

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
(KLCIS)**

LIABILITY COVERAGE DECLARATIONS

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2019-18110

Address: P.O. Box 248
Sharpsburg, Kentucky 40374

Agent of Record: Limestone Agency, LLC

Coverage Period: from **7/1/2019** at 12:01a.m. Standard (or Daylight) time to **7/1/2020** at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above. For purposes of the prior acts coverage endorsement, this policy shall be deemed renewed annually one year from the initial coverage date.

Subject to all terms of this policy, KLCIS agrees to provide you with coverages shown below for which a premium is shown and you pay to us.

COVERAGE	LIMIT Per Occurrence	DEDUCTIBLE Per Occurrence	PREMIUM 7/1/2019-7/1/2020 Installment
Commercial General Liability	\$1,000,000	\$0	\$8,360.00
Garage Keepers Liability	No Coverage	No Coverage	No Coverage
Public Officials Liability	\$1,000,000	\$5,000	\$2,149.74
Law Enforcement Liability	No Coverage	No Coverage	No Coverage
Sewer Backup Liability	No Coverage	No Coverage	No Coverage
Business Auto Liability	\$1,000,000	\$0	\$168.00
Auto Physical Damage	No Coverage	No Coverage	\$0.00
TOTAL PREMIUM			\$10,677.74

***In the event of an "Occurrence" or "Accident" which invokes more than one type of coverage under the same or different policies issued by KLCIS, then the liability of KLCIS shall not exceed the highest applicable limit under any one coverage.**

Your policy may contain premium adjustments for the following:	
Accredited Law Enforcement Agency	0%
Loss Control, GL, PO and Auto Liability Review	0%
Loss Control, LE Liability Review	0%

PRIOR ACTS COVERAGE	
<p>If a date or dates appear below, you are being provided with coverage for accidents or occurrences or wrongful acts, which pre-date your current coverage period. Coverage provided by the Prior Acts endorsement may have been part of an earlier policy issued to you by KLCIS. If so, no dates will appear below and no additional Prior Acts coverage is afforded by this policy.</p>	
General Liability	
Public Officials Liability	
Employee Benefits Liability	
Law Enforcement Liability	

Basic Coverage Forms: KLCIS-GL'2018, KLCIS-PO'2018, KLCIS-BA'2018, KLCIS-Cyber'2017

Endorsements: KLCIS-DED'06, KLCIS-Cyber'2019

COVERAGE SUBLIMITS

For each of the coverages for which you paid a premium the following sublimits apply:

GENERAL LIABILITY

Fire Damage Limit	\$100,000	Per Fire
Medical Expense Limit	\$5,000	Per Person
Employee Benefits Liability	\$1,000,000	Per Occurrence
Hazardous Response Team	\$1,000,000	Per Occurrence

AUTOMOBILE LIABILITY

Personal Injury Protection	No Coverage	Per Person
Uninsured Motorists	No Coverage	Per Accident
Underinsured Motorists	No Coverage	Per Accident
"Comprehensive", Collision Damage	(see vehicle schedule)	

BUSINESS AUTOMOBILE POLICY DECLARATIONS

SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES

Each of the coverages will apply only to those AUTOMOBILES shown as covered AUTOMOBILES. AUTOMOBILES are shown as covered AUTOMOBILES for a particular coverage by the entry of one or more symbols as described in the coverage document.

COVERAGES	COVERED AUTOS	LIMIT (The most we will pay for any one accident or loss.)	
Liability Coverage	8, 9	\$1,000,000	
Personal Injury Protection	No Coverage	No Coverage	
Uninsured Motorist/ Underinsured Motorist Coverage	No Coverage	No Coverage	
PHYSICAL DAMAGE			
		LIMIT	DEDUCTIBLE
Comprehensive Coverage	No Coverage	Actual Cash Value or Cost of Repair, whichever is less, minus deductible amount	See Vehicle Schedule
Collision	No Coverage		See Vehicle Schedule

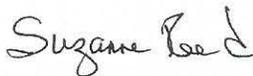
NOTE: Wherever the word "policy" appears in the attached forms or endorsements, it will be construed to mean the same as "declarations"; wherever the word "company" appears, it will be construed to mean the same as "KLCIS". Each of the coverages listed on page one of these declarations is separate and apply to these coverages only.

