



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2022

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).

<b>PRODUCER</b> Lawton Insurance P. O. Box 959  Bowling Green KY 42102-0959		<b>CONTACT NAME:</b> Andrea Nelson <b>PHONE (A/C, No, Ext):</b> (270) 282-2411 <b>E-MAIL ADDRESS:</b> anelson@lawtoninsurance.com		<b>FAX (A/C, No):</b> (270) 282-2412	
		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A:</b> Cincinnati Insurance Co			
		<b>INSURER B:</b> KEMI			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			
<b>INSURED</b> Cumberland County Water District 133 Lower River St.  Burkesville KY 42717					

**COVERAGES**

CERTIFICATE NUMBER: Master

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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ETD0543113	07/01/2019	07/01/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ETA0543113	07/01/2022	07/01/2023	MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
							Employee Benefits	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			381521	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Record

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist combined single limit	UMCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
	PIP-Basic	PIP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000				Premium
	Schedule CR/Debit	CRDBT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$1,266.00
	Expense constant	EXCNT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$260.00
	Terrorism	TERRO		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$31.00
	Increased employer's liability	INEL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$120.00
	Premium discount	PDIS		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$7.00
	KY Special Fund Assessment	KYSPE		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$342.87
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2022

**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).**

<b>PRODUCER</b> Lawton Insurance P. O. Box 959  Bowling Green KY 42102-0959		<b>CONTACT NAME:</b> Andrea Nelson <b>PHONE (A/C, No, Ext):</b> (270) 282-2411 <b>FAX (A/C, No):</b> (270) 282-2412 <b>E-MAIL ADDRESS:</b> anelson@lawtoninsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Cincinnati Insurance Co	<b>NAIC #</b>
		<b>INSURER B:</b> KEMI	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Cumberland County Water District 133 Lower River St.  Burkesville KY 42717			

**COVERAGES**      **CERTIFICATE NUMBER:** Master 22-23      **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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ETD0543113	07/01/2022	07/01/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
							Employee Benefits	\$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			ETA0543113	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Underinsured motorist	\$ 1,000,000
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$			EMN0543699	07/01/2022	07/01/2025	COMBINED SINGLE LIMIT EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below    Y/N <input type="checkbox"/>		N/A	381521	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

<b>CERTIFICATE HOLDER</b>  For Record only	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist combined single limit	UMCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
	PIP-Basic	PIP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000				Premium
	Schedule CR/Debit	CRDBT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$1,266.00
	Expense constant	EXCNT		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$260.00
	Terrorism	TERRO		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$31.00
	Increased employer's liability	INEL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$120.00
	Premium discount	PDIS		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$7.00
	KY Special Fund Assessment	KYSPE		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$342.87
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/1/2022

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

AGENCY Lawton Insurance P. O. Box 959  Bowling Green KY 42102-0959	PHONE (A/C. No. Ext): (270)282-2411	COMPANY Cincinnati Insurance Co P O Box 145496  Cincinnati OH 45250-5496
FAX (A/C. No.): (270)282-2412	E-MAIL ADDRESS: cwilkins@lawtoninsurance.co	
CODE: 16385	SUB CODE:	
AGENCY CUSTOMER ID #: 00048005		
INSURED Cumberland County Water District 133 Lower River St.  Burkesville KY 42717	LOAN NUMBER	POLICY NUMBER ETD0543113
	EFFECTIVE DATE 7/1/2022	EXPIRATION DATE 7/1/2025
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Blanket Premise See Attached Overflow Pages
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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 EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building, Replacement Cost, Earthquake	2,277,000	5.00%
Blanket Building, Replacement Cost, Special form	2,277,000	1,000
Blanket BPP & OTHERS, Replacement Cost, Earthquake	1,279,500	5.00%
Blanket BPP & OTHERS, Replacement Cost, Special form	1,279,500	1,000
Blanket Flood, Flood	100,000	25,000

