

INVOICE



Green Taylor Water District PO Box 218 Greensburg, KY 42743

	Invoice Date	
	August 2, 2021	
	Invoice Number	
	2681293	
	Policy Number	
	376063	
Current Balance	Due Date	
\$562.91	08/27/2021	

AGENT: J SMITH LANIER & CO A MARSH & MCLENNAN AGENCY LLC (859)254-8023

Explanation Policy Period Audit Special Fund Assessment Adjustment 07/01/2020 - 07/01/2021 \$33.91 Audit Premium Adjustment 07/01/2020 - 07/01/2021 \$529.00

Current Transactions

Current Charges \$562.91

813-6588

Previous Balance	Payment Received		Current Charges	_	Current Balance
\$0.00	\$0.00	1	\$562.91	=	\$562.91



INVOICE



Green Taylor Water District PO Box 218 Greensburg, KY 42743

A	Invoice Date
	May 27, 2021
	Invoice Number
	2662795
	Policy Number
7	376063
Current Balance	Due Date
\$6,190.04	06/26/2021

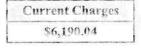
AGENT: J SMITH LANIER & CO A MARSH & MCLENNAN AGENCY LLC (859)254-8023

Current Transactions

		Policy Period	
Explanation		From To	Amount'
Premium Installment	#1	07/01/2021 - 07/01/2022	\$5,784.00
Special Fund Assessment Installment	#1	07/01/2021 - 07/01/2022	\$406.04
		Current Charges	\$6,190.04

Previous Balanc
\$0.00

Payment	Received
\$0	.00



Current Balance \$6,190.04



Quote for Workers Compensation Coverage 376063-- 07/01/2021-07/01/2022

7520-000	Waterworks Operation & Drivers
8742-000	Salesmen Collectors or Messengers - Outside
8810-000	Clerical Office Employees NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM *
Green Taylor Water District		1	
07/01/2021 - 07/01/2022			
8742-000	0	.26	\$.00
7520-000	366,863	2.14	\$7,851.00
8810-000	195,494	.13	\$254.00

OMC 973

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2021 - 07/01/2022	Total Manual Premium		\$8,105.00
	Employers Liability Limits	110. ء	\$89.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$31.00
	Total Subject Premium		\$8,225.00
	Experience Modification Premium	.830	-\$1,398.00
	Total Modified Premium		\$6,827.00
	Schedule Rating Premium	.800	-\$1,365.00
Final Estimate	Total Standard Premium		\$5,462.00
	Premium Discount		-\$50.00
	Expense Constant		\$260.00
	Terrorism Charge		\$56.00
	Catastrophe Charge		\$56.00
	Estimated Annual Premium		\$5,784.00
	Kentucky Special Fund Assessment		\$406.04
Ţ	Total Premium & Assessment		\$6,190.04

TOTAL ESTIMATED ANNUAL PO	LICY PREMIUM	\$6,190.04	
Payment Plan Eligibility: Annual Plan	1	813-6585	192425
Required Initial Installment Premiu	m:	213-6586	192425
		813-6587 813-6588	2180,25
BILLING SCHEDULE BILL DATE	BILLING SCHEDULE	BILL AMOUNT	157.29
05/27/2021		\$6,190.04	

INVOICE



Green Taylor Water District PO Box 218 Greensburg, KY 42743

	Invoice Date
	May 27, 2022
	Invoice Number
	2760727
	Policy Number
	376063
Current Balance	Due Date *
\$5,936.24	06/26/2022

AGENT: J SMITH LANIER & CO A MARSH & MCLENNAN AGENCY LLC (859)254-8023

	Current	Transactions	
Explanation		Policy Period From To	Amount
Premium Installment	#1	07/01/2022 - 07/01/2023	\$5,551.00
Special Fund Assessment Installment	#1	07/01/2022 - 07/01/2023	\$385.24
		Current Charges	\$5,936.24

Previous Balance	Payment Received		Current Charges	Current Balance
\$0.00	 \$0.00	1	\$5,936.24	 \$5,936.24



