



KENTUCKY ASSOCIATION OF COUNTIES WORKERS COMPENSATION

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: May 26, 2022
To: Bath County Water District
From: Temple Juett
KACO Workers Compensation Fund
Re: 2022-2023 Workers Compensation Policy Renewal

Thank you for your continued participation as a member of the KACO Worker's Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACO Workers Compensation Fund renewal documents:

Renewal Certificate
2022-2023 Invoice
Application for Membership Agreement (KACO W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2022, as well as the penalty that will apply if your premium is not paid in full by 12/31/2022.

Please remit payment to:

KACO Workers Compensation Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

The enclosed Application for Membership Agreement (KACO W/C -3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the "X's" and return to our office within the next two weeks via fax number **502-234-5055** or scan and e-mail to insurance@kaco.org. If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance. Also, for those otherwise qualifying for a dividend from the 2008-2009 policy year, receipt of this document is final confirmation of your eligibility to receive your dividend check.

If you have any questions, please do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACO direct at 800-264-5226. Thank you again for your continued support of the KACO Workers Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

BOARD OF TRUSTEES

Greg Terry, Chairman
Carlisle Co. Judge/Executive

Dan Mosley, Vice-Chair
Harlan Co. Judge/Executive

Michael Logsdon
Oldham Co. Magistrate

Elbert Bennett
Caldwell Co. Magistrate

Casey Ellis
Owen Co. Judge/Executive

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: W220651
Invoice Date: 05/26/2022

Member Name and Address:

Member ID: 0792

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-0792	\$7,398.00
Special Fund Tax	\$513.00
Total Due	\$7,911.00

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

(1) Full payment by 8/1/2022. 1% discount applied = \$7,831.89

or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.

50% = \$3,955.50 Plus 3 monthly payments of \$1,318.50

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

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

-
- ITEM 1 -** Name and Address of Insured:
Bath County Water District
PO Box 369
Salt Lick, KY 40371
- ITEM 2 -** Certificate Number: WC2022-0792
- ITEM 3 -** Effective Date: Friday, July 01, 2022 Expiration Date: Saturday, July 01, 2023
12:01 A.M., standard time at the address of the Insured as stated herein.
Cancellation Notice: 60 Days - Pursuant to KRS 304.50
- ITEM 4 -** Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
- ITEM 5 -** Company's Limit of Indemnity Each Occurrence:
(a) For Workers Compensation: Statutory
(b) For Employers Liability: \$2,500,000
- ITEM 6 -** Workers Compensation Premium: \$7,398.00
- ITEM 7 -** Special Fund Tax: \$513.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$7,911.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2022. 1% discount applied = \$7,831.89
(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance.
50% = \$3,955.50 Plus 3 monthly payments of \$1,318.50

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

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 26th day of May, 2022


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky

APPLICATION FOR MEMBERSHIP AGREEMENT

Kentucky Association of Counties Workers Compensation Fund

NAME: Bath County Water District

ADDRESS: PO Box 369, Salt Lick, KY 40371

WE ARE LOCATED IN THE COUNTY OF: Bath

CURRENT WORKERS COMP CARRIER: KACo Workers Compensation Fund

I (we) hereby formally apply for continuing membership for workers compensation coverage in the Kentucky Association of Counties Workers Compensation Fund to be effective 12:01 a.m. Friday, July 01, 2022, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers Compensation Act.
- B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
- C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
- D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
- E. That coverage under this membership shall be for Kentucky employees only.
- F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
- G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

x *Sarah Price*
Signature of Applicant

x *Shelby Bennett*
Signature of Witness

Sarah Price - Co-Manager
Type Name and Title

61-0712234
Federal Identification Number

DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

Bath County Water District, is a member of the Kentucky Association of Counties Workers Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the 1st day of July, 2022.

Signed this _____ day of _____,
20____

Kris Dunn, Associate Director of Insurance
KACo Workers Compensation Fund

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



**KENTUCKY ASSOCIATION OF COUNTIES
WORKERS COMPENSATION FUND**
400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: June 1, 2021
To: Bath County Water District
From: Temple Juett
KACo Workers Compensation Fund
Re: 2021-2022 Workers Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Worker's Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACo Workers Compensation Fund renewal documents:

Renewal Certificate
2021-2022 Invoice
Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2021, as well as the penalty that will apply if your premium is not paid in full by 12/31/2021.