This coverage has been placed with a liability self-insurance group which is known as the Kentucky League of Cities Insurance Services ("KLCIS"). KLCIS has received a certificate of filing from the Commonwealth of Kentucky and has provided continuous coverage to its members since July 1, 1987.

Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by



5/16/2019

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC.

by



5/16/2019

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

Schedule of Covered Vehicles

Name of Insured: **Sharpsburg Water District #2**
Policy Number: **L5665-2019-18110** Effective Date: **7/1/2019**

No.	Mem Veh#	Year	Make and Model	VIN #	Collision	DEDUCTIBLES	
						Comp	Premium
					Grand Total:		\$ 168.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2019-18110

Effective Date: 7/1/2019

Data Breach and Privacy Liability Insurance Coverage

This endorsement removes Exclusion 20 from Section II, Coverages and Exclusions, Item A: Exclusions applicable to all coverages, of the KLCIS-GL'2018 coverage form AND Exclusion 38 from Section II, Coverages and Exclusions, Item 3: Exclusions, of the KLCIS-PO'2018 coverage form.

Claims Made and Reported Coverage: With regard to Coverage A. and C., of this policy form, the coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported to the Company during the Policy Period or the Extended Reporting Period, if exercised, or within sixty (60) days after the expiration of the Policy Period or the Extended Reporting Period, if exercised.

Notice: Coverage A. and C., of this policy endorsement contain provisions that reduce the limits of liability stated in this policy endorsement by the costs of legal defense and permit legal defense costs to be applied against the deductible. Please read the policy endorsement and corresponding coverage form carefully.

In return for payment of the liability premium, and subject to all the terms of this policy, the company agrees with the Named Insured to provide the insurance as stated in this policy form.

LIMITS OF LIABILITY:

A.	For Coverage A. Data Breach and Privacy Liability Coverage Each Claim:	\$1,000,000
B.	For Coverage B. Data Breach Loss to Insured Coverage Each Claim:	\$1,000,000
C.	For Coverage C. "Electronic Media" Liability Coverage Each Claim:	\$1,000,000
D.	For Coverage D. "Breach Mitigation Expense" Coverage Each Claim:	\$250,000/\$250,000 annual aggregate
E.	For Coverage E. "Business Interruption Event" Reimbursement Coverage Each "Unauthorized Access":	\$250,000/\$250,000 annual aggregate
F.	For Coverage F. "PCI Assessments" Reimbursement Coverage Each "Payment Card Breach": Social Engineering Loss Each Social Engineering Incident	\$100,000/\$100,000 annual aggregate \$250,000/\$250,000 annual aggregate
	Policy Aggregate:	\$1,000,000
	Aggregate Limit for all Pool Participants: (Losses occurring on policies/risks attaching)	\$10,000,000

DEDUCTIBLE:

A.	For Coverage A. Data Breach and Privacy Liability Coverage Each Claim:	\$5,000
B.	For Coverage B. Data Breach Loss to Insured Coverage Each Claim:	\$5,000
C.	For Coverage C. "Electronic Media Liability" Coverage Each Claim:	\$5,000
D.	For Coverage D. "Breach Mitigation Expense" Coverage Each Claim:	\$5,000
E.	For Coverage E. "Business Interruption Event" Reimbursement Coverage Each "Unauthorized Access":	10 hours
F.	For Coverage F. "PCI Assessments" Reimbursement Coverage Each "Payment Card Breach": Social Engineering Loss Coverage Each Social Engineering Incident:	\$5,000 \$5,000

RETROACTIVE DATE:

A.	For Coverage A. Network and Information Security Liability Coverage	7/1/2012
B.	For C. Electronic Media Liability Coverage	7/1/2012

NOTICES:

