



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 K220768
Invoice Date 05/25/2022
Due Date 08/01/2022

Insured Name and Address

Black Mountain Utility District
 609 Four Mile Road
 Baxter, KY 40806

Member Number 2101

Contact(s)					
<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Grant	Cooper	Manager	(606)573-1277	(606)573-1276	grant.blackmountain@gmail.com
Troy	Gaw	Accountant	(606)573-5300	(606)573-5377	troy@gawcpa.com

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	\$26,581.00	\$26,581.00
		Total Due	\$26,581.00

Payment Options:

- Option 1: Save 1%; pay \$26,315.19 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
 50 % = \$13,290.49 plus 3 monthly payments of \$4,430.17

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

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: W220159
Invoice Date: 05/26/2022

Agent:

Member Name and Address:

Member ID: 1010

Black Mountain Utility District
609 Four Mile Road
Baxter, KY 40806

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-1010	\$8,403.00
Special Fund Tax	\$583.00
Total Due	\$8,986.00

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

- (1) Full payment by 8/1/2022. 1% discount applied = \$8,896.14
or
- (2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$4,492.99 Plus 3 monthly payments of \$1,497.67

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