Please remit payment to:

KACo Workers Compensation Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

The enclosed Application for Membership Agreement (KACo W/C -3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the "X's" and return to our office within the next two weeks via fax number **502-234-5055** or scan and e-mail to insurance@kaco.org. If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance. Also, for those otherwise qualifying for a dividend from the 2007-2008 policy year, receipt of this document is final confirmation of your eligibility to receive your dividend check.

If you have any questions, please do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

BOARD OF DIRECTORS

Greg Terry, Chairman
Carlisle Co. Judge/Executive

Dan Mosley, Vice-Chair
Harlan Co. Judge/Executive

Michael Logsdon
Oldham Co. Magistrate

Elbert Bennett
Caldwell Co. Magistrate

Casey Ellis
Owen Co. Judge/Executive

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
Frankfort, KY 40601
1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

ITEM 1 -	Name and Address of Insured: Bath County Water District PO Box 369 Salt Lick, KY 40371
ITEM 2 -	Certificate Number: WC2021-0792
ITEM 3 -	Effective Date: Thursday, July 01, 2021 12:01 A.M., standard time at the address of the Insured as stated herein. Cancellation Notice: 60 Days - Pursuant to KRS 304.50
ITEM 4 -	Expiration Date: Friday, July 01, 2022
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
ITEM 5 -	Company's Limit of Indemnity Each Occurrence: (a) For Workers Compensation: Statutory (b) For Employers Liability: \$2,500,000
ITEM 6 -	Workers Compensation Premium: \$6,980.00
ITEM 7 -	Special Fund Tax: \$490.00
ITEM 8 -	TOTAL PREMIUM:* \$7,470.00
ITEM 9 -	Payment Options: (1) Full payment by 8/1/2021. 1% discount applied = \$7,395.30 (2) 50% payment by 8/1/2021 and 3 subsequent equal monthly pmts. on balance. 50% = \$3,735.00 Plus 3 monthly payments of \$1,245.00

Please Note: Effective January 1, 2022 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, 2021

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 1st day of June, 2021


Kris Dunn, Associate Director of Insurance

KACo
Making Workers Comp Work in Kentucky

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: W210037
Invoice Date: 06/01/2021

Member Name and Address:

Member ID: 0792

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Item	Amount
Workers Compensation Insurance Premium - Policy WC2021-0792	\$6,980.00
Special Fund Tax	\$490.00
Total Due	\$7,470.00

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

(1) Full payment by 8/1/2021. 1% discount applied = \$7,395.30

or

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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

APPLICATION FOR MEMBERSHIP AGREEMENT

Kentucky Association of Counties Workers Compensation Fund

NAME: Bath County Water District

ADDRESS: PO Box 369, Salt Lick, KY 40371

WE ARE LOCATED IN THE COUNTY OF: Bath

CURRENT WORKERS COMP CARRIER: KACo Workers Compensation Fund

I (we) hereby formally apply for continuing membership for workers compensation coverage in the Kentucky Association of Counties Workers Compensation Fund to be effective 12:01 a.m. Thursday, July 01, 2021, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers Compensation Act.
- B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
- C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
- D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
- E. That coverage under this membership shall be for Kentucky employees only.
- F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
- G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

Sherris Greene
Signature of Applicant

x *Connie Scaggs*
Signature of Witness

Sherris Greene Co-Manager
Type Name and Title

61-0712234
Federal Identification Number

DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

Bath County Water District, is a member of the Kentucky Association of Counties Workers Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the 1st day of July, 2021.

Signed this _____ day of _____, 20____

Kris Dunn, Associate Director of Insurance
KACo Workers Compensation Fund

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



**KENTUCKY ASSOCIATION OF COUNTIES
WORKERS COMPENSATION FUND**

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: May 28, 2020
To: Bath County Water District
From: Temple Juett
KACo Workers Compensation Fund
Re: 2020-2021 Workers Compensation Policy Renewal

Thank you for your continued participation as a member of the KACo Worker's Compensation Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

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Renewal Certificate

2020-2021 Invoice

Application for Membership Agreement (KACo W/C-3)

Regarding your invoice, please note the discount you can receive if you pay your premium prior to 8/1/2020, as well as the penalty that will apply if your premium is not paid in full by 12/31/2020.