Claim and Potential Claim Notices required to be provided to the Company under this policy shall be dually addressed to:

KENTUCKY LEAGUE OF CITIES
INSURANCE SERVICES:

100 East Vine Street, Suite 800
Lexington, KY 40507
Fax: (859) 977-0192
Phone: (800) 876-4552

MARKEL SERVICE, INCORPORATED:

Claims Service Center
P.O. Box 2009
Glen Allen, VA 23058-2009
Email: newclaims@markelcorp.com
Fax: (855) 662-7535 or (855) 6 MARKEL

For all other notices or inquiries under this policy, please contact Markel Service, Incorporated by email at newclaims@markelclaimsmarkelcorp.com or call **(800) 362-7535 or (800) 3 MARKEL.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2019-18110

Effective Date: 7/1/2019

REIMBURSABLE DEDUCTIBLE ENDORSEMENT

KLCIS shall only be liable for those amounts payable hereunder in settlement or satisfaction of claims, judgments or awards, defense costs, charges and expenses which are in excess of the deductible(s) stated below. Provided however, this deductible, shall not apply to amounts paid under Coverage D, Medical Payments. This deductible shall apply separately to each occurrence and shall be borne by the member and remain uninsured. Notwithstanding anything to the contrary, KLCIS will not be responsible for any deductible retained by the member.

KLCIS shall advance payment of the deductible in order to expeditiously settle an outstanding claim. When this occurs, the member shall be obligated to reimburse the deductible amount to KLCIS within 30 days of the invoice date.

In the event of any recovery on a loss for which KLCIS has advanced payment of any deductible amount hereunder, such recovery shall accrue entirely to the benefit of KLCIS until the amount advanced by KLCIS has been recovered.

The "INSURED" shall notify KLCIS as soon as practicable of ALL occurrences or events which may result in a claim.

AMOUNT OF DEDUCTIBLES:

Commercial General Liability	\$0
Business Auto	\$0
Public Officials	\$5,000

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
(KLCIS)**

LIABILITY COVERAGE DECLARATIONS

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2020-19081

Address: P.O. Box 248
Sharpsburg, Kentucky 40374

Agent of Record: Limestone Agency, LLC

Coverage Period: from **7/1/2020** at 12:01 a.m. Standard (or Daylight) time to **7/1/2021** at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above. For purposes of the prior acts coverage endorsement, this policy shall be deemed renewed annually one year from the initial coverage date.

Subject to all terms of this policy, KLCIS agrees to provide you with coverages shown below for which a premium is shown and you pay to us.

COVERAGE	LIMIT Per Occurrence	DEDUCTIBLE Per Occurrence	PREMIUM 7/1/2020-7/1/2021 Installment
Commercial General Liability	\$1,000,000	\$0	\$7,375.38
Garage Keepers Liability	No Coverage	No Coverage	No Coverage
Public Officials Liability	\$1,000,000	\$0	\$2,700.00
Law Enforcement Liability	No Coverage	No Coverage	No Coverage
Sewer Backup Liability	No Coverage	No Coverage	No Coverage
Business Auto Liability	\$1,000,000	\$0	\$177.00
Auto Physical Damage	No Coverage	No Coverage	\$0.00
TOTAL PREMIUM			\$10,252.38

***In the event of an "Occurrence" or "Accident" which invokes more than one type of coverage under the same or different policies issued by KLCIS, then the liability of KLCIS shall not exceed the highest applicable limit under any one coverage.**

Your policy may contain premium adjustments for the following:	
Accredited Law Enforcement Agency	0%
Loss Control, GL, PO and Auto Liability Review	0%
Loss Control, LE Liability Review	0%

PRIOR ACTS COVERAGE	
<p>If a date or dates appear below, you are being provided with coverage for accidents or occurrences or wrongful acts, which pre-date your current coverage period. Coverage provided by the Prior Acts endorsement may have been part of an earlier policy issued to you by KLCIS. If so, no dates will appear below and no additional Prior Acts coverage is afforded by this policy.</p>	
General Liability	
Public Officials Liability	
Employee Benefits Liability	
Law Enforcement Liability	

