



KENTUCKY ASSOCIATION OF COUNTIES WORKERS COMPENSATION

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: May 26, 2022
To: Southern Madison Water District
From: Temple Juett
KACo Workers Compensation Fund
Re: 2022-2023 Workers Compensation Policy Renewal

ST
R.D.

Thank you for your continued participation as a member of the KACo Worker's Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACo Workers Compensation Fund renewal documents:

Renewal Certificate
2022-2023 Invoice

Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2022, as well as the penalty that will apply if your premium is not paid in full by 12/31/2022.

Please remit payment to:

KACo Workers Compensation Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

The enclosed Application for Membership Agreement (KACo W/C -3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the "X's" and return to our office within the next two weeks via fax number **502-234-5055** or scan and e-mail to insurance@kaco.org. If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance. Also, for those otherwise qualifying for a dividend from the 2008-2009 policy year, receipt of this document is final confirmation of your eligibility to receive your dividend check.

If you have any questions, please do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

BOARD OF TRUSTEES

Greg Terry, Chairman
Carlisle Co. Judge/Executive

Dan Mosley, Vice-Chair
Harlan Co. Judge/Executive

Michael Logsdon
Oldham Co. Magistrate

Elbert Bennett
Caldwell Co. Magistrate

Casey Ellis
Owen Co. Judge/Executive

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-502-223-7667
Fax: 1-502-234-5055

Invoice Number: W220665
Invoice Date: 05/26/2022

Member Name and Address:

Member ID: 3073

Southern Madison Water District
207 North Dogwood Drive
Berea, KY 40403

| Item | Amount |
|---|-------------------|
| Workers Compensation Insurance Premium - Policy WC2022-3073 | \$4,075.00 |
| Special Fund Tax | \$283.00 |
| Total Due | \$4,358.00 |

* You may elect to use one of the following payment options:

(1) Full payment by 8/1/2022. 1% discount applied = \$4,314.42

or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.

50% = \$2,179.01 Plus 3 monthly payments of \$726.33

Please Note: Effective January 1, 2023 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
(800) 264-5226

For claims service please call:

(866) 367-5226

APPLICATION FOR MEMBERSHIP AGREEMENT
Kentucky Association of Counties Workers Compensation Fund

NAME: Southern Madison Water District

ADDRESS: 207 North Dogwood Drive, Berea, KY 40403

WE ARE LOCATED IN THE COUNTY OF: Madison

CURRENT WORKERS COMP CARRIER: KACo Workers Compensation Fund

I (we) hereby formally apply for continuing membership for workers compensation coverage in the Kentucky Association of Counties Workers Compensation Fund to be effective 12:01 a.m. Friday, July 01, 2022, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers Compensation Act.
B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
E. That coverage under this membership shall be for Kentucky employees only.
F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

X
Signature of Applicant

X
Signature of Witness

Type Name and Title

61-0703519
Federal Identification Number

DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

Southern Madison Water District, is a member of the Kentucky Association of Counties Workers Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the 1st day of July, 2022.

Signed this ___ day of ___, 20__

Kris Dunn, Associate Director of Insurance
KACo Workers Compensation Fund

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



Invoice

Kentucky Association of Counties All Lines Fund
 400 Englewood Drive
 Frankfort, KY 40601
 Tel: 1-800-264-5226
 Fax: 1-502-875-8240

Invoice Number K220540
Invoice Date 05/25/2022
Due Date 08/01/2022

Insured Name and Address

Member Number 3193

Southern Madison Water District
 207 North Dogwood Drive
 Berea, KY 40403

Contact(s)

| <u>First Name</u> | <u>Last Name</u> | <u>Title</u> | <u>Telephone</u> | <u>Fax</u> | <u>Email</u> |
|-------------------|------------------|--------------|------------------|---------------|------------------------|
| Tommy | Bussell | Manager | (859)986-9031 | (859)986-1794 | smwdctb@windstream.net |

Invoice Detail

| <u>Effective Date</u> | <u>Description</u> | <u>Premium</u> | <u>Amount Due</u> |
|-----------------------|---|------------------|--------------------|
| 07/01/2022 | Annual Premium for 2022-2023 Policy Renewal | \$20,311.00 | \$20,311.00 |
| | | Total Due | \$20,311.00 |

Payment Options:

- Option 1: Save 1%; pay \$20,107.89 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
 50 % = \$10,155.49 plus 3 monthly payments of \$3,385.17

Please Note: Effective January 1, 2023, any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022.