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Attn: Accounting Department
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Frankfort, KY 40601

The enclosed Application for Membership Agreement (KACo W/C -3), has been completed for you with information on file. Please review this information and correct as needed – then sign with witness at the "X's" and return to our office within the next two weeks via fax number 502-234-5055 or 502-875-8240 or scan and e-mail to insurance@kaco.org. If you do not have access to a fax machine or scanner, simply mail the document to us at the address shown on the letterhead above. This signed document is a requirement of the Kentucky Department of Insurance.

If you have any questions, please do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo Workers Compensation Program. We appreciate your loyalty and look forward to working with you again this year!

BOARD OF DIRECTORS

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Carlisle Co. Judge/Executive

Dan Mosley, Vice-Chair
Harlan Co. Judge/Executive

Michael Logsdon
Oldham Co. Magistrate

Elbert Bennett
Caldwell Co. Magistrate

Casey Ellis
Owen Co. Judge/Executive

KACo WORKERS COMPENSATION FUND

400 Englewood Drive

Frankfort, KY 40601

1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

-
- ITEM 1 -** Name and Address of Insured:
Bath County Water District
PO Box 369
Salt Lick, KY 40371
- ITEM 2 -** Certificate Number: WC2020-0792
- ITEM 3 -** Effective Date: Wednesday, July 01, 2020 Expiration Date: Thursday, July 01, 2021
12:01 A.M., standard time at the address of the Insured as stated herein.
Cancellation Notice: 60 Days - Pursuant to KRS 304.50
- ITEM 4 -** Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)
- ITEM 5 -** Company's Limit of Indemnity Each Occurrence:
(a) For Workers Compensation: Statutory
(b) For Employers Liability: \$2,500,000
- ITEM 6 -** Workers Compensation Premium: \$6,865.00
- ITEM 7 -** Special Fund Tax: \$440.00
- ITEM 8 -** **TOTAL PREMIUM:*** **\$7,305.00**
- ITEM 9 -** Payment Options:
(1) Full payment by 8/1/2020. 1% discount applied = \$7,231.95
(2) 50% payment by 8/1/2020 and 3 subsequent equal monthly pmts. on balance.
50% = \$3,652.50 Plus 3 monthly payments of \$1,217.50

Please Note: Effective January 1, 2021 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, 2020

* An invoice accompanies this declaration for the total amount due.

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THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 28th day of May, 2020


Kris Dunn, Underwriting Manager

KACo
Making Workers Comp Work in Kentucky

INVOICE

Kentucky Association of Counties Workers Compensation Fund

400 Englewood Drive
Frankfort, KY 40601
Tel: 1-502-223-7667
Fax: 1-502-875-8240

Invoice Number: W200091
Invoice Date: 05/28/2020

Member Name and Address:

Member ID: 0792

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Item	Amount
Workers Compensation Insurance Premium - Policy WC2020-0792	\$6,865.00
Special Fund Tax	\$440.00
Total Due	\$7,305.00

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

(1) Full payment by 8/1/2020. 1% discount applied = \$7,231.95
or

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50% = \$3,652.50 Plus 3 monthly payments of \$1,217.50

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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

APPLICATION FOR MEMBERSHIP AGREEMENT

Kentucky Association of Counties Workers Compensation Fund

NAME: Bath County Water District

ADDRESS: PO Box 369, Salt Lick, KY 40371

WE ARE LOCATED IN THE COUNTY OF: Bath

CURRENT WORKERS COMP CARRIER: KACo Workers Compensation Fund

I (we) hereby formally apply for continuing membership for workers compensation coverage in the Kentucky Association of Counties Workers Compensation Fund to be effective 12:01 a.m. Wednesday, July 01, 2020, and if accepted by its duly authorized representative, do hereby constitute and appoint the Kentucky Association of Counties Workers Compensation Fund and its Trustees to act as our administrator in all matters relating to Kentucky Workers Compensation Statutes.