Basic Coverage Forms: KLCIS-GL'2020, KLCIS-PO'2020, KLCIS-BA'2020, KLCIS-Cyber'2018

Endorsements: KLCIS-Cyber'18

COVERAGE SUBLIMITS

For each of the coverages for which you paid a premium the following sublimits apply:

GENERAL LIABILITY

Fire Damage Limit	\$100,000	Per Fire
Medical Expense Limit	\$5,000	Per Person
Employee Benefits Liability	\$1,000,000	Per Occurrence
Hazardous Response Team	\$1,000,000	Per Occurrence

AUTOMOBILE LIABILITY

Personal Injury Protection	No Coverage	Per Person
Uninsured Motorists	No Coverage	Per Accident
Underinsured Motorists	No Coverage	Per Accident
"Comprehensive", Collision Damage	(see vehicle schedule)	

BUSINESS AUTOMOBILE POLICY DECLARATIONS

SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES

Each of the coverages will apply only to those AUTOMOBILES shown as covered AUTOMOBILES. AUTOMOBILES are shown as covered AUTOMOBILES for a particular coverage by the entry of one or more symbols as described in the coverage document.

COVERAGES	COVERED AUTOS	LIMIT (The most we will pay for any one accident or loss.)	
Liability Coverage	8, 9	\$1,000,000	
Personal Injury Protection	No Coverage	No Coverage	
Uninsured Motorist/ Underinsured Motorist Coverage	No Coverage	No Coverage	
PHYSICAL DAMAGE			
		LIMIT	DEDUCTIBLE
Comprehensive Coverage	No Coverage	Actual Cash Value or Cost of Repair, whichever is less, minus deductible amount	See Vehicle Schedule
Collision	No Coverage		See Vehicle Schedule

NOTE: Wherever the word "policy" appears in the attached forms or endorsements, it will be construed to mean the same as "declarations"; wherever the word "company" appears, it will be construed to mean the same as "KLCIS". Each of the coverages listed on page one of these declarations is separate and apply to these coverages only.

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KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by



7/1/2020

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC.

by



7/1/2020

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

Schedule of Covered Vehicles

Name of Insured: Sharpsburg Water District #2
Policy Number: L5665-2020-19081 **Effective Date:** 7/1/2020

DEDUCTIBLES

No.	Mem Veh#	Year	Make and Model	VIN #	Collision	Comp	Premium
					Grand Total:		\$ 177.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2020-19081

Effective Date: 7/1/2020

Data Breach and Privacy Liability Insurance Coverage

This endorsement removes Exclusion 20 from Section II, Coverages and Exclusions, Item A: Exclusions applicable to all coverages, of the KLCIS-GL'2020 coverage form AND Exclusion 38 from Section II, Coverages and Exclusions, Item 3: Exclusions, of the KLCIS-PO'2020 coverage form.

Claims Made and Reported Coverage: With regard to Coverage A. and C., of this policy form, the coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported to the Company during the Policy Period or the Extended Reporting Period, if exercised, or within sixty (60) days after the expiration of the Policy Period or the Extended Reporting Period, if exercised.

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In return for payment of the liability premium, and subject to all the terms of this policy, the company agrees with the Named Insured to provide the insurance as stated in this policy form.

LIMITS OF LIABILITY:

A.	For Coverage A. Data Breach and Privacy Liability Coverage Each Claim:	\$1,000,000
B.	For Coverage B. Data Breach Loss to Insured Coverage Each Claim:	\$1,000,000
C.	For Coverage C. "Electronic Media" Liability Coverage Each Claim:	\$1,000,000
D.	For Coverage D. "Breach Mitigation Expense" Coverage Each Claim:	\$250,000/\$250,000 annual aggregate
E.	For Coverage E. "Business Interruption Event" Reimbursement Coverage Each "Unauthorized Access":	\$250,000/\$250,000 annual aggregate
F.	For Coverage F. "PCI Assessments" Reimbursement Coverage Each "Payment Card Breach":	\$100,000/\$100,000 annual aggregate
	Social Engineering Loss Each Social Engineering Incident	\$250,000/\$250,000 annual aggregate
	Policy Aggregate:	\$1,000,000
	Aggregate Limit for all Pool Participants: (Losses occurring on policies/risks attaching)	\$10,000,000