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Tracy Prather/TRACY	

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, S HWY 61, Building, 10,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
10,000			1,000	Dollars
			<b>Premium</b>	\$7.00
1	00001, S HWY 61, Building, 10,000	ERQK		
10,000			5	Percent
			<b>Premium</b>	\$1.00
1	00001, S HWY 61, BPP- INSURED & OTHER, 42,000	SPC		
42,000			1,000	Dollars
			<b>Premium</b>	\$38.00
1	00001, S HWY 61, BPP- INSURED & OTHER, 42,000	ERQK		
42,000			5	Percent
			<b>Premium</b>	\$1.00
2	00001, HWY 1880, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
2	00001, HWY 1880, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
2	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
2	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
3	00001, HWY 1880, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
3	00001, HWY 1880, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
4	00001, HWY 449, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
4	00001, HWY 449, Building, 20,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
20,000			5	Percent
			<b>Premium</b>	\$1.00
4	00001, HWY 449, BPP- INSURED AND OTH, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
4	00001, HWY 449, BPP- INSURED AND OTH, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
5	00001, ALLENS CREEK, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
5	00001, ALLENS CREEK, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
6	00001, S HWY 61, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	
6	00001, S HWY 61, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
7	00001, HWY 449, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
7	00001, HWY 449, Building, 350,000	ERQK		
35,000			5	Percent
			<b>Premium</b>	\$7.00
8	00001, WATER PLANT RD, Building, 50,000	SPC		
50,000			1,000	Dollars
			<b>Premium</b>	\$40.00
8	00001, WATER PLANT RD, Building, 50,000	ERQK		
50,000			5	Percent
			<b>Premium</b>	\$1.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
9	00001, HWY 1880, Building, 20,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
9	00001, HWY 1880, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
9	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
9	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
10	00001, HWY 90, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
10	00001, HWY 90, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
10	00001, HWY 90, BPP- Insured and Oth, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
10	00001, HWY 90, BPP- Insured and Oth, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
11	00001, JONES RIDGE RD, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
11	00001, JONES RIDGE RD, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
11	00001, JONES RIDGE RD, BPP- Insured and Oth, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00



## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
11	00001, JONES RIDGE RD, BPP- Insured and Oth, 180,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
180,000			5	Percent
			<b>Premium</b>	\$4.00
12	00001, 133 LOWER RIVER ST, Building, 125,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
125,000			1,000	Dollars
			<b>Premium</b>	\$96.00
12	00001, 133 LOWER RIVER ST, Building, 125,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
125,000			5	Percent
			<b>Premium</b>	\$3.00
12	00001, 133 LOWER RIVER ST, BPP- Insured and Oth, 40,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
40,000			1,000	Dollars
			<b>Premium</b>	\$37.00
12	00001, 133 LOWER RIVER ST, BPP- Insured and Oth, 40,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
40,000			5	Percent
			<b>Premium</b>	\$1.00
13	00001, 1010 CELINDA RD, Building, 20,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
13	00001, 1010 CELINDA RD, Building, 20,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
20,000			5	Percent
			<b>Premium</b>	\$1.00
13	00001, 1010 CELINDA RD, BPP- Insured & Other, 230,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
230,000			1,000	Dollars
			<b>Premium</b>	\$209.00
13	00001, 1010 CELINDA RD, BPP- Insured & Other, 230,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
230,000			5	Percent
			<b>Premium</b>	\$5.00
14	00001, GARRETT CREEK ROAD, Building, 10,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
10,000			1,000	Dollars
			<b>Premium</b>	\$7.00
14	00001, GARRETT CREEK ROAD, Building, 10,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
10,000			5	Percent
			<b>Premium</b>	\$1.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
14	00001, GARRETT CREEK ROAD, BPP- Insured and Oth, 65,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
65,000			1,000	Dollars
			<b>Premium</b>	\$59.00
14	00001, GARRETT CREEK ROAD, BPP- Insured and Oth, 65,000	ERQK		
65,000			5	Percent
			<b>Premium</b>	\$1.00
15	00001, SLATE ROCK ROAD, BPP- Insured and Oth, 2,500	SPC		
2,500			1,000	Dollars
			<b>Premium</b>	\$3.00
15	00001, SLATE ROCK ROAD, BPP- Insured and Oth, 2,500	ERQK		
2,500			5	Percent
			<b>Premium</b>	
16	00001, MARROWBONE WATERTANK, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
16	00001, MARROWBONE WATERTANK, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
17	00001, 186 WATER PLANT ROAD, Building, 55,000	SPC		
55,000			1,000	Dollars
			<b>Premium</b>	\$43.00
17	00001, 186 WATER PLANT ROAD, Building, 55,000	ERQK		
55,000			5	Percent
			<b>Premium</b>	\$1.00
17	00002, 186 WATER PLANT ROAD, Building, 35,000	SPC		
35,000			1,000	Dollars
			<b>Premium</b>	
17	00002, 186 WATER PLANT ROAD, Building, 35,000	ERQK		
35,000			5	Percent
			<b>Premium</b>	\$1.00
18	00001, HWY 61 N, Building, 22,000	SPC		
22,000			1,000	Dollars
			<b>Premium</b>	\$17.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
18	00001, HWY 61 N, Building, 22,000	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
22,000			5	Percent
			Premium	\$1.00
Ref #	Description	Coverage Code	Form No.	Edition Date
19	00001, CUMBERLAND RIVER, Building, 100,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
100,000			1,000	Dollars
			Premium	\$77.00
Ref #	Description	Coverage Code	Form No.	Edition Date
19	00001, CUMBERLAND RIVER, Building, 100,000	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
100,000			5	Percent
			Premium	\$2.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/1/2022