I (we) further agree as follows:

- A. To accept and be bound by the provisions of the Kentucky Workers Compensation Act.
- B. That, by this reference, the terms and provisions of the Indemnity Agreement, and/or Amendments thereto filed or which may hereafter be filed with the Kentucky Office of Insurance are hereby adopted, approved, ratified and confirmed by us; and further, I (we) agree to assume all the obligations set forth therein, including, but not limited to, our joint and several liabilities for payment of any lawful awards against any member of the Fund; and in the event I (we) fail to pay any premium or lawful assessment within thirty (30) days of the date that shall become due, I (we) will pay all costs associated with the collection thereof. It is understood, however, that the Kentucky Association of Counties Workers Compensation Fund, its Trustees or agents will procure on behalf of the Fund necessary re-insurance to protect the financial integrity and stability of the Fund.
- C. To abide by the rules and regulations and By-Laws of the Fund and to confirm to the terms of the Agreements they may enter into with any authorized service company as long as we remain a member of the Fund; said By-Laws and Agreements being incorporated herein as a portion of this contract as if recited in full.
- D. That should I (we) desire to cancel our coverage, I (we) will give notice at least sixty (60) days prior to cancellation pursuant to KRS 304.50.
- E. That coverage under this membership shall be for Kentucky employees only.
- F. That the Wage Declarations Schedule and/or Renewal Certificates, when completed and returned to the Fund, will become part of this Agreement.
- G. That I (we) have enclosed, if available, the current fiscal year's audit or financial statement.

Bath County Water District
 x Sherril Greene
 Signature of Applicant

x Kenneth Baker
 Signature of Witness

Sherril Greene Co-Manager
 Type Name and Title

61-0712234
 Federal Identification Number

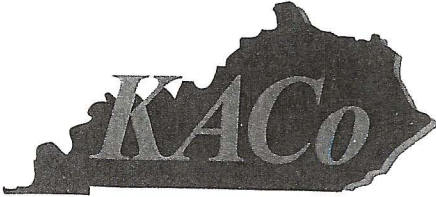
DO NOT WRITE BELOW THIS LINE - FOR FUND USE ONLY

_____, is a member of the Kentucky Association of Counties Workers Compensation Fund and is hereby approved for membership in this Fund. Coverage is effective the _____ day of _____, 20_____.

Signed this _____ day of _____, 20_____

Kris Dunn, Underwriting Manager
KACo Workers Compensation Fund

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



**KENTUCKY ASSOCIATION OF COUNTIES
ALL LINES FUND**

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: May 26, 2022
To: Bath County Water District
From: Temple Juett
KACo All Lines Fund
Re: 2022-2023 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund. We appreciate your business. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

KALF continues to attempt to provide you with the best coverage at the best price to meet your needs, including continuing to provide Cyber Liability coverage at no charge. However, the Cyber market is in a state of flux and continues to be ever-changing due to a continuous barrage of threats from cyber criminals which significantly drives up costs and limits access to coverage. Please note there is a change to Cyber Liability for policy year 2022-2023 of an overall pool aggregate of \$10M. While it is difficult to know how much is enough, the losses we have seen in the program to date, suggest that this should be adequate coverage. Higher limits are still available for a charge – you can contact your Marketing Representative for a quote if interested. We will continue to do our best to provide good cyber coverage options to meet your needs.

Enclosed within this packet you will find the following KACo All Lines Fund renewal documents:

2022-2023 Declarations Page
2022-2023 Invoice
Vehicle Card(s)

Regarding your KALF invoice, at the bottom of the invoice, it shows the discount you can receive if you pay your premium prior to 8/1/2022, as well as the penalty that will apply if your premium is not paid in full by 12/31/2022.

Please remit payment to:
KACo All Lines Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

Your policy for policy year 2022-2023 will be emailed again this year. The primary email address we have on file for you is: sarahbcwd@gmail.com. Send a message to insurance@kaco.org if we need to make any changes to the email address we have on file.

If you have any questions, do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo All Lines Fund Program. We appreciate your loyalty and look forward to working with you again this year!



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 K220506
 Invoice Date 05/25/2022
 Due Date 08/01/2022

Insured Name and Address

Member Number 0071

Bath County Water District
 PO Box 369
 Salt Lick, KY 40371

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Mark	Crouch	Co-Manager	(606)683-6363	(606)683-9917	markbcwd@gmail.com
Sarah	Price	Co-Manager	(606)683-6363	(606)683-9917	sarahbcwd@gmail.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	\$23,342.00	\$23,342.00
Total Due			\$23,342.00

Payment Options:

- Option 1: Save 1%; pay \$23,108.58 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
 50 % = \$11,671.01 plus 3 monthly payments of \$3,890.33