Sharpsburg Water District #2

DEDUCTIBLE:

A.	For Coverage A. Data Breach and Privacy Liability Coverage Each Claim:	\$5,000
B.	For Coverage B. Data Breach Loss to Insured Coverage Each Claim:	\$5,000
C.	For Coverage C. "Electronic Media Liability" Coverage Each Claim:	\$5,000
D.	For Coverage D. "Breach Mitigation Expense" Coverage Each Claim:	\$5,000
E.	For Coverage E. "Business Interruption Event" Reimbursement Coverage Each "Unauthorized Access":	10 hours
F.	For Coverage F. "PCI Assessments" Reimbursement Coverage Each "Payment Card Breach":	\$5,000
	Social Engineering Loss Coverage Each Social Engineering Incident:	\$5,000

RETROACTIVE DATE:

A.	For Coverage A. Network and Information Security Liability Coverage	7/1/2012
B.	For C. Electronic Media Liability Coverage	7/1/2012

NOTICES:

Claim and Potential Claim Notices required to be provided to the Company under this policy shall be dually addressed to:

**KENTUCKY LEAGUE OF CITIES
INSURANCE SERVICES:**

100 East Vine Street, Suite 800
Lexington, KY 40507
Fax: (859) 977-0192
Phone: (800) 876-4552

MARKEL SERVICE, INCORPORATED:

Claims Service Center
P.O. Box 2009
Glen Allen, VA 23058-2009
Email: newclaims@markelcorp.com
Fax: (855) 662-7535 or (855) 6 MARKEL

For all other notices or inquiries under this policy, please contact Markel Service, Incorporated by email at newclaims@markelclaimsmarkelcorp.com or call (800) 362-7535 or (800) 3 MARKEL.

KENTUCKY LEAGUE OF CITIES WORKERS' COMPENSATION TRUST

100 East Vine Street, Suite 800, Lexington, KY 40507-3701

859-977-3700 or 800-876-4552

FEIN 61-1238903

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY
INFORMATION PAGE
CARRIER CODE 36676**

Item 1: Sharpsburg Water District #2
P.O. Box 248
Sharpsburg, Kentucky 40374

POLICY # W5665-2020-18845
Federal ID#: 61-0645948 SIC Code: 49410000 Risk ID#:

Locations - All usual workplaces of the insured at or from which operations covered by this policy are conducted are located at the above address unless otherwise stated herein: See attached schedules for location(s).

Item 2: Policy Period: From 7/1/2020 to 7/1/2021 12:01 A.M. standard time at the Insured's mailing address.

Item 3:

- A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: Kentucky
- B. Employers' Liability Insurance: Part two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$4,000,000 each employee
Bodily Injury by Disease \$4,000,000 each employee
Bodily Injury by Disease \$4,000,000 policy limit

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states not provided. Coverage provided pursuant to Kentucky Law.
- D. This policy includes these forms, endorsements and schedules: KLCIS-WC-EL'2006, WC 00 03 11, WC 00 04 06

Item 4: The premium for this policy will be determined by our Manuals and Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit:

****See Attached Schedule for Classifications****

INSTALLMENT YEAR: 7/1/2020 - 7/1/2021

Premium Subject to Tax	\$ 4,672.52
Plus Kentucky Premium Tax (6.41)%	\$ 299.51
Estimated Annual Total	\$ 4,972.03

Dated Issued: 7/1/2020

From: KLC Workers' Compensation Trust
Lexington, KY 40507-3701

NOTE: Wherever the word "policy" appears in the attached forms or endorsements, it will be construed to mean the same as "declarations"; wherever the word "company" appears, it will be construed to mean the same as "KLCIS". Each of the coverages listed on page one of these declarations is separate and apply to these coverages only.