May 27, 2022

Green Taylor Water District PO Box 218 Greensburg, KY 42743

Kentucky Employers Mutual Insurance 250 W Main Street, Suite 900 Lexington, KY 40507 www.kemi.com 859-425-7800 / 800-640-5364

Quote Date: May 27, 2022

Legal Entity:

Municipality

FEIN:

610662066

Prospective Insured: Name:

Green Taylor Water District

Address: PO Box 218

City:

Greensburg, KY 42743

Agency:

J Smith Lanier & Co A Marsh & McLennan Agency LLC

Agent Number:

Address:

PO Box 2030

City:

Lexington, KY 40588

Phone:

(859)254-8023

Renewal Quote for Workers Compensation Coverage 376063-07/01/2022-07/01/2023

Proposed Effective Date: 07/01/2022

Proposed Expiration Date: 07/01/2023

Employer's Liability Limits:

(3.B)

Bodily Injury by Accident

Bodily Injury by Disease Bodily Injury by Disease \$1,000,000 each accident \$1,000,000 policy limit

\$1,000,000 each employee



Quote for Workers Compensation Coverage 376063-- 07/01/2022-07/01/2023

7520-000	Waterworks Operation & Drivers
8742-000	Salesmen Collectors or Messengers - Outside

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Green Taylor Water District			
07/01/2022 - 07/01/2023			
8810-000	145,786	.13	\$190.00
8742-000	17,900	.25	\$45.00
7520-000	370,021	1.95	\$7,215.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2022 - 07/01/2023	Total Manual Premium		\$7,450.00
	Employers Liability Limits	.011	\$82.00
	Employers Liability Increased Limits Balance to Minimum Premium		\$38.00
	Total Subject Premium		\$7,570.00
	Experience Modification Premium	.860	-\$1,060.00
	Total Modified Premium		\$6,510.00
	Schedule Rating Premium	.800	-\$1,302.00
Final Estimate	Total Standard Premium		\$5,208.00
	Premium Discount		-\$23.00
	Expense Constant		\$260.00
	Terrorism Charge		\$53.00
0	Catastrophe Charge		\$53.00
	Estimated Annual Premium		\$5,551.00
	Kentucky Special Fund Assessment		\$385.24
	Total Premium & Assessment		\$5,936.24

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$5,936.24

Payment Plan Eligibility: Annual Plan

813-6585 1814,50

Required Initial Installment Premium:

813-6586 1814.50

813-6587 2004.50

BILLING SCHEDULE BILL DATE BILLING SCHEDULE BILL AMOUNT 05/27/2022 \$5,936.24 813-6588

30274

LaRue - Carey Insurance Group LLC

P.O Box 119 54 Lincoln Square Hodgenville, KY 42748 Green Taylor Water District

10133

08/24/2022 Aaron LaRue Lisa DeWitt

1 of 1

Green Taylor Water District 250 Industrial Park Rd Greensburg, KY 42743

\$

23,414.00

Invoice#2006

PKG80111105

Customer: Green Taylor Water District

Policy #PKG80111105 08/01/2022-08/01/2023 Tokio Marine - HCC Public Risk / US Specialty Insurance Co.

2006

08/01/2022 New business

Package - New business KYSurcharge Fee - New business

Due Date: 8/24/2022

23,000.00

414.00

23,414.00





Statement - Premium Due

000148 128 1000372602 16364 06 GREEN TAYLOR WATER DISTRICT PO BOX 218 GREENSBURG KY 42743-0218

Amount Due:	\$29,230.00
Due Date:	08/01/2021

Account Number: 1000372602 Policy Number(s) with Premium Due: 0453337, 0454145 Statement Prepared On: 07/08/2021

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Questions regarding your insurance coverage:

J Smith Lanier & Co a Marsh & McLennan Agcy LLC co (859)254-8023

Questions regarding your statement:

Cincinnati Corporate Billing 877-942-2455, CinciBill@cinfin.com Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Online or by Phone:	cinfin.com 800-364-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover®, and American Express® cards.
	Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank holidays.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

Please detach and return the remittance stub below with your payment.

Make check payable to: THE CINCINNATI INSURANCE