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

AGENCY Lawton Insurance P. O. Box 959  Bowling Green KY 42102-0959	PHONE (A/C. No. Ext): (270)282-2411	COMPANY Cincinnati Insurance Co P O Box 145496  Cincinnati OH 45250-5496
FAX (A/C. No.): (270)282-2412	E-MAIL ADDRESS: cwilkins@lawtoninsurance.co	
CODE: 16385	SUB CODE:	
AGENCY CUSTOMER ID #: 00048005		
INSURED Cumberland County Water District 133 Lower River St.  Burkesville KY 42717	LOAN NUMBER	POLICY NUMBER ETD0543113
	EFFECTIVE DATE 7/1/2019	EXPIRATION DATE 7/1/2022
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Blanket Premise See Attached Overflow Pages
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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 EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building, Replacement Cost, Earthquake	2,277,000	5.00%
Blanket Building, Replacement Cost, Special form	2,277,000	1,000
Blanket BPP & OTHERS, Replacement Cost, Earthquake	1,279,500	5.00%
Blanket BPP & OTHERS, Replacement Cost, Special form	1,279,500	1,000
Blanket Flood, Flood	100,000	25,000

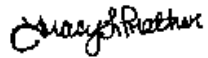
## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Tracy Prather/TRACY 		

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001, S HWY 61, Building, 10,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
10,000			1,000	Dollars
			<b>Premium</b>	\$7.00
1	00001, S HWY 61, Building, 10,000	ERQK		
10,000			5	Percent
			<b>Premium</b>	\$1.00
1	00001, S HWY 61, BPP- INSURED & OTHER, 42,000	SPC		
42,000			1,000	Dollars
			<b>Premium</b>	\$38.00
1	00001, S HWY 61, BPP- INSURED & OTHER, 42,000	ERQK		
42,000			5	Percent
			<b>Premium</b>	\$1.00
2	00001, HWY 1880, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
2	00001, HWY 1880, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
2	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
2	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
3	00001, HWY 1880, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
3	00001, HWY 1880, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
4	00001, HWY 449, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
4	00001, HWY 449, Building, 20,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
20,000			5	Percent
			<b>Premium</b>	\$1.00
4	00001, HWY 449, BPP- INSURED AND OTH, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
4	00001, HWY 449, BPP- INSURED AND OTH, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
5	00001, ALLENS CREEK, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
5	00001, ALLENS CREEK, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
6	00001, S HWY 61, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	
6	00001, S HWY 61, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
7	00001, HWY 449, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
7	00001, HWY 449, Building, 350,000	ERQK		
35,000			5	Percent
			<b>Premium</b>	\$7.00
8	00001, WATER PLANT RD, Building, 50,000	SPC		
50,000			1,000	Dollars
			<b>Premium</b>	\$40.00
8	00001, WATER PLANT RD, Building, 50,000	ERQK		
50,000			5	Percent
			<b>Premium</b>	\$1.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
9	00001, HWY 1880, Building, 20,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
9	00001, HWY 1880, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