This coverage has been placed with a liability self-insurance group which is known as the Kentucky League of Cities Insurance Services ("KLCIS"). KLCIS has received a certificate of filing from the Commonwealth of Kentucky and has provided continuous coverage to its members since July 1, 1987.

Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by



7/1/2020

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC.

by



7/1/2020

(Authorized Agent)

Date

**KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES
(KLCIS)**

LIABILITY COVERAGE DECLARATIONS

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2021-20558

Address: P.O. Box 248
Sharpsburg, Kentucky 40374

Agent of Record: Limestone Agency, LLC

Coverage Period: from **7/1/2021** at 12:01a.m. Standard (or Daylight) time to **7/1/2022** at 12:01 a.m. Standard (or Daylight) time at the mailing address shown above. For purposes of the prior acts coverage endorsement, this policy shall be deemed renewed annually one year from the initial coverage date.

Subject to all terms of this policy, KLCIS agrees to provide you with coverages shown below for which a premium is shown and you pay to us.

COVERAGE	LIMIT Per Occurrence	DEDUCTIBLE Per Occurrence	PREMIUM 7/1/2021-7/1/2022 Installment
Commercial General Liability	\$1,000,000	\$0	\$7,249.28
Garage Keepers Liability	No Coverage	No Coverage	No Coverage
Public Officials Liability	\$1,000,000	\$0	\$2,592.00
Law Enforcement Liability	No Coverage	No Coverage	No Coverage
Sewer Backup Liability	No Coverage	No Coverage	No Coverage
Business Auto Liability	\$1,000,000	\$0	\$187.00
Auto Physical Damage	No Coverage	No Coverage	\$0.00
TOTAL PREMIUM			\$10,028.28

***In the event of an "Occurrence" or "Accident" which invokes more than one type of coverage under the same or different policies issued by KLCIS, then the liability of KLCIS shall not exceed the highest applicable limit under any one coverage.**

Your policy may contain premium adjustments for the following:	
Accredited Law Enforcement Agency	0%
Loss Control, GL, PO and Auto Liability Review	0%
Loss Control, LE Liability Review	0%

PRIOR ACTS COVERAGE	
<p>If a date or dates appear below, you are being provided with coverage for accidents or occurrences or wrongful acts, which pre-date your current coverage period. Coverage provided by the Prior Acts endorsement may have been part of an earlier policy issued to you by KLCIS. If so, no dates will appear below and no additional Prior Acts coverage is afforded by this policy.</p>	
General Liability	
Public Officials Liability	
Employee Benefits Liability	
Law Enforcement Liability	

Basic Coverage Forms: KLCIS-GL'2020, KLCIS-PO'2020, KLCIS-BA'2020, KLCIS-Cyber'2021

Endorsements: KLCIS-Cyber'2021

COVERAGE SUBLIMITS

For each of the coverages for which you paid a premium the following sublimits apply:

GENERAL LIABILITY

Fire Damage Limit	\$100,000	Per Fire
Medical Expense Limit	\$5,000	Per Person
Employee Benefits Liability	\$1,000,000	Per Occurrence
Hazardous Response Team	\$1,000,000	Per Occurrence

AUTOMOBILE LIABILITY

Personal Injury Protection	No Coverage	Per Person
Uninsured Motorists	No Coverage	Per Accident
Underinsured Motorists	No Coverage	Per Accident
"Comprehensive", Collision Damage	(see vehicle schedule)	

BUSINESS AUTOMOBILE POLICY DECLARATIONS

SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES

Each of the coverages will apply only to those AUTOMOBILES shown as covered AUTOMOBILES. AUTOMOBILES are shown as covered AUTOMOBILES for a particular coverage by the entry of one or more symbols as described in the coverage document.

