

COMMON POLICY DECLARATIONS
WATER DISTRICTS INSURANCE PROGRAM

Policy No. PHPK2378479
Replacement No. PHPK2234684

NAMED INSURED AND MAILING ADDRESS:

Bronston Water Association
PO Box 243
Bronston, KY 42518-0243

AGENT NAME AND ADDRESS:

Grundy Insurance (Water District Program)
400 HORSHAM RD Suite 150
PO Box 1957
Horsham, PA 19044

(215)674-1856

AGENT NO.: 124922

POLICY PERIOD: From 02/09/2022 To 02/09/2023
at 12:01 a.m. Standard Time at your mailing address shown above.

TYPE OF DISTRICT: [X] Water District [] Sewer District [] Irrigation District
[] Other:

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.

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

Table with 2 columns: Coverage Part and PREMIUM. Rows include Property and Inland Marine Coverage Part, Liability Coverage Part, Crime Coverage Part, Automobile Coverage Part, Employment-Related Practices Liability Coverage Part, and TOTAL PREMIUM \$15,168.00.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

Refer To Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART SUPPLEMENTAL DECLARATIONS, COVERAGE PARTS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COUNTERSIGNED 02/09/2022 by AUTHORIZED REPRESENTATIVE

Philadelphia Indemnity Insurance Company

Form Schedule – Policy

Policy Number: PHPK2378479

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
BJP-190-1	1298	Commercial Lines Policy Jacket
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PI-WDI-999D	1017	Common Policy Dec Water Districts Insurance Program
Location Schedule	0100	Location Schedule
Fees and Surcharge Schedule	0110	Fees and Surcharge Schedule
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement
IL0952	0115	Cap On Losses From Certified Acts Of Terrorism
PI-ACL-001	1218	Absolute Cyber Liability And Electronic Exclusion
PI-PROF-002	0620	Absolute Communicable Disease Exclusion - Prof Liab
PI-WDI-999	1017	Common Policy Conditions Water Districts Ins Program
PI-WDI-KY 2	1017	Kentucky Changes - Nonbinding Arbitration

Philadelphia Indemnity Insurance Company

Locations Schedule

Policy Number: PHPK2378479

Premis. No.	Bldg. No.	Address
0001	0001	2013 Highway 90 Bronston, KY 42518-8545
0002	0001	Hwy 90 Bronston, KY 42518
0002	0002	Hwy 90 Bronston, KY 42518
0003	0001	Luther Eaton Hwy 70 Bronston, KY 42518-8545
0004	0001	Aderhold Rd John Palmer Property Bronston, KY 42518-8545
0004	0002	Aderhold Rd, John Palmer Property Bronston, KY 42518-8545
0005	0001	Hwy 90 at Horizon Boat Works Bronston, KY 42518-8545
0006	0001	Hwy 790, Kidder Community Bronston, KY 42518-8545
0007	0001	Fire Hydrants Bronston, KY 42518-8545

Philadelphia Indemnity Insurance Company

Fees and Surcharge Schedule

Policy Number: PHPK2378479

Policy Term Effective Date: 02/09/2022

Policy Term Expiration Date: 02/09/2023

Kentucky Municipal Tax	\$	571.32
Kentucky Surcharge	\$	272.88
Kentucky Collection Fee	\$	85.71

*See Kentucky Tax Schedule For Additional Information

PROPERTY AND INLAND MARINE COVERAGE PART – WATER DISTRICTS SUPPLEMENTAL DECLARATIONS

PLEASE READ THIS POLICY CAREFULLY.

Policy Number: PHPK2378479 Effective date: 02/09/2022
12:01 A.M. Standard Time

SCHEDULE OF COVERAGES AND LIMITS OF INSURANCE

Policy Limit of Insurance:	
Real and Personal Property (Owned)	\$ <u>Blanket Limit Per Schedule on File</u>
Mobile Equipment (Owned)	\$ <u>Per Schedule on File</u>

Deductibles	Property	\$ <u>500</u>	Per Occurrence
	Inland Marine	\$ <u>250</u>	Per Occurrence
		\$ _____	Per Occurrence

For the Covered Property and Coverage Extensions shown below, if a Superseding Limit of Insurance is shown, that Superseding Limit is the applicable Limit of Insurance.