9	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
9	00001, HWY 1880, BPP- INSURED & OTHER, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
10	00001, HWY 90, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
10	00001, HWY 90, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
10	00001, HWY 90, BPP- Insured and Oth, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00
10	00001, HWY 90, BPP- Insured and Oth, 180,000	ERQK		
180,000			5	Percent
			<b>Premium</b>	\$4.00
11	00001, JONES RIDGE RD, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
11	00001, JONES RIDGE RD, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
11	00001, JONES RIDGE RD, BPP- Insured and Oth, 180,000	SPC		
180,000			1,000	Dollars
			<b>Premium</b>	\$163.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
11	00001, JONES RIDGE RD, BPP- Insured and Oth, 180,000	ERQK		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
180,000			5	Percent
			<b>Premium</b>	\$4.00
12	00001, 133 LOWER RIVER ST, Building, 125,000	SPC		
125,000			1,000	Dollars
			<b>Premium</b>	\$96.00
12	00001, 133 LOWER RIVER ST, Building, 125,000	ERQK		
125,000			5	Percent
			<b>Premium</b>	\$3.00
12	00001, 133 LOWER RIVER ST, BPP- Insured and Oth, 40,000	SPC		
40,000			1,000	Dollars
			<b>Premium</b>	\$37.00
12	00001, 133 LOWER RIVER ST, BPP- Insured and Oth, 40,000	ERQK		
40,000			5	Percent
			<b>Premium</b>	\$1.00
13	00001, 1010 CELINDA RD, Building, 20,000	SPC		
20,000			1,000	Dollars
			<b>Premium</b>	\$16.00
13	00001, 1010 CELINDA RD, Building, 20,000	ERQK		
20,000			5	Percent
			<b>Premium</b>	\$1.00
13	00001, 1010 CELINDA RD, BPP- Insured & Other, 230,000	SPC		
230,000			1,000	Dollars
			<b>Premium</b>	\$209.00
13	00001, 1010 CELINDA RD, BPP- Insured & Other, 230,000	ERQK		
230,000			5	Percent
			<b>Premium</b>	\$5.00
14	00001, GARRETT CREEK ROAD, Building, 10,000	SPC		
10,000			1,000	Dollars
			<b>Premium</b>	\$7.00
14	00001, GARRETT CREEK ROAD, Building, 10,000	ERQK		
10,000			5	Percent
			<b>Premium</b>	\$1.00



## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
14	00001, GARRETT CREEK ROAD, BPP- Insured and Oth, 65,000	SPC		
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>
65,000			1,000	Dollars
			<b>Premium</b>	\$59.00
14	00001, GARRETT CREEK ROAD, BPP- Insured and Oth, 65,000	ERQK		
65,000			5	Percent
			<b>Premium</b>	\$1.00
15	00001, SLATE ROCK ROAD, BPP- Insured and Oth, 2,500	SPC		
2,500			1,000	Dollars
			<b>Premium</b>	\$3.00
15	00001, SLATE ROCK ROAD, BPP- Insured and Oth, 2,500	ERQK		
2,500			5	Percent
			<b>Premium</b>	
16	00001, MARROWBONE WATERTANK, Building, 350,000	SPC		
350,000			1,000	Dollars
			<b>Premium</b>	\$271.00
16	00001, MARROWBONE WATERTANK, Building, 350,000	ERQK		
350,000			5	Percent
			<b>Premium</b>	\$7.00
17	00001, 186 WATER PLANT ROAD, Building, 55,000	SPC		
55,000			1,000	Dollars
			<b>Premium</b>	\$43.00
17	00001, 186 WATER PLANT ROAD, Building, 55,000	ERQK		
55,000			5	Percent
			<b>Premium</b>	\$1.00
17	00002, 186 WATER PLANT ROAD, Building, 35,000	SPC		
35,000			1,000	Dollars
			<b>Premium</b>	
17	00002, 186 WATER PLANT ROAD, Building, 35,000	ERQK		
35,000			5	Percent
			<b>Premium</b>	\$1.00
18	00001, HWY 61 N, Building, 22,000	SPC		
22,000			1,000	Dollars
			<b>Premium</b>	\$17.00

