 0. 0.							
	5 Main St		ADDRES								
	houn	KY 42327		NAIC # 32700							
	JRED				INSURE	02.00					
	Beech Grove Water System Inc				INSURER B:						
	445 State Route 56 N				INSURE						
	The state reduce 55 TV					INSURER D:					
	Calhoun	KV 40007 0507				INSURER E : INSURER F :					
CO	VERAGES CERT	IFIC	ATE I	NUMBER: CL224705646				REVISION NUMBE	R:	'	
IN C E	NDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH POI	FINSURANCE LISTED BELOW HAVE BEEI JIREMENT, TERM OR CONDITION OF ANY TAIN, THE INSURANCE AFFORDED BY TH									
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	Ψ	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrer	ice) ϕ	300,000	
								MED EXP (Any one pers	EXP (Any one person) \$ 10,0		
Α				52021865		11/15/2019	11/15/2020	PERSONAL & ADV INJU)K1 \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	- Ψ	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	AGG 5	2,000,000	
	OTHER:			<u> </u>				COMBINED SINGLE LIN	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	Ψ	1,000,000	
	ANY AUTO OWNED SCHEDULED			400450000				BODILY INJURY (Per pe			
Α	AUTOS ONLY AUTOS			4901523900		11/15/2019	11/15/2020	BODILY INJURY (Per ac PROPERTY DAMAGE			
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
	× 19			<u> </u>				Underinsured moto	rist BI \$	1,000,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE								AGGREGATE	\$		
	DED RETENTION \$							S A DED	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	4 000 000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		52021344		11/15/2019	11/15/2020	E.L. EACH ACCIDENT	Ψ	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		1,000,000	
	DESCRIPTION OF OPERATIONS below			 				E.L. DISEASE - POLICY	LIMIT \$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)				
CERTIFICATE HOLDER CANCELLATION											
	Public Service Commission 211 Sower Blvd				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Z11 Sowel bivu			AUTHORIZED REPRESENTATIVE							
	Frankfort	KY 40601				Sharar 7 leve Barken					



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	DUCER	10 1110	0011111	outo moradi in nou di dudi	CONTACT M.C. Holton						
	on Insurance Group				NAME:					273-9737	
	Box 248				E-MAIL						
	Main St				ADDRESS: WCTGTGTGTGTGTS.COTT						
	noun			KY 42327		NAIC # 32700					
				NT 42321	INSURE	32700					
INSU					INSURE						
	Beech Grove Water System	nc			INSURE						
	445 State Route 56 N				INSURE						
					INSURE						
	Calhoun			KY 42327-9597	INSURE	RF:					
_				NUMBER: CL224705642				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE										
	ERTIFICATE MAY BE ISSUED OR MAY PE										
	XCLUSIONS AND CONDITIONS OF SUCH				REDUC			.			
INSR LTR	TYPE OF INSURANCE	INSI	L SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 300,	000	
								MED EXP (Any one person)	\$ 10,0	00	
Α		_		52021865		11/15/2018	11/15/2019	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	_						GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	ANY AUTO					11/15/2018	11/15/2019	BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS			4901523900				BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	19 ASTOS GNET							Underinsured motorist BI	\$ 1,00	0,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER STATUTE OTH-	_		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N		50004044		44/45/0040	11/15/2019	E.L. EACH ACCIDENT	_{\$} 1,00	0,000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	_ N/#	`	52021344		11/15/2018		E.L. DISEASE - EA EMPLOYEE		0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	DESCRIPTION OF OF ENGINEERO SOLOW							2.2. 3.62.162 1 02.61 2	_		
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES (A	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
	PTIEICATE HOLDED				CANCELLATION						
CER	RTIFICATE HOLDER										
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLEI) BEFORE	
					THE	EXPIRATION D	ATE THEREO	F, NOTICE WILL BE DELIVER			
	Public Service Commission				ACC	ORDANCE WIT	H THE POLIC	Y PROVISIONS.			
	211 Sower Blvd				AUTHORIZED DEDDESCRITATIVE						
					AUTHORIZED REPRESENTATIVE						

Sharar These Barken

Frankfort

KY 40601