Covered Property	Limits of Insurance	Superseding Limits
Aboveground Piping	\$ 100,000 Per Occurrence	\$ _____
Above and Belowground Penstock	\$ 100,000 Per Occurrence	\$ _____
Communication Equipment	\$ 100,000 Per Occurrence	\$ _____
Computer Equipment and Electronic Media	\$ 100,000 Per Occurrence	\$ _____
Fine Arts	\$ 5,000 Per Occurrence	\$ _____
Mobile Equipment (Non-owned)	\$ 100,000 Per Occurrence	\$ _____
Outdoor Property including Signs	\$ 100,000 Per Occurrence	\$ _____
Paved Surfaces	\$ 100,000 Per Occurrence	\$ _____
Property in the Course of Construction	\$ 100,000 Per Occurrence	\$ _____
Real and Personal Property (Of Others)	\$ 100,000 Per Occurrence	\$ _____
Trees, Shrubs, and Landscape Plantings	\$ 1,000 Per Occurrence	\$ _____
	No more than \$1,000 any one tree, shrub or landscape planting.	
Underground Piping (Within 1000 feet of Premises)	\$ 100,000 Per Occurrence	\$ _____
Valuable Papers and Records	\$ 100,000 Per Occurrence	\$ _____
Coverage Extensions	Limits of Insurance	Superseding Limits
Accounts Receivable	\$ 100,000 Per Occurrence	\$ _____
Ammonia Contamination	\$ 100,000 Per Occurrence	\$ _____
Arson and Crime Reward	\$ 10,000 Per Occurrence	\$ _____
Bridges	\$ 1,000 Per Occurrence	\$ _____
Collapse	Included in Policy Limit of Insurance	
Debris Removal	\$ 25,000 Per Occurrence	\$ _____
Demolition and Increased Cost of Construction	\$ 100,000 Per Occurrence	\$ _____
Expediting Expenses	\$ 100,000 Per Occurrence	\$ _____
Extra Expense	\$ 100,000 Per Occurrence	\$ _____
Fire Department Service Charge	\$ 25,000 Per Occurrence	\$ _____
Loss of Income	\$ 100,000 Per Occurrence	\$ _____

Pollutant Clean Up and Removal	\$ 25,000	Per 12-Month Policy Period	\$ _____
Preservation of Property	\$ 100,000	Per Occurrence	\$ _____
Rental Value	\$ 100,000	Per Occurrence	\$ _____
Utility Interruption	\$ 100,000	Per Occurrence	\$ _____
Vacant Buildings	\$ 100,000	Per Occurrence	\$ _____

Mortgage holder Name And Mailing Address:
Refer To Mortgagee/Loss Payee Schedule, If Applicable

Forms And Endorsements
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:
Refer To Forms Schedule

Premium: \$ Included

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Philadelphia Indemnity Insurance Company

Form Schedule – Property

Policy Number: PHPK2378479

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
PI-WDI-001D CP0140	0620 0706	Property/Inland Marine-Water Districts Supplement Dec Exclusion Of Loss Due To Virus Or Bacteria
PI-WDI-001	1017	Property/Inland Marine Cov-Water Districts Ins Program
PI-WDI-011	1017	Limited Cov - Fungus, Wet Rot, Dry Rot And Bacteria
PI-WDI-017	1017	Submersible Pumps Coverage
PI-WDI-021	1017	Equipment Breakdown Endorsement
PI-WDI-KY 1	1017	Kentucky Changes

Philadelphia Indemnity Insurance Company
 One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax: 610.617.7940

**COMMERCIAL LIABILITY COVERAGE PART
 SUPPLEMENTAL DECLARATIONS
 WATER DISTRICTS INSURANCE PROGRAM**

Policy Number: PHPK2378479

SCHEDULE OF COVERAGES AND LIMITS OF INSURANCE
 Insurance is provided only for the coverages indicated by an "X"

Coverage	Limits of Insurance
<input checked="" type="checkbox"/> Bodily Injury and Property Damage	\$ 1,000,000 Per Occurrence \$ 3,000,000 Bodily Injury and Property Damage Aggregate
<input checked="" type="checkbox"/> Personal and Advertising Injury	\$ 1,000,000 Per Person or Organization \$ 3,000,000 Personal and Advertising Injury Aggregate
<input checked="" type="checkbox"/> Professional Liability Retroactive Date: 02/09/2202	\$ 1,000,000 Per Claim \$ 3,000,000 Professional Liability Aggregate
<input checked="" type="checkbox"/> Wrongful Acts Retroactive Date: 02/09/2202	\$ 1,000,000 Per Claim \$ 3,000,000 Wrongful Acts Aggregate
<input type="checkbox"/> Employee Benefits Liability Retroactive Date:	\$ Per Person \$ Employee Benefits Liability Aggregate
<input checked="" type="checkbox"/> Damage To Premises Rented To You	\$ 100,000 Any One Premises
<input checked="" type="checkbox"/> Medical Payments	\$ 10,000