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

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0071

Policy Period: 7/1/2022 to 7/1/2023

Insured Name and Address

For customer service please call

Bath County Water District
PO Box 369
Salt Lick, KY 40371

(800)264-5226

Issued: 05/26/2022

Business Description Utilities

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	1,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	See Policy	See Policy	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area Flood - Zones A & V)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	25,000
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative



Date 5/26/2022

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2022 07/01/2023

YEAR MAKE/MODEL VEHICLE NUMBER
2021 Chevrolet/Silverado 1500 1GCRYAEF8MZZ14299

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2022 07/01/2023

YEAR MAKE/MODEL VEHICLE NUMBER
2017 Ford/F150 1FTEW1EF4HKD01409

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2022 07/01/2023

YEAR MAKE/MODEL VEHICLE NUMBER
2021 Chevrolet/Silverado MD W/
dump 1HTKJPVK4MH615122

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2022 07/01/2023

YEAR MAKE/MODEL VEHICLE NUMBER
2014 Dodge/1500 3C6JR7DT5EG252036

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2022 07/01/2023

YEAR MAKE/MODEL VEHICLE NUMBER
2018 Gator Made/Equipment Trailer 4Z1HD1828JS040297

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2022 07/01/2023

YEAR MAKE/MODEL VEHICLE NUMBER
2014 Dodge/Ram 3C6JR7DT3EG252035

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2022	07/01/2023

YEAR	MAKE/MODEL	VEHICLE NUMBER
2006	Chevrolet/Silverado 3500	1GBJK34D46E237488

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 **400 Englewood Drive**
 Frankfort, KY 40601

ISSUED TO

Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2022	07/01/2023

YEAR	MAKE/MODEL	VEHICLE NUMBER
1998	Tandem/Utility Trailer	14MJUB1620WE017899

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 **400 Englewood Drive**
 Frankfort, KY 40601

ISSUED TO

Bath County Water District



KENTUCKY ASSOCIATION OF COUNTIES

ALL LINES FUND

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: June 1, 2021
To: Bath County Water District
From: Temple Juett
KACo All Lines Fund
Re: 2021-2022 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

As an added benefit this year, if you purchase property insurance, we are adding earthquake coverage to your KALF policy at no additional cost to you. This coverage will be a shared limit with details explained in your policy.

Enclosed within this packet you will find the following KACo All Lines Fund renewal documents:

2021-2022 Declarations Page

2021-2022 Invoice

Vehicle Card(s)

Regarding your KALF invoice, at the bottom of the invoice, it shows the discount you can receive if you pay your premium prior to 8/1/2021, as well as the penalty that will apply if your premium is not paid in full by 12/31/2021.

Please remit payment to:

KACo All Lines Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

Your policy for policy year 2021-2022 will be emailed again this year. The primary email address we have on file for you is: sgreenebathwater@roadrunner.com. Send a message to insurance@kaco.org if we need to make any changes to the email address we have on file.

If you have any questions, do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo All Lines Fund Program. We appreciate your loyalty and look forward to working with you again this year!

BOARD OF TRUSTEES

Bobby Carpenter, Chairman
Greenup Co. Judge/Executive

John Wilson, Vice-Chair
Garrard Co. Judge/Executive

Orbrey Gritton
Anderson Co. Judge/Executive

Charles Kenner
Boone Co. Commissioner

Adam O'Nan
Union Co. Judge/Executive

Kentucky Association of Counties All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0071

Policy Period: 7/1/2021 to 7/1/2022

Insured Name and Address

For customer service please call

Bath County Water District
PO Box 369
Salt Lick, KY 40371

(800)264-5226

Issued: 06/01/2021

Business Description Utilities

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	1,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	1,000,000	1,000,000	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood (Excluding Special Hazard Area Flood - Zones A & V)	1,000,000	1,000,000	0
Earthquake	See Policy	See Policy	25,000
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative



Date 6/1/2021



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 K210108
Invoice Date 05/31/2021
Due Date 08/01/2021

Insured Name and Address**Member Number** 0071

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Mark	Crouch	Co-Manager	(606)683-6363	(606)683-9917	markbcwd@gmail.com
Sherri	Greene	Co-Manager	(606)683-6363	(606)683-9917	sgreenebathwater@roadrunner.com

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2021	Annual Premium for 2021-2022 Policy Renewal	\$23,146.00	\$23,146.00
		Total Due	\$23,146.00

Payment Options:

- Option 1: Save 1%; pay \$22,914.54 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
50 % = \$11,572.99 plus 3 monthly payments of \$3,857.67

Please Note: Effective January 1, 2022, 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, 2021.