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
18	00001, HWY 61 N, Building, 22,000	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
22,000			5	Percent
			Premium	\$1.00
Ref #	Description	Coverage Code	Form No.	Edition Date
19	00001, CUMBERLAND RIVER, Building, 100,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
100,000			1,000	Dollars
			Premium	\$77.00
Ref #	Description	Coverage Code	Form No.	Edition Date
19	00001, CUMBERLAND RIVER, Building, 100,000	ERQK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
100,000			5	Percent
			Premium	\$2.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	

RE: Cumberland County Water District, ETD0543113

From: Tracy Prather (tprather@lawtoninsurance.com)  
 To: ccwateroffice@yahoo.com  
 Date: Friday, October 28, 2022 at 10:41 AM CDT

This is all I could find online, I have reached out to underwriting to see if they have anything.

POLICY NUMBER EFFECTIVE AND EXPIRATION DATE						WRITTEN PREMIUM BILLED		PAID	REMAINING	
EMN	0543699	07-01-22	07-01-25	Annual	CUMBERLAND COUNTY WATER DISTRICT	\$2,815.00	\$0.00	\$0.00	\$0.00	\$2,815.00
EMN	0543699	07-01-19	07-01-22	Annual	CUMBERLAND COUNTY WATER DISTRICT	\$7,472.00	\$7,472.00	\$0.00	\$7,472.00	\$0.00
ETD	0543113	07-01-22	07-01-25	Annual	CUMBERLAND COUNTY WATER DISTRICT	\$22,633.00	\$22,633.00	\$0.00	\$22,633.00	\$0.00
ETD	05431130	7-01-19	07-01-22	Annual	CUMBERLAND COUNTY WATER DISTRICTS	43,534.00	\$43,534.00	\$0.00	\$43,534.00	\$0.00

DateDateActivity DescriptionAmountEMN054369907-01-2207-01-2310-27-22Renewal\$2,815.00ETD054311307-01-2207-01-2310-06-22Pro Rata Reinstatement\$18,972.0010-04-22Auto Res-  
 Acct Internal Collect\$0.00ETD054311307-01-2207-01-2310-04-22Auto Res Auto Internal Collect\$0.00ETD054311307-01-2207-01-2310-04-22Call-Off Int-  
 Collect\$0.00ETD054311307-01-2207-01-2310-04-22Collect Agency Pymt\$22,633.0010-03-22Sus Bil/Flwup Internal Collections\$0.00ETD054311307-01-2207-01-2310-03-22Auto Suspend  
 Internal Collect\$0.00ETD054311307-01-2207-01-2310-03-22Initiate Int-Collect\$3,661.00ETD054311307-01-2207-01-2310-03-221st Collection Letter\$3,661.0009-08-22Invoice Due By  
 08-01-2022\$3,661.00ETD054311307-01-2207-01-2308-30-22Credit into Cash 07-01-2022-\$18,972.00ETD054311307-01-2207-01-2308-30-22Pro Rata Cancellation  
 08-29-2022-\$18,972.00ETD054311307-01-2207-01-2308-05-22Request Nonpay Cancel 08-29-2022\$22,633.0007-08-22Invoice Due By  
 08-01-2022\$22,633.00ETD054311307-01-2207-01-2307-08-22Renewal\$22,633.0002-01-22Cash - Posted Check # 027757-\$1,520.0001-10-22Invoice Due By  
 02-01-2022\$1,520.00ETD054311307-01-2207-01-2312-15-21Endorsement #5 Effective 12-10-2021