FORMS AND ENDORSEMENTS

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

Refer To Forms Schedule

Premium: \$ Included

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Philadelphia Indemnity Insurance Company

Form Schedule – General Liability

Policy Number: PHPK2378479

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-WDI-051D	1017	Liability Cov Dec Water Districts Insurance Program
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
PI-WDI-051	1017	Liability Cov Form Water Districts Insurance Program
PI-WDI-058	1017	Deductible Liability Endorsement
PI-WDI-062	1017	Exclusion - Dams
PI-WDI-075	1018	Wrongful Acts - Amended
PI-WDI-077	0920	Exclusion - Communicable Disease

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2378479

COMMERCIAL CRIME
CR DS 01 07 02

COMMERCIAL CRIME COVERAGE PART DECLARATIONS

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSURED(S):

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft		See Schedule
2. Forgery Or Alteration		See Schedule
3. Inside The Premises - Theft Of Money And Securities		See Schedule
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property		Not Covered
5. Outside The Premises		See Schedule
6. Computer Fraud		See Schedule
7. Funds Transfer Fraud		Not Covered
8. Money Orders And Counterfeit Paper Currency		Not Covered

If Added by Endorsement, Insuring Agreement(s):

IF APPLICABLE, SEE SCHEDULE ATTACHED

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:

SEE SCHEDULE ATTACHED

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. ;
the cancellation to be effective at the time this Coverage Part becomes effective.

COUNTERSIGNED _____

(Date)

BY: _____

(Authorized Representative)

Philadelphia Indemnity Insurance Company

Form Schedule – Crime

Policy Number: PHPK2378479

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
CRDS01	0702	Commercial Crime Coverage Part Declarations
Crime Schedule	0204	Schedule of Insuring Agreements
CR0021	0506	Commercial Crime Coverage Form (Loss Sustained Form)
CR0253	0506	Kentucky Changes-Termination of Employee
CR2012	0702	Binding Arbitration
CR2518	0300	Add Faithful Performance of Duty Coverage

Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2378479

SCHEDULE OF INSURING AGREEMENTS

STATE	INSURING AGREEMENT(S)	LIMIT OF INSURANCE	NUMBER OF	DEDUCTIBLE	PREMIUM
		Per Occurrence	PREMISES	Per Occurrence	
KY	EMPLOYEE THEFT	\$ 300,000	0002	\$ 500	\$ 509
KY	FORGERY OR ALTERATION	\$ 25,000	0002	\$ 500	\$ 40
KY	INSIDE PREMISES-THEFT OF M&S	\$ 10,000	0001	\$ 500	\$ 25
KY	OUTSIDE THE PREMISES	\$ 10,000	0001	\$ 500	\$ 4
KY	COMPUTER FRAUD	\$ 10,000	0002	\$ 500	\$ 18

Total Premium

\$ 596



Philadelphia Indemnity Insurance Company

POLICY NUMBER: PHPK2378479

COMMERCIAL AUTO
CA DS 03 03 10

BUSINESS AUTO DECLARATIONS

ITEM ONE

Named Insured and Mailing Address: Bronston Water Association PO Box 243 Bronston, KY 42518-0243	
Policy Period	
From: 02/09/2022	
To: 02/09/2023	At 12:01 A.M. Standard Time at your mailing address.
Previous Policy Number: PHPK2234684	

Form Of Business: ASSOCIATION

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.

Premium shown is payable at inception: \$ Included
Audit Period (If Applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
See Schedule Attached

Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

Note

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

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 Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability	01	\$ 1,000,000 CSL	\$ 2,992.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	05	Separately Stated In Each Personal Injury Protection Endorsement Minus \$ SEE SCHED Deductible	\$ 252.00
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists	07	\$ 1,000,000 CSL	\$ 144.00
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)	07	\$ 1,000,000 CSL	\$ 513.00