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

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2021	07/01/2022

YEAR	MAKE/MODEL	VEHICLE NUMBER
2021	Chevrolet/Silverado 1500	1GCRYAEF8MZ214299

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2021	07/01/2022

YEAR	MAKE/MODEL	VEHICLE NUMBER
2014	Dodge/1500	3C6JR7DT5EG252036

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2021	07/01/2022

YEAR	MAKE/MODEL	VEHICLE NUMBER
2018	Gator Made/Equipment Trailer	4Z1HD1828JS040297

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2021	07/01/2022

YEAR	MAKE/MODEL	VEHICLE NUMBER
2014	Dodge/Ram	3C6JR7DT3EG252035

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2021	07/01/2022

YEAR	MAKE/MODEL	VEHICLE NUMBER
2017	Ford/F150	1FTEW1EF4HKD01409

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME
KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	07/01/2021	07/01/2022

YEAR	MAKE/MODEL	VEHICLE NUMBER
2010	Chevrolet/Silverado 1500	1GCPKPEA2AZ220000

AGENCY ISSUING CARD
1-800-264-5226

KACo All Lines Fund
400 Englewood Drive
Frankfort, KY 40601

ISSUED TO
Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2021 07/01/2022

YEAR MAKE/MODEL VEHICLE NUMBER
2006 Chevrolet/Silverado 3500 1GBJK34D46E237488

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO

Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2021 07/01/2022

YEAR MAKE/MODEL VEHICLE NUMBER
2002 Dodge/Ram 3500 3B6MF366X2M1275067

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO

Bath County Water District

COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY # EFFECTIVE EXPIRES
P&C0071 07/01/2021 07/01/2022

YEAR MAKE/MODEL VEHICLE NUMBER
1998 Tandem/Utility Trailer 14MJUB1620VVE017899

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 400 Englewood Drive
Frankfort, KY 40601

ISSUED TO

Bath County Water District



**KENTUCKY ASSOCIATION OF COUNTIES
ALL LINES FUND**

400 Englewood Drive, Frankfort, KY 40601
502-223-7667 • 800-264-5226 • Fax 502-875-8240 • www.kaco.org

Date: May 28, 2020
To: Bath County Water District
From: Temple Juett
KACo All Lines Fund
Re: 2020-2021 KALF Renewal

Thank you for your continued participation as a member of the KACo All Lines Fund. We appreciate your business and continuously work to provide members with the best value in the insurance marketplace. Remember...this program is owned and managed by members to meet the special needs of counties and county related entities and is not profit driven, which means that you benefit from every dollar earned in the form of added programs and services, premium reductions and dividends.

Enclosed within this packet you will find the following KACo All Lines Fund renewal documents:

2020-2021 Declarations Page

2020-2021 Invoice

Vehicle Card(s)

Regarding your KALF invoice, at the bottom of the invoice, it shows the discount you can receive if you pay your premium prior to 8/1/2020, as well as the penalty that will apply if your premium is not paid in full by 12/31/2020.

Please remit payment to:

KACo All Lines Fund
Attn: Accounting Department
400 Englewood Drive
Frankfort, KY 40601

Your policy for policy year 2020-2021 will be emailed again this year. The primary email address we have on file for you is: sgreenebathwater@roadrunner.com. Send a message to insurance@kaco.org if we need to make any changes to the email address we have on file.

Please sign and return the enclosed dividend statement.

If you have any questions, do not hesitate to contact your Marketing Representative, Sue Porter, at 888-696-9620, or call KACo direct at 800-264-5226. Thank you again for your continued support of the KACo All Lines Fund Program. We appreciate your loyalty and look forward to working with you again this year!