Servicing Agency
 Kentucky Association of Counties All Lines Fund
 1-800-264-5226

For claims service please call:
 1-866-367-5226

Please return a copy of this invoice with your payment



Kentucky Association of Counties

400 Englewood Drive, Frankfort, KY 40601

502-223-7667 • 800-264-5226

www.kaco.org

Date: May 26, 2022
To: Southern Madison Water District
From: Temple Juett
KACo All Lines Fund
Re: 2022-2023 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund. We appreciate your business. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

KALF continues to attempt to provide you with the best coverage at the best price to meet your needs, including continuing to provide Cyber Liability coverage at no charge. However, the Cyber market is in a state of flux and continues to be ever-changing due to a continuous barrage of threats from cyber criminals which significantly drives up costs and limits access to coverage. Please note there is a change to Cyber Liability for policy year 2022-2023 of an overall pool aggregate of \$10M. While it is difficult to know how much is enough, the losses we have seen in the program to date, suggest that this should be adequate coverage. Higher limits are still available for a charge – you can contact your Marketing Representative for a quote if interested. We will continue to do our best to provide good cyber coverage options to meet your needs.

Enclosed within this packet you will find the following KACo All Lines Fund renewal documents:

2022-2023 Declarations Page

2022-2023 Invoice

Vehicle Card(s)

Regarding your KALF invoice, at the bottom of the invoice, it shows the discount you can receive if you pay your premium prior to 8/1/2022, as well as the penalty that will apply if your premium is not paid in full by 12/31/2022.

Please remit payment to:
KACo All Lines Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

Your policy for policy year 2022-2023 will be emailed again this year. The primary email address we have on file for you is: smwdctb@windstream.net. Send a message to insurance@kaco.org if we need to make any changes to the email address we have on file.

If you have any questions, do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo All Lines Fund Program. We appreciate your loyalty and look forward to working with you again this year!

Stronger Counties. Stronger Kentucky.

Kentucky Association of Counties

All Lines Fund

400 Englewood Drive
Frankfort, KY 40601

Declarations Page

Policy Number P&C3193

Insured Name and Address

Southern Madison Water District
207 North Dogwood Drive
Berea, KY 40403

Policy Period: 7/1/2022 to 7/1/2023

For customer service please call

(800)264-5226

Issued: 05/26/2022

Business Description Utilities

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

| Coverage | | | Deductible |
|--|--------------------------|------------|------------|
| General Liability (Per OCC/AGG) | 3,000,000 | 5,000,000 | 0 |
| Law Enforcement (Per OCC/AGG) | NCD | NCD | NCD |
| Errors/Omissions (Per OCC/AGG) | 3,000,000 | 3,000,000 | 1,000 |
| Employment Practices (Per claim / AGG) Retroactive Date: 07/25/2010 | 3,000,000 | 3,000,000 | 1,000 |
| Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015 | See Policy | See Policy | 2,500 |
| Auto Liability (CSL) | 3,000,000 | | 0 |
| Auto Comprehensive | ACV | | 500 |
| Auto Collision | ACV | | 500 |
| P.I.P. (No Fault) | 10,000 | | 0 |
| Under Insured/Un-Insured | 60,000 | 60,000 | 0 |
| Non Owned Auto Coverage | Primary | | |
| Property/Buildings | As Per Statement on File | | 500 |
| Personal Property | As Per Statement on File | | 500 |
| Boiler & Machinery | 15,000,000 | | 1,000 |
| Inland Marine & EDP | As Per Statement on File | | 500 |
| Business Income | 500,000 | 500,000 | 0 |
| Flood (Excluding Special Hazard Area Flood - Zones A & V) | 1,000,000 | 1,000,000 | 0 |
| Earthquake | See Policy | See Policy | 25,000 |
| Crime (Other than Employee Dishonesty) | 150,000 | | 500 |
| Employee Dishonesty | 150,000 | | 250 |
| Legal Defense Coverage | 50,000 | | 0 |

Authorized
Representative



Date 5/26/2022