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning See Item Four for Hired or Borrowed Autos.	\$ 547.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	07, 08	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ SCHEDULE Deductible For Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$ 923.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Terrorism	All	Per Coverage Endorsement	\$ 8.00
Premium For Endorsements			\$ 436.41
Estimated Total Premium*			\$ 5,815.41
*This policy may be subject to final audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:					
Town And State Where The Covered Auto Will Be Principally Garaged: SEE SCHEDULE ATTACHED					
Covered Auto Description					
Year:		Model:		Trade Name:	
Body Type:			Serial Number (S):		
Vehicle Identification Number (VIN):					
Purchased					
Original Cost New:		\$			
Actual Cost New Or Used:		\$		<input type="checkbox"/> New <input type="checkbox"/> Used	
Classification					
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Secondary Rating Classification	Code
	SEE SCHEDULE ATTACHED				
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: SEE SCHEDULE(S)					

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)		
Coverages	Limit	Premium
Liability	\$ SEE SCHEDULE ATTACHED	\$
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	\$
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible	\$
Auto Medical Payments	\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)	Stated In The Medical Expense And Income Loss Benefits Endorsement For Each Person	\$
Comprehensive	Stated In Item Two Minus \$ Deductible	\$
Specified Causes Of Loss	Stated In Item Two Minus \$ 25 Deductible	\$
Collision	Stated In Item Two Minus \$ Deductible	\$
Towing And Labor	\$ Per Disablement	\$

Total Premiums	SEE SCHEDULE ATTACHED
Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Liability Coverage – Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)		
Liability Coverage	Estimated Annual Cost Of Hire For All States	Premium
Primary Coverage	\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Excess Coverage	\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Total Premium		\$
<p>For "autos" used in your motor carrier operations, cost of hire means:</p> <ul style="list-style-type: none"> (a) The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein, (b) The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and (c) The total dollar amount of any other costs (<i>i.e.</i>, repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others. 		

Liability Coverage – Cost of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)			
Liability Coverage	State	Estimated Annual Cost Of Hire For Each State	Premium
Primary Coverage		\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Excess Coverage		\$ SEE SCHEDULE ATTACHED, IF APPLICABLE	\$
Total Premium			\$
<p>For "autos" NOT used in your motor carrier operations, 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 members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.</p>			

Philadelphia Indemnity Insurance Company

Form Schedule – Commercial Auto

Policy Number: PHPK2378479

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
CADS03	0310	Business Auto Declarations
Auto Schedule	0100	Business Auto Schedule
Hired Or Borrowed Auto Sche	0706	Schedule Of Hired Or Borrowed Covered Auto
CA0001	0310	Business Auto Coverage Form
CA0125	1202	Kentucky Changes
CA2176	0906	Kentucky Uninsured Motorists Coverage
CA2179	0310	Kentucky Underinsured Motorists Coverage
CA2216	0311	Kentucky Personal Injury Protection
CA9933	0299	Employees as Insureds
PI-AUT-001	0116	Cap On Losses From Certified Acts Of Terrorism

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2378479

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION							TERRITORY			
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)							Town or City & Zip where the Covered Auto will be principally garaged			
1	2015 CHEVROLET SILVERADO, 1GCNKPEH6FZ242366							106 Bronston, KY 42518			
2	2019 FORD F250, 1FT7X2B60KEF54717							106 Bronston, KY 42518			
3	2021 RAM 1500, 1C6SRFCT1MN644954							106 Bronston, KY 42518			
Covered Auto No.	CLASSIFICATION								PURCHASED		
	Radius of Operation	Business Use s = service r = retail c = comml.	Size GVW, CGW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Sec. Rating Factor		Code	Original Cost New	Stated Amount
					Liab.	Phy. Dam.	Liab.	Phy. Dam.			
1	LOCAL	S	5,000	8	1.000	1.000			01199	20,000	
2	LOCAL	S	5,000	4	1.000	1.000			01199	38,280	
3	LOCAL	S	5,000	2	1.000	1.000			01199	35,745	
Total Premium											
Covered Auto No.	LIABILITY			AUTO. MED.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY)					
	Limit (in thousands)	Premium		Limit	Premium	Limit Stated In Each Med. Exp. And Inc. Loss Ben. End. For Each Person			Premium		
1	1,000	933.00		NONE							
2	1,000	933.00		NONE							
3	1,000	933.00		NONE							
Total Premium		2,799.00									
Covered Auto No.	PERSONAL INJURY PROTECTION		P.P.I. (Mich, Only)		UNINSURED/UNDERINSURED						
	Limit stated in each P.I.P. end.	Premium	Limit stated in each P.P.I. end.	Premium	Limit (in thousands)	Premium	UM	UIM			
1	SEE FORM(S)	84.00			1,000	219.00	X	X			
2	SEE FORM(S)	84.00			1,000	219.00	X	X			
3	SEE FORM(S)	84.00			1,000	219.00	X	X			
Total Premium		252.00				657.00					

