

00016475

HART INSURANCE AGENCY INC
 PO BOX 356
 STANFORD KY 40484-0356
INVOICE



Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

Phone 1-800-288-8740 Fax 517-391-5101
 www.auto-owners.com

Please contact your agent with questions at:
 (606) 365-2616

Billing Account Information	
Statement Date	11-21-2022
Account Number	018295921
Payment Plan	Full Pay
Due Date	12-09-2022

MCKINNEY WATER DISTRICT
 PO BOX 7
 MC KINNEY KY 40448

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$855.00	\$855.00	\$3,564.00	\$0.00	\$3,564.00	\$3,267.00

Total with Paid In Full Discount
\$3,267.00

Payments must be received by the Due Date to receive the Paid in Full Discount.

INSURANCE COMPANY 18147
6101 ANACAPRI BLVD, LANSING, MI 48917-3968
517-323-1321

AGENCY HART INSURANCE AGENCY INC
14-0096-00 MKT TERR 039 (606) 365-2616

INSURED MCKINNEY WATER DISTRICT

ADDRESS PO BOX 7
MC KINNEY, KY 40448-0007

**WORKERS COMPENSATION & EMPLOYERS LIABILITY
INFORMATION PAGE-RENEWAL AGREEMENT**

Renewal Effective 12-09-2022

POLICY NUMBER A106-566-927

Company Use 52-17-KY-1222

Company Bill	POLICY PERIOD	
	12:01 A.M. 12-09-2022	12:01 A.M. to 12-09-2023

ITEM 1. INSURED: MCKINNEY WATER DISTRICT
2900 KY HIGHWAY 198
MCKINNEY, KY 40448

INSURED IS: Governmental

ITEM 2. POLICY PERIOD: 12-09-2022 (12:01 A.M.) to 12-09-2023 (12:01 A.M.)
(Based on the insured's address shown in Item 1.)

ITEM 3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to Workers Compensation Law of the states listed here: KY

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	\$100,000	Each Accident
Bodily Injury by Disease	\$100,000	Each Employee
Bodily Injury by Disease	\$500,000	Policy Limit

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states (Ohio, Washington, Wyoming & North Dakota), Puerto Rico, the U.S. Virgin Islands, and the states designated in ITEM 3.A. of the Information Page.

ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

CLASSIFICATION OF OPERATIONS		PREMIUM BASIS		RATES	
	CLASS CODE	ESTIMATED ANNUAL REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM	
STATE OF KENTUCKY					
See LOC NUM 001	DESC 000				
WATERWORKS OPERATION & DRIVERS	7520	192,423	1.79	3,444	
See LOC NUM 001	DESC 001				
CLERICAL OFFICE EMPLOYEES NOC	8810	107,761	0.11	119	
KENTUCKY PREMIUM SUMMARY					
			TOTAL	3,563	
			Price Point Rating Factor	371-	3,192
			3% Schedule Debit Kentucky	96	3,288
			Premium Discount	138-	3,150
			TOTAL STATE ESTIMATED ANNUAL PREMIUM	3,150	



OWNERS INS. CO.

AGENCY HART INSURANCE AGENCY INC
14-0096-00 MKT TERR 039

Company POLICY NUMBER
Bill Company Use

A106-566-927
52-17-KY-1222

INSURED MCKINNEY WATER DISTRICT

Term 12-09-2022 to 12-09-2023

POLICY PREMIUM SUMMARY

4% Cumulative Multi-Policy Discount	126-	3,024
Expense Constant	240	3,264
Terrorism - See Form 27317	24	3,288
Catastrophe (other than Certified Acts of Terrorism) See Form 27322	45	3,333
6.94% KY Indust Comm Op Fund Surcharge	231	3,564
TOTAL ESTIMATED ANNUAL PREMIUM		3,564

FEDERAL ID: 610662723
COUNTY: 137
MINIMUM PREMIUM: \$544 KENTUCKY
KY NUMBER OF EMPLOYEES: 4
AUDIT IS: ANNUAL

A 4% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):
 Comm Umb() Comm Prop/Comm Liab(X) Comm Auto() Life() Personal() Farm().

The Paid in Full Discount does not apply to fixed expense fees, statutory charges or minimum premiums.

Your policy qualifies for the Paid in Full Discount if you choose to pay your premium in full. Your Paid in Full Discount may change as a result of policy changes. These changes will be reflected in a future invoice.

TOTAL ESTIMATED ANNUAL PREMIUM	3,564
SAVINGS IF PAID IN FULL	297-
TOTAL POLICY PREMIUM IF PAID IN FULL	3,267

ENDORSEMENTS:

27411 (01-13)	59270 (02-97)	27320 (03-06)A
27390 (07-12)	27395 (10-14)A(WC000000C)	27539 (08-17)
27942 (01-19) (WC000414A)	27646 (04-21) (WC000406)	27317 (01-21) (WC000422C)
14019 (09-20)	27322 (08-22) (WC000421F)	27279 (08-22) (WC000419A)
27962 (10-07)A	27963 (10-07)A	27964 (10-07)A

27777 (10-88)(WC000001A)

LOCATION SCHEDULE

LOC NUM 001
STATE KY
FEIN 610662723
ENTITY GOVERNMENTAL
NUMBER OF EMPLOYEES 4
NAME & ADDRESS MCKINNEY WATER DISTRICT
2900 KY HIGHWAY 198
MCKINNEY KY 40448