ADDING PER AA4183 2021 RAM 1500 (VIN# 1C6SRFGT8MN644959) 2021 RAM 1500 (VIN# 1C6SRFGT3MN667260)

\$1,520.00EMN054369907-01-2207-01-2307-09-21Rescind Non-Pay Cancellation\$0.00ETD054311307-01-2207-01-2307-09-21Rescind Non-Pay Cancellation\$0.0007-09-21Cash - Posted  
 Check # 027177-\$18,082.00EMN054369907-01-2207-01-2307-06-21Request Nonpay Cancel 07-26-2021\$2,557.00ETD054311307-01-1907-01-2007-06-21Request Nonpay Cancel  
 07-26-2021\$15,525.0006-09-21Invoice Due By 07-01-2021\$18,082.00EMN054369907-01-2207-01-2305-17-21Anniversary Renewal Effective 07-01-2021 -  
 07-01-2022\$2,557.00ETD054311307-01-2207-01-2305-04-21Endorsement #4 Effective 07-01-2021

ANNUAL PREMIUM ADJUSTMENT

\$2,063.00ETD054311307-01-2207-01-2304-01-21Anniversary Renewal Effective 07-01-2021 - 07-01-2022\$13,462.0011-19-20Refund-Overpayment\$121.0011-05-20Cash - Posted Check #  
 026472-\$121.0010-09-20Cash - Posted Check # 026391-\$121.0010-08-20Invoice Due By 10-01-2020\$121.0009-09-20Invoice Due By  
 10-01-2020\$121.00ETD054311307-01-2207-01-2308-19-20Endorsement #3 Effective 08-14-2020

AMENDING ADDITIONAL INTEREST AMENDING LIMITS/EXPOSURES AMENDING MAQ559 AS FOLLOWS: TOTAL SCHEDULED EQUIPMENT LIMIT TO \$197,260 ADDING  
 2019 DITCH WITCH RT45 VALUE \$53,693 ADDING LOSS PAYEE:

\$121.0006-29-20Cash - Posted Check # 026126-\$15,882.0006-08-20Invoice Due By 07-01-2020\$15,882.00EMN054369907-01-2207-01-2305-18-20Anniversary Renewal Effective 07-01-2020  
 - 07-01-2022\$2,557.00ETD054311307-01-2207-01-2304-27-20Endorsement #2 Effective 07-01-2020

ANNUAL PREMIUM ADJUSTMENT

\$220.00ETD054311307-01-1907-01-2004-03-20Anniversary Renewal Effective 07-01-2020 - 07-01-2021\$13,105.0001-22-20Cash - Posted Check # 025667-\$274.0001-09-20Invoice Due By  
 01-01-2020\$274.0012-09-19Invoice Due By 01-01-2020\$274.00EMN054369907-01-2207-01-2312-05-19Endorsement #2 Effective 12-02-2019

AMENDING FORMS

\$274.0009-27-19Cash - Posted Check # 025359-\$481.0009-09-19Invoice Due By 10-01-2019\$481.00ETD054311307-01-2207-01-2308-14-19Endorsement #1 Effective 08-12-2019

AMENDING VEHICLE AMENDING TO INCLUDE 2007 CHEVROLET SILVERADO VIN#1GCHK24U97E107521 PER REVISED AA4183

\$481.0007-25-19Cash - Posted Check # 025170-\$14,646.0007-10-19Invoice Due By 08-01-2019\$14,646.00ETD054311307-01-1907-01-2007-10-19New Business Effective  
 07-01-2019\$12,562.00EMN054369907-01-2207-01-2307-09-19Endorsement Effective 07-01-2019