BUSINESS AUTO SCHEDULE

POLICY NUMBER: PHPK2378479

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION	
	Deductible	Premium	Premium	Deductible	Premium
1	500	117.00		500	173.00
2	500	193.00		500	341.00
3	500	204.00		500	360.00
Total Premium		514.00			874.00
Covered Auto No.	TOWING & LABOR		Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	TOTAL	
	Limit per disablement	Premium		Premium	
1				1,526.00	
2			See Schedule(s)	1,770.00	
3				1,800.00	
Total Premium				5,096.00	

Policy Number: PHPK2378479

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

<u>Coverage</u>	<u>State</u>	<u>Cost of Hire</u>	<u>Deductible</u>	<u>Rate</u>	<u>Premium</u>
Liability Coverage	KY	100		1.65200	\$ 2
Physical Damage - Comp	KY	5,000	100	0.66000	\$ 33
Physical Damage - Collision	KY	5,000	500	0.97900	\$ 49
				Total Premium -	\$ 84

**EMPLOYMENT-RELATED PRACTICES LIABILITY DECLARATIONS
WATER DISTRICTS INSURANCE PROGRAM
DEFENSE EXPENSE WITHIN LIMITS**

THIS IS CLAIMS MADE COVERAGE. PLEASE READ YOUR POLICY CAREFULLY AND CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS. THIS INSURANCE APPLIES ONLY TO "WRONGFUL ACTS" THAT OCCUR ON OR AFTER THE RETROACTIVE DATE, IF ANY, AND PRIOR TO THE END OF THE POLICY PERIOD. THIS INSURANCE APPLIES ONLY TO "CLAIMS" (I) FIRST MADE AGAINST YOU ON OR AFTER THE INCEPTION DATE AND PRIOR TO THE END OF THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD; AND (II) REPORTED PRIOR TO THE END OF THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE DEDUCTIBLE. PAYMENT OF "DEFENSE EXPENSES" IS INCLUDED WITHIN THE AVAILABLE LIMIT OF INSURANCE.

Named Insured and Mailing Address:

Bronston Water Association
PO Box 243
Bronston, KY 42518-0243

Policy Period

From: 02/09/2022

To: 02/09/2023 12:01 A.M. at your mailing address shown above.

Retroactive Date

This insurance does not apply to a wrongful act if the offense out of which the wrongful act arose commences before the Retroactive Date, if any, shown below.

Retroactive Date: 02/09/2009

(Enter date or "none" if no Retroactive Date applies.)

Pending Or Prior Litigation Date

Pending Or Prior Date: 02/09/2009

(Enter date or "none" if no Pending Or Prior Date applies.)

Limits Of Insurance		Deductible Amount
\$	1,000,000 Each Wrongful Act	\$ 1,000
\$	3,000,000 Aggregate	

DATE OF ISSUE: 1/31/2022

NAMED INSURED: Bronston Water Association

COVERAGE SUMMARY

ANNUAL PREMIUM

Commercial Property & System Breakdown	\$	Included
Blanket Limit - Limit \$3,312,950 - Ded. \$500 Fire hydrants throughout service area \$ 25,000 limit		
Inland Marine – Scheduled Limit \$11,884 - Ded. \$250	\$	Included
General Liability - Payroll \$74,000 (Not auditable) - Ded. \$0	\$	Included
Limits \$3,000,000 Agg. - \$1,000,000 Occ., and Medical \$10,000 Damage to premises rented to you, \$100,000 Includes Failure to Supply and Named Pollution Coverage - See next page Dam Collapse & Downstream Exclusion		
Wrongful Acts & Professional Liability - Occurrence form - Ded. \$1,000	\$	Included
Limit \$3,000,000 Agg - \$1,000,000 Per Claim - Retro Date 02/09/2022		
Employment Practices Liability - Claims Made form - Ded. \$1,000	\$	Included
Limit \$3,000,000 Agg - \$1,000,000 Per claim - Retro Date 02/09/2009		
Commercial Crime - Employee Theft \$300,000, F&A \$25,000, Computer Fraud \$10,000, & Money \$10,000 - Ded \$	\$	Included
Business Automobile - # of vehicles <u>3</u> & # of Trailers <u>0</u>	\$	Included
Liab. Limit \$1,000,000 – Ded Per Scheduled Autos, Comprehensive \$500 & Collision \$500 Hired Physical Damage Limit \$35,000, Comprehensive \$100 & Collision \$500 UM/UIM Limit \$1,000,000.		
Note a COMMUNICABLE DISEASE exclusion will be added to all lines.		
TOTAL PREMIUM	\$	15,080.00
State Surcharge (Not included in total)	\$	925.30
Policy Fee (Not included in total)	\$	200.00
Optional Coverages		
Terrorism - Required when BINDING (See attached form)	\$	88.00

PROPOSAL ACCEPTANCE

COVERAGE WILL BE **BOUND FOR 10 DAYS** PENDING RECEIPT OF PAYMENT.