BOARD OF DIRECTORS

Bobby Carpenter, Chairman
Greenup Co. Judge/Executive

John Wilson, Vice-Chair
Garrard Co. Judge/Executive

Orbrey Gritton
Anderson Co. Judge/Executive

Charles Kenner
Boone Co. Commissioner

Adam O'Nan
Union Co. Judge/Executive



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 K200491
Invoice Date 05/28/2020
Due Date 08/01/2020

Insured Name and Address

Member Number 0071

Bath County Water District
 PO Box 369
 Salt Lick, KY 40371

Contact(s)

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Fax</u>	<u>Email</u>
Kenneth	Barber	Co-Manager			kennybcwd@roadrunner.com
Sherri	Greene	Co-Manager	(606)683-6363	(606)683-9917	sgreenebathwater@roadrunner.com

Invoice Detail

<u>Effective Date</u>	<u>Description</u>	<u>Premium</u>	<u>Amount Due</u>
07/01/2020	Annual Premium for 2020-2021 Policy Renewal	\$22,237.00	\$22,237.00
		Total Due	\$22,237.00

Payment Options:

- Option 1: Save 1%; pay \$22,014.63 by due date
- Option 2: Pay 50% by due date; and 3 subsequent equal monthly payments
 50 % = \$11,118.49 plus 3 monthly payments of \$3,706.17

Please Note: Effective January 1, 2021, 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, 2020.

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

Kentucky Association of Counties

All Lines Fund

400 Englewood Drive
Frankfort, KY 40601
Declarations Page

Policy Number P&C0071
Insured Name and Address

Policy Period: 7/1/2020 to 7/1/2021
For customer service please call
(800)264-5226

Bath County Water District
PO Box 369
Salt Lick, KY 40371

Issued: 05/28/2020

Business Description Water District

In return for the payment of the premium, and subject to all the terms of the policy, we agree to provide the insurance stated in the binder.

Coverage			Deductible
General Liability (Per OCC/AGG)	1,000,000	5,000,000	0
Law Enforcement (Per OCC/AGG)	NCD	NCD	NCD
Errors/Omissions (Per OCC/AGG)	3,000,000	3,000,000	1,000
Employment Practices (Per claim / AGG) Retroactive Date: 07/01/2003	3,000,000	3,000,000	1,000
Cyber Liability (Per claim / AGG) Retroactive Date: 07/01/2015	1,000,000	1,000,000	2,500
Auto Liability (CSL)	3,000,000		0
Auto Comprehensive	ACV		500
Auto Collision	ACV		500
P.I.P. (No Fault)	10,000		0
Under Insured/Un-Insured	60,000	60,000	0
Non Owned Auto Coverage	Primary		
Property/Buildings	As Per Statement on File		500
Personal Property	As Per Statement on File		500
Boiler & Machinery	15,000,000		1,000
Inland Marine & EDP	As Per Statement on File		500
Business Income	500,000	500,000	0
Flood	1,000,000	1,000,000	0
Earthquake	NCD	NCD	NCD
Crime (Other than Employee Dishonesty)	150,000		500
Employee Dishonesty (Policy #: CIC1964)	150,000		250
Legal Defense Coverage	50,000		0

Authorized
Representative



Date 5/28/2020

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2002	Dodge/Ram 3500	3B6MF366X2M275067

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226
**400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601**

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2014	Dodge/1500	3C6JR7DT5EG252036

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226
**400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601**

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2006	Chevrolet/Silverado 3500	1GBJK34D46E237488

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226
**400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601**

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2014	Dodge/Ram	3C6JR7DT3EG252035

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226
**400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601**

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2010	Chevrolet/Silverado 1500	1GCPKPEA2AZ220000

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226
**400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601**

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
1998	Tandem/Utility Trailer	14MJUB1620WE017899

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226
**400 ENGLEWOOD DRIVE
FRANKFORT, KY 40601**

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2017	Ford/F150	1FTEW1EF4HKD01409

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 **400 ENGLEWOOD DRIVE**
 FRANKFORT, KY 40601

ISSUED TO

Bath County Water District

**COMMONWEALTH OF KENTUCKY
PROOF OF INSURANCE**

NAIC #: S0405
Type = CL

COMPANY NAME

KACo All Lines Fund

POLICY #	EFFECTIVE	EXPIRES
P&C0071	7/1/2020	7/1/2021

YEAR	MAKE/MODEL	VEHICLE NUMBER
2018	Gator Made/Equipment Trailer	4Z1HD1828JS040297

AGENCY ISSUING CARD **KACo All Lines Fund**
1-800-264-5226 **400 ENGLEWOOD DRIVE**
 FRANKFORT, KY 40601

ISSUED TO

Bath County Water District