COVERAGES	COVERED AUTOS	LIMIT (The most we will pay for any one accident or loss.)	
Liability Coverage	8, 9	\$1,000,000	
Personal Injury Protection	No Coverage	No Coverage	
Uninsured Motorist/ Underinsured Motorist Coverage	No Coverage	No Coverage	
PHYSICAL DAMAGE			
		LIMIT	DEDUCTIBLE
Comprehensive Coverage	No Coverage	Actual Cash Value or Cost of Repair, whichever is less, minus deductible amount	See Vehicle Schedule
Collision	No Coverage		See Vehicle Schedule

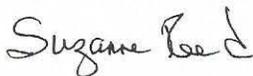
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Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

by



12/1/2021

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC.

by



12/1/2021

(Authorized Agent)

Date

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES

Schedule of Covered Vehicles

Name of Insured: Sharpsburg Water District #2
Policy Number: L5665-2021-20558 Effective Date: 7/1/2021

No.	Mem Veh#	Year	Make and Model	VIN #	Collision	DEDUCTIBLES	
						Comp	Premium
					Grand Total:		\$ 187.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Name of Insured: Sharpsburg Water District #2

Policy Number: L5665-2021-20558

Effective Date: 7/1/2021

Data Breach and Privacy Liability Insurance Coverage

Claims Made and Reported Coverage: With regard to Coverage A. and C., of this policy form, the coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised, and reported to the Company during the Policy Period or the Extended Reporting Period, if exercised, or within sixty (60) days after the expiration of the Policy Period or the Extended Reporting Period, if exercised.

Notice: Coverage A. and C., of this policy endorsement contain provisions that reduce the limits of liability stated in this policy endorsement by the costs of legal defense and permit legal defense costs to be applied against the deductible. Please read the policy endorsement and corresponding coverage form carefully.

In return for payment of the liability premium, and subject to all the terms of this policy, the company agrees with the Named Insured to provide the insurance as stated in this policy form.

LIMITS OF LIABILITY:

A.	For Coverage A. Data Breach and Privacy Liability Coverage Each Claim: (fines limited to \$100,000)	\$1,000,000
B.	For Coverage B. Data Breach Loss to Insured Coverage Each Claim: Cyber Extortion - defined in policy definitions section, Item BB, #4 Each Claim:	\$1,000,000 \$250,000/\$250,000 annual aggregate
C.	For Coverage C. "Electronic Media" Liability Coverage Each Claim:	\$1,000,000
D.	For Coverage D. "Breach Mitigation Expense" Coverage Each Claim:	\$250,000/\$250,000 annual aggregate
E.	For Coverage E. "Business Interruption Event" Reimbursement Coverage Each "Unauthorized Access":	\$100,000/\$100,000 annual aggregate
F.	For Coverage F. "PCI Assessments" Reimbursement Coverage Each "Payment Card Breach": Social Engineering Loss Each Social Engineering Incident Policy Aggregate: Aggregate Limit for all Pool Participants: (Losses occurring on policies/risks attaching)	\$100,000/\$100,000 annual aggregate \$25,000/\$25,000 annual aggregate \$1,000,000 \$5,000,000

DEDUCTIBLE: (KLCIS and Named Insured)

A.	For Coverage A. Data Breach and Privacy Liability Coverage Each Claim:	\$50,000
B.	For Coverage B. Data Breach Loss to Insured Coverage Each Claim:	\$50,000
C.	For Coverage C. "Electronic Media Liability" Coverage Each Claim:	\$50,000
D.	For Coverage D. "Breach Mitigation Expense" Coverage Each Claim:	\$50,000
E.	For Coverage E. "Business Interruption Event" Reimbursement Coverage Each "Unauthorized Access":	48 hours
F.	For Coverage F. "PCI Assessments" Reimbursement Coverage Each "Payment Card Breach": Social Engineering Loss Coverage Each Social Engineering Incident:	\$50,000 \$50,000

RETROACTIVE DATE:

A.	For Coverage A. Network and Information Security Liability Coverage	7/1/2012
B.	For C. Electronic Media Liability Coverage	7/1/2012

NOTICES:

Claim and Potential Claim Notices required to be provided to the Company under this policy shall be addressed to:

KENTUCKY LEAGUE OF CITIES

INSURANCE SERVICES:

100 East Vine Street, Suite 800
Lexington, KY 40507
Fax: (859) 977-0192
Phone: (800) 876-4552

What to do in a crisis?