PLEASE **CHECK APPROPRIATE LINE** AND RETURN.

PLEASE BIND AS QUOTED ABOVE.

Signature Kase Morrison Date 2/1/22

PLEASE DO NOT RENEW COVERAGE.

Signature _____ Date _____

Renewal Conditions:

Please note that Building Limits have been increase 5% for inflation, If a current appraisal is returned to us showing prior values, we can reduce the building limits back and send you a revised quote

PLEASE BE ADVISED

ALL COVERAGE OVERVIEWS WITHIN THIS PROPOSAL ARE GIVEN HERE FOR ILLUSTRATIVE PURPOSES ONLY. PLEASE BE CERTAIN TO READ THE POLICY IN IT'S ENTIRETY FOR IT'S COMPLETE DETAILS, DEFINITIONS, TERMS AND CONDITIONS, LIMITATIONS, AND EXCLUSIONS. INDICATIONS ARE JUST THAT, AND ARE SUBJECT TO FURTHER NEGOTIATIONS AND ADDITIONAL INFORMATION.

Additional Coverage Highlights Property

(Applies to scheduled locations only)

Aboveground Piping	\$	Included
Above and Below Ground Penstock	\$	100,000
Communication Equipment	\$	100,000
Computer Equipment and Electronic Media	\$	100,000
Fine Arts	\$	5,000
Mobile Equipment (non-owned)	\$	100,000
Outdoor Property including signs	\$	100,000
Paved Surfaces (excluding freezing/thawing/vehicles)	\$	100,000
Property in Course of Construction	\$	100,000
Real and Personal Property of Others	\$	100,000
Tress, Shrubs, and Landscape Plantings	\$	1,000
Underground Piping (with 100 feet)	\$	100,000
Valuable papers and Records	\$	100,000
Accounts Receivable	\$	100,000
Ammonia Contamination	\$	100,000
Arson and Crime Reward	\$	10,000
Bridges	\$	1,000
Debris Removal	\$	25,000
Demolition and Increased Cost of Construction	\$	100,000
Expediting Expense	\$	100,000
Loss of Income	\$	100,000
Extra Expense	\$	100,000
Fire Department Service Charge	\$	25,000
Pollutant Clean-up and Removal	\$	25,000
Preservation of Property	\$	100,000
Rental Value	\$	100,000
Utility Interruption	\$	100,000
Vacant Buildings	\$	100,000
30 days coverage for property acquired after the inception date		Unlimited
Acquired property under \$500,000 until expiration date		Included
Any newly acquired "mobile equipment" under \$100,000 until expiration date		Included
Flood (Ded. \$25,000) - Excludes Zones A, AO, AH, A1-A30, A99, E, M, V, VE, VO or V1-V30		No Coverage
Earthquake (Ded. \$25,000) No coverage in CA		No Coverage

General Liability

If purchased, Wrongful Acts & Professional Liability are on an Occurrence basis - 5 year retro date
\$5,000 reimbursement to the Insured for legal expenses in any form other than monetary damages.

Defense costs are in addition to the limits

Exception to the Pollution Exclusion for the following;

- (1) Arising out of the use, handling, storage, discharge, dispersal, release or escape of any chemical used in the water treatment process
- (2) Arising out of explosion, lightning, windstorm, vandalism or malicious mischief, collapse, riot and civil commotion, flood, or earthquake;
- (3) Arising out of the collision, upset or overturn of equipment;
- (4) Arising out of the heat, smoke or fumes from a "hostile fire";
- (5) Arising out of weed abatement or spraying;
- (6) Arising out of propane or natural gas; or
- (7) Arising out of "potable water" which is provided by the Insured to others.
- (8) Sewage that emanates from a sewer line or sewer system; or
- (9) Sewage that backs up from a sewer line or sewer system.

THIS IS A SUMMATION OF LIMITS, TERMS, COVERAGES, AND CONDITIONS ALL OF WHICH ARE SUPERSEDED BY THE ACTUAL POLICY WHEN ISSUED.