

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

00004677



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	11-19-2021
Account Number	018295921
Payment Plan	FULL PAY
Due Date	12-09-2021

MCKINNEY WATER DISTRICT
PO BOX 7
MCKINNEY KY 40448-0007

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$0.00	\$0.00	\$2,930.00	\$0.00	\$2,930.00	\$2,705.00

Total with Paid in Full Discount	
	\$2,705.00

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

MCKINNEY WATER DISTRICT / OPERATING ACCOUNT
AUTO-OWNERS INS

018295921

12/1/2021

9073

2,705.00

PAYMENT
RECORD

Operating & Maintena 018295921

2,705.00



INSURANCE COMPANY 18147
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

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

INSURED MCKINNEY WATER DISTRICT

ADDRESS PO BOX 7
MCKINNEY KY 40448-0007

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

Renewal Effective 12-09-2021

POLICY NUMBER 131714 52048497

Company Use 52-17-KY-1213

Company Bill	POLICY PERIOD	
	12:01 A.M. 12-09-2021	12:01 A.M. to 12-09-2022

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

INSURED IS: Governmental

ITEM 2. POLICY PERIOD: 12-09-2021 (12:01 A.M.) to 12-09-2022 (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				
ID# 0010 (See FED NUM 001) DESC 000 WATERWORKS OPERATION & DRIVERS	7520	140,216	1.92	2,692
ID# 0020 (See FED NUM 001) DESC 001 CLERICAL OFFICE EMPLOYEES NOC	8810	78,486	.11	86
KENTUCKY PREMIUM SUMMARY				
		TOTAL		2,778
		PRICE POINT RATING FACTOR - KENTUCKY	186-	2,592
		3.0% SCHEDULE DEBIT - KENTUCKY	78	2,670
		PREMIUM DISCOUNT	120-	2,550



OWNERS INS. CO.

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

Company POLICY NUMBER 131714 52048497
Bill Company Use 52-17-KY-1213

INSURED MCKINNEY WATER DISTRICT

Term 12-09-2021 to 12-09-2022

POLICY PREMIUM SUMMARY			
4% MULTI-POLICY DISCOUNT	102-		2,448
EXPENSE CONSTANT	240		2,688
TERRORISM-SEE FORM 27317	17		2,705
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) SEE FORM 27322	33		2,738
7.02% KY SPECIAL FUND ASSESSMENT	192		2,930
TOTAL ESTIMATED ANNUAL PREMIUM			2,930

FEDERAL ID: 610662723
 COUNTY: 137
 MINIMUM PREMIUM: \$566 KENTUCKY
 KY NAICS: 221310
 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	2,930
SAVINGS IF PAID IN FULL	225-
TOTAL POLICY PREMIUM IF PAID IN FULL	2,705

ENDORSEMENTS:

14019 (09-20)	27279 (07-03)A(WC000419)	27317 (01-21) (WC000422C)
27320 (03-06)A	27322 (01-21) (WC000421E)	27390 (07-12)
27395 (10-14)A(WC000000C)	27411 (01-13)	27546 (03-19) (WC000406A)
27942 (01-19) (WC000414A)	27962 (10-07)A	27963 (10-07)A
27964 (10-07)A		

27777 (10-88) (WC000001A)

LOCATION SCHEDULE

FED NUM 001
STATE KY
FED ID 610662723
ENTITY GOVERNMENTAL
NUMBER OF EMPLOYEES 4
NAICS 221310
NAME & ADDRESS MCKINNEY WATER DISTRICT
2900 KY HIGHWAY 198
MCKINNEY KY 40448-