Our retained crisis management consultants, Security Exchange Ltd are available globally 24/7 to advise and assist our insured clients; and to respond to emergency situations involving active assailant incidents.

In the event of an incident which may be covered under the terms of the policy, Security Exchange Emergency 24-hour Crisis Line must be informed immediately.

When calling the Crisis Line you will be asked for your name, company, contact telephone number and policy number (if available). These details will be escalated and a case manager will call back as soon as possible.

NOTIFICATION OF AN INCIDENT TO SECURITY EXCHANGE DOES NOT CONSTITUTE NOTIFICATION UNDER THE POLICY. THE ROLE OF THE CRISIS CONSULTANTS IS LIMITED TO PROVIDING IMMEDIATE ASSISTANCE AND GUIDANCE TO THE ASSURED IN THE EVENT OF AN ACTUAL OR THREATENED INSURED EVENT. CONSULTANTS DO NOT HAVE THE AUTHORITY ON BEHALF OF UNDERWRITERS TO DEAL WITH MATTERS OF POLICY COVERAGE OR THE APPLICATION OF POLICY TERMS AND CONDITIONS.

CRISIS LINE
+1 312-500-5093



Active Assailant Policy



Policy Number: J-USN210006872	
Policy Period: From: 07/01/2021 12:01 am local standard time To: 07/01/2022 12:01 am local standard time	
Coverage Provided By: Kentucky League of Cities Insurance Services	
Original Insured(s): Active members of the Property or Liability Kentucky League of Cities Insurance Services Programs	
Law and Jurisdiction: Kentucky, United State of America	Service of Suit Nominee: Secretary, Legal Department, Markel Service Incorporated, Ten Parkway North, Deerfield, Illinois 60015

Insured Details:

Insured Locations: All property declared.

Policy Limits:

Property Damage	Limits: USD 250,000 per member	Deductible: None
Time Element	Limits: USD 250,000 per member	Deductible: 24 hours any one Occurrence Deductible iro Denial of Access: 6 hours any one Occurrence
Third Party Liability	Limits: USD 250,000 per member	Deductible: USD 5,000 any one Occurrence

Ancillary Support	Coverage:	Limits:	Deductible:
	Medical and dental expenses	USD 20,000 per person	None
	Counselling costs	USD 10,000 per injured person USD 5,000 per non-injured person	None
	Funeral costs	USD 10,000 per person USD 150,000 per member	None
	Crisis management service	USD 100,000 per member	None
	Employee retraining costs	USD 10,000 per person	None
	Replacement employee recruitment costs	USD 250,000 per member	None
Aggregate limit across all coverage sections			
Per Member		Limit:	
			USD 250,000 any one Occurrence and in the annual aggregate
Annual Aggregate		Limit:	
			USD 1,000,000 in the annual aggregate for all members of Kentucky League of Cities Property & Liability program

Express Warranties & Subjectivities:

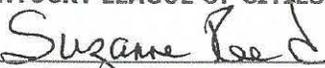
Warranted no known or reported losses or incidents of the type of event covered under this policy prior to 07/01/2020.

Endorsements:

KLCIS City Sponsored Event Endorsement – included in coverage form

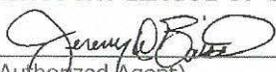
This coverage has been placed with a liability self-insurance group which is known as the Kentucky League of Cities Insurance Services ("KLCIS"). KLCIS has received a certificate of filing from the Commonwealth of Kentucky and has provided continuous coverage to its members since July 1, 1987. Claims against group members are not covered by the Kentucky Insurance Guaranty Association.

KENTUCKY LEAGUE OF CITIES INSURANCE SERVICES by


 (Authorized Agent)

4/30/2021
 Date

KENTUCKY LEAGUE OF CITIES INSURANCE AGENCY, INC. by


 (Authorized Agent)

4/30/